Child and Family Services Agency
District of Columbia

Statewide Assessment

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TABLE OF CONTENTS

SAFETY OUTCOME 1 …… 2

SAFETY OUTCOME 2 ……..15

PERMANENCY OUTCOME 1 ……. 28

PERMANENCY OUTCOME 2 ……. 56

WELL-BEING OUTCOME 1…… 84

WELL-BEING OUTCOME 2 ……..... 112

WELL-BEING OUTCOME 3 ……122

SYSTEMIC FACTOR #1: INFORMATION SYSTEM ……133

SYSTEMIC FACTOR #2: CASE REVIEW SYSTEM ……..146

SYSTEMIC FACTOR #3: QUALITY ASSURANCE SYSTEM …….. 168

SYSTEMIC FACTOR #4: TRAINING SYSTEM ……. 190

SYSTEMIC FACTOR #5: SERVICE ARRAY ……. 205

SYSTEMIC FACTOR #6: AGENCY RESPONSIVENESS TO THE COMMUNITY …… 242

SYSTEMIC FACTOR #7: FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION……281

DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY STATEWIDE ASSESSMENT

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

CFSA Response: *CFSA works diligently to ensure that processes, tools, and resources are in place to respond to accepted child maltreatment reports, which includes face-to-face contact with the child victim within the times frames set forth by District law and Agency policies. CFSA has made steady improvement in performance in this area. In FY2015, with a benchmark of 95 percent, CFSA is nearing it at 84 percent in responding to maltreatment reports within the timeframes established by CFSA policy. Practice enhancements such as the Hotline Red Team, which is an internal decision making process; a redesigned Structured Decision Making (SDM™) tool used by the Agency to aid social workers with critical decision-making around risk and safety during key points in a case when working with children and families; and, the Child Protective Services (CPS) Investigations Procedurals Manual, which outlines investigation practice guidelines and procedures, all aid in ensuring the timeliness of investigations response as well as the quality of investigations. In those circumstances where the social worker has not been able to accomplish face-to-face contact within the mandated timeframes, they are required to carry out good faith efforts, which involve several attempts to see the child.*

Policy

CFSA Investigations policy mandates that all Child Protective Services (CPS) investigations commence as soon as possible but no later than 24 hours after the receipt of the report, and that the initial phase of the investigation must be completed within two hours in cases where there is an imminent safety concern or 24 hours when there is not an imminent safety concern. This includes face-to-face contact with

all children in the family, completion of risk and safety assessments, and interviews with caregivers and the reporter. The Agency's Investigations policy reinforces these same mandates as outlined under DC Law 15-341, "The Child in Need of Protection Amendment Act of 2004."The detail of when CPS initiates an immediate response or within 24 hours is detailed below in the Practice section.

In 2014, the District implemented a Differential Response Approach. This practice approach allows for an alternative response to accepted Hotline reports on alleged child abuse and neglect referrals.[1] For example, rather than a report automatically being referred for an investigation, the report may be referred for a family assessment to provide services for family stabilization. There is a five-day response time for initiating a family assessment referral.

Practice

Most families come into direct contact with the Agency through CFSA's Child Protective Services (CPS) Hotline (202-671-SAFE).[2] Administered under the Agency's Office of Entry Services, the CPS Hotline receives and reviews reports of alleged child abuse and neglect.

All Hotline workers complete extensive training, including how to utilize the Structured Decision Making (SDM) system and its associated *Child Abuse and Neglect Screening Tool*. This screening tool provides Hotline staff with a clearly articulated and commonly understood process for gathering information and making decisions on how to respond to Hotline reports. In order to determine the most appropriate response to each Hotline report, CFSA has implemented a Differential Response (DR) model supported by the SDM system and the screening tool. Referrals that are "screened-in" at the Hotline may have the following responses: 1) CPS Investigation (CPS-I) or 2) CPS Family Assessment (CPS-FA) which includes an Educational Triage Unit. Referrals that are "screened out" are categorized as information and referral only or screen-outs.[3]

[1] An allegation of physical abuse and domestic violence with no immediate safety concerns were added to the family assessment pathway in FY2015. The policy is in the process of being updated.

[2] Outside of calling the Hotline, families may also come to the attention of CFSA by walking into the Agency or reaching out directly to the Ombudsman. Both instances result in a hotline worker entering the report in FACES.

[3] *Information and Referrals (I&Rs)* are calls that do not rise to the level of child abuse or neglect. Screen outs occur when elements of child abuse or neglect are not met, such as in the following

In addition to the policy, CFSA investigations must comply with the Agency's procedures and best practice standards as outlined in the Investigations Procedural Operations Manual (IPOM). The IPOM reinforces the importance of the timely initiation of investigations as a requirement in determining children's safety. It further reiterates the law coupled with Agency practice. Every CPS investigative social worker must make an initial contact within one of the following response times assigned at the screening of the investigation referral:

Immediate Response

- An *immediate response* (within two hours) is required when a report of suspected abuse or neglect indicates that the child's health or safety is in *imminent danger*, i.e., the danger qualifies as an emergency and requires an immediate response.

24-hour Response

- A *24-hour response time* is assigned to a report when there is no immediate danger or imminent risk of abuse or neglect. Members of the CPS management team may use their discretion to issue an immediate response time when appropriate to the circumstances.

Initiating Investigations and Good Faith Efforts

An investigation of child abuse and neglect is initiated within 48 hours of the Hotline receiving a report of child maltreatment. If face-to-face contact is not made with the child, the investigative social worker must submit documentation that *Good Faith Efforts* (i.e., required efforts to see the children) were made to initiate the investigation within the set time frame. Contact with the families or efforts to locate the families must also be documented in FACES.NET.[4] If families are not immediately located, the following examples of *Good Faith Efforts* must be made for all children in the household:

- Visiting the child's home at different times of the day
- Visiting the child's school or daycare (if applicable and known) in an attempt to locate the child

circumstances: The alleged perpetrator is not a parent, guardian, or custodian, in which case the Hotline worker forwards the report to law enforcement. The alleged victim is 18 years of age or older. The alleged victim resides outside the District and there is no emergency situation (as defined by law), in which case the report is forwarded to the appropriate child welfare jurisdiction.

[4] FACES.NET is CFSA's statewide automated child welfare information system (SACWIS).

- Contacting the reporter, if known, to elicit additional information about the child's location
- Reviewing FACES.NET and other database systems for additional information about the child and family, e.g., ACEDS (Automated Client Eligibility Determination System), which gives information on a family's eligibility for income assistance
- Contacting the DC Metropolitan Police Department (MPD) when a child's safety or health is in immediate danger *Note: this action is determined on a case-by-case basis*.

Performance

CFSA has improved performance toward meeting the internal benchmark of 95 percent from FY2014 to FY2015. The Agency is making strides towards the benchmark, e.g., based on an audit performed by CFSA's Agency Performance unit of timeliness and quality or investigations completed between July and December of 2015, 84 percent of investigations were considered initiated timely with good faith efforts made. To ensure the quality of investigations, the Agency will continue to conduct case reviews around investigations as an audit of FACES.NET data to determine if investigations that are considered timely due to good faith efforts actually had efforts that qualified as "good faith" and should be included in the universe of those conducted timely.

TABLE 1: Safety Outcome 1

Goal #1: Narrowing the Front Door: Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe.				
Outcome 1.2: Children and youth experience a removal only when necessary for their safety.				
Key to Status: On Track Nearing Target Needs Improvement	**FY 2014 Baseline**	**National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**Current Performance as of FY 2015**	

Objective 1.2a: Increase percentage of investigations initiated within 48 hours (IB) (Data source: Agency Performance Investigations Audit) **Interventions**: CPS RED team, SDM[5]	86%	95%	84%	

Strengths

CFSA has worked steadily to improve performance on increasing the percentage of investigations initiated within 48 hours. In FY 2012, using the new *Four Pillars Score Card*, the Agency performed at a baseline of 70 percent. In FY 2013, the established benchmark for meeting this objective was 85 percent. By the end of the fiscal year, the Agency had performed slightly under the target at 82 percent. In FY 2014, with an increase in the benchmark to 95 percent, the Agency performed at 86 percent. The Agency conducted an audit of investigations occurring between July and December of 2015 and found that 84 percent of investigations were acceptable, meaning they were initiated within the 48 hour timeframe.

An ongoing strength in the response to maltreatment reports begin in 2014, when the Agency institutionalized the RED team *Consultation and Information Sharing Framework* into the Differential Response (DR) model, as well as incorporated the framework into FACES.NET for permanent documentation and access by all program areas. These two vehicles help to ensure that the Agency's response to each maltreatment report is uniform, appropriate, and effective for each family's individual circumstances.

In a 2016 focus group of In-home, CPS-FA and CPS-I staff, respondents offered that CPS-I continues to improve efforts towards timeliness and CPS-FA staff does make the required efforts to see and assess children within the appropriate time frame (i.e., within a five-day period or 120 hours). If during that time CPS-FA staff is not able to see the child, there is a list of reasonable actions that have to be made and that need to

[5] The SDM (structured decision making) tool is a screening tool that provides Hotline staff with a clearly articulated and commonly understood process for gathering information and making decisions on how to respond to Hotline reports. In developing the tool, CFSA reviewed the allegation types currently being used by staff and made revisions as necessary. Detailed definitions were developed for each allegation and can be accessed and reviewed through the online version. In order to determine the most appropriate response to each Hotline report, CFSA has implemented a Differential Response (DR) model supported by the SDM system and the screening tool.

be identified and documented (FA letter mailed or dropped at home, telephone calls, unannounced home visits throughout the day, diligent search, etc.). Efforts are documented as soon as possible. FA social workers also utilize the FACES.NET mobile app implemented in FY2014, an innovative solution to support social workers ability to document quick notes. Per CFSA policy, CPS-FA staff should enter information on safety within 24 hours and within 120 hours, enter additional information efforts to see and assess the family. Additional strengths of CPS-FA and CPS-I based on a 2015 Differential Response evaluation from the Institute of Applied Research include the following:

- Based on a long-term recurrence statistics, changes in child safety during family assessments and the judgments of CPS-FA and CPS-I workers and supervisors, evaluators found no evidence that children were less safe in family assessments than in investigations.
- Some evidence was found indicating improved lone-term safety of children.

Challenges

Data and qualitative analysis of information and stakeholder feedback related to *Safety Outcome 1* highlight the need for improvement in the timeliness of CPS investigations. CFSA has an extensive continuous quality improvement (CQI) process for CPS investigations (CPS-I) and CPS family assessments (CPS-FA).[6] This process involves a review of the Hotline system, the quality of the CPS investigations (including an extensive review of the family's history with the Agency), and timely initiation of investigations. For example, under *LaShawn vs. Bowser*, the Agency is required to conduct a comprehensive review of the case history and the circumstances that brought the family to CFSA's attention.[7] CFSA conducts a 100 percent monthly

[6] CPS-I and CPS-FA are part of CFSA's Differential Response (DR) approach to Hotline referrals. Under DR, CFSA may refer families under certain neglect and physical abuse allegations with no immediate safety concerns for CPS-FA which differs from a traditional investigation in that the FA social worker utilizes clinical skills to partner with the family, who must agree to participate, to develop a service plan to meet their needs. Families who participate in the family assessment are not assigned a substantiation decision. As noted, a formal investigation occurs (CPS-I) only when a child's safety is at immediate risk for harm.

[7] The American Civil Liberties Union (later Children's Rights, Inc.) filed the *LaShawn A. v. Barry* lawsuit in 1989 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 the *Implementation and Exit Plan* (IEP) negotiated in December 2010 so that the federal court will return control of local child welfare to the city. At present, the Center for the Study of Social Policy (CSSP) is the court-appointed monitor for IEP-related activities. The lawsuit adapts to each new mayoral

audit of the case notes in order to meet this requirement. The findings from the audit, including a breakdown by social worker, are shared with the CPS-I leadership. CPS-I performance for FY 2015 ranged from 86-97 percent, based on the averages for each quarter. Although CFSA reports on a federal national standard on timely investigations, the standard is based on a Child Abuse Prevention and Treatment Act (CAPTA) Performance Measure that looks at the goal to "improve states' average response time between maltreatment report and investigation (or alternative response) based on the median of states' reported average response time in hours, from report (screened-in referral) to the initiation of the investigation (or alternative response). High-priority responses are often stipulated to occur within 24 hours; lower priority responses may occur within several days. [8] The average number of hours for initiating a report as of the May 2015 data profile was 17 hours which is within one day. In the most recent Child Maltreatment Data Report, FY2014, based on data from 38 states, the average response time was 75 hours or 3.1 days. The District average response time in 2014 was 20 hours which was under the national average.[9]

In a February 2016 focus group of nine In-Home, CPS-I and CPS-FA staff, social workers described the following challenges and barriers with effectively addressing *Safety Outcome 1*.

Challenges - Family Assessments

The following challenges and barriers have been identified with regards to meeting this time frame 100 percent of the time:

- Contacting families is not always easy or successful, which poses a challenge to timeliness. The FA unit does not have the option of the "shift to shift documentation process" also known as an 886[10] which permits an evening social worker to support a morning social worker assigned to a family

administration, hence *LaShawn A. v. Bowser* for this current term. The audit is a joint process between CSSP, Agency Performance and CPS.

[8] Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

[9] Child Maltreatment Report 2014. http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf

[10] CPS refers to the moniker "886" when there is a request for a social worker to go out and see the child during the evening hours if contact could not be made during the day.

assessment and initiate contact with a family. Referrals that come in during the evening shift on Thursday, Friday and the weekend are staffed by the weekend FA shift. Without evening or weekend staff to support the family assessments that came in between Monday and Thursday morning, some workers lose time for initiating contacting with families. This issue has been brought to the attention of CPS management who is working out a solution. In the meantime, concerns are elevated to the supervisor, who takes it to the program manager, who in turn tries to negotiate with CPS-I so that FA social workers can receive staffing assistance for referrals. Also, since the FA process is voluntary, a parent does not have to let the FA staff into their home.

- When an FA social worker wants to partner with the family, they can get some reluctance, which may pose a challenge to the timeliness of contact. If the parent does not let the FA staff into the home for a safety assessment, FA staff will strive to engage with the parent until a relationship can be formed.
- The timing of a Hotline report's receipt can also be a challenge to timeliness. When FA social workers receive an assignment, it could a referral from the day before. The "clock" starts when the referral is first called in, not when the social worker receives the notice. Staff therefore loses time even when the referral goes to a RED team to determine the direction of the referral.
- Another ongoing challenge to timeliness includes insufficient resources when workers need to address a referral. Indeed, this poses a challenge for all CPS workers, not just CPA-FA. For example, CPS staff is dependent upon fleet cars. If no car is available an email goes out to CPS staff asking if anyone has an Agency vehicle available for use.

Challenges – CPS Investigations

<u>Barriers to contacting families pose a challenge to timeliness</u>

As noted, the mandated investigation time frames are divided up into (1) immediate responses (two hours) and (2) within 24 hours. If contact has not been made during the day, CPS may request to have an evening social worker address the referral and try and see the child after normal business hours. When a social worker does attempt to connect with a family, the social worker must have adequate information to first find the family. However, there have been barriers to receiving accurate family information, particularly current addresses. For example, if a social worker receives Hotline report with an incorrect address, she or he can run an Automatic Client

Eligibility Determination System (ACEDS) report to find out where benefits are being sent, or the social worker may request assistance from the Diligent Search unit. Meanwhile, the process of going out to those different addresses can exhaust the hours within the mandated time frame for making contact.

School-related schedules may be barriers to timeliness

When a worker must complete a safety assessment but has not been successful with seeing the child in the home, the worker may visit the child at their school. The challenge may be that schools may be closed the day of an investigation or the school may not permit a visit due to certain testing periods.

Case transfers

There are times when a delay occurs between the CPS social workers last meeting with the client and when the ongoing assigned social worker receives it.[11] For example, once a case comes in and is finished with the investigation, it is placed in queue to be assigned to a social worker. If the case is being transferred to the In-Home and Permanency administration, the assignment to a social worker may not occur the same day the investigation is completed. If a case is placed in queue to be assigned to a worker towards the end of the month, the timing of the assignment poses a challenge for the new social worker to fulfill two visits at the end of the month. In addition, an In-Home social worker may receive the case week later. When they make contact with the family, the family may say, "This happened a month ago."

As of February 1, 2016, the policy and practice change was made for CPS investigative social worker to conduct a second visit to prevent a time delay between an investigation and an In-Home transfer. If a concern is noted on the investigation, the investigative social worker has to conduct a second follow-up before closure and subsequent transfer of the case to In-Home. With FA, if there is no safety concern, the investigation is closed out. If there are concerns, a follow-up visit occurs within 14 days to ensure that the concerns are being addressed. In most cases, the CPS investigative social worker will implement an intervention plan, which may require linkage to one of CFSA's contracted Health Families/Thriving Communities Collaboratives (Collaboratives) for prevention services and follow-up with any

[11] In a February 2016 focus group of nine In-Home, CPS-I and CPS-FA staff, social workers staff reported a case transfer delay between CPS-I and In-Home up to a month.

medical screenings. If an FA social worker determines that a child is not safe, a conversion to CPS-I occurs.

In some instances, informing core contacts about investigations has been a challenge for CPS[12]

If an investigation occurs on an In-Home case, the investigative social worker contacts the assigned ongoing social worker because he or she then becomes a core collateral contact as the result of the investigation. However, focus group respondents indicated that CPS investigative social workers do not always notify In-Home staff that an investigation is occurring on their open In-Home case. There needs to be better communication between CPS and In-Home.

Effectiveness and Impact on System: Timeliness of Investigations

In FY 2012, the Agency began measuring the percentage of investigations initiated within the 48-hour time frame, with the consideration of good faith efforts. Through the lens of its *Four Pillar Strategic Framework* (i.e., internal benchmarks) as well as a quarterly scorecard that tracks National Standard measures, CFSA is able to view a broad picture of how and to what degree the Agency ensures that children are free from abuse and neglect. As noted, the Agency's standard for an "acceptable investigation" is 95 percent being initiated within the 48-hour time frame, including a social worker's documented good faith efforts to initiate the investigation when unable to immediately locate a child. Again, an investigation is considered initiated only after a face-to-face interview with the child. The Agency conducted an audit of investigations occurring between July and December of 2015 and found that 84 percent were acceptable.

Even after significant efforts, a CPS-I investigative social worker may not be able to accomplish face-to-face contact within the mandated timeframes. When this occurs, the social worker must carry out good faith efforts on all investigations where the victim child and all other children in the household have not been seen via initial attempts. This may happen when children's whereabouts may be unknown, or addresses may have been incorrectly provided. If efforts to see the child are unsuccessful, the social worker is required to document in FACES.NET all efforts to

[12] Core contacts should include the reporting source, a FACES.NET search for any history with the Agency, the alleged victim and other children, the alleged perpetrator and caregiver, collaterals, and household members.

see the children. CFSA is still striving to initiate investigations within the above-stated timeframes.

CFSA closely monitors the timeliness of initiation of investigations through a data dashboard that alerts supervisors, who in turn alert their staff when investigations in queue need to be initiated, and when investigations are nearing the 30-day completion mark. The benefits of the data dashboard are also discussed under *Item 19: Information Systems*. As mentioned previously, CFSA randomly audits the good faith effort requirements through case reviews. All results of the initiation of investigations data, including qualitative and quantitative data, are shared with CPS-I management for performance improvement purposes.

The Front Door Continuum: Agency Response to Abuse and Neglect Reports

Most families come into direct contact with the Agency through CFSA's CPS Hotline (202-671-SAFE). Administered under the Agency's Office of Entry Services, the CPS Hotline receives and reviews reports of alleged child abuse and neglect. All Hotline workers complete extensive training, including how to utilize the evidence-based SDM screening and assessment tool, along with its associated *Child Abuse and Neglect Screening Tool*. In addition to providing Hotline staff with a process for gathering information as noted above, the SDM tool also helps social workers to individualize case plans based on the unique needs of each child and family.

Implementing the SDM Tool during Hotline Calls

When a call is made to the Hotline, staff uses the SDM tool to guide the collection of information necessary to answer questions that pertain to the preliminary screening of information and selection of maltreatment type. At this point, a decision is made to do one of the following:

a. "Screen in" the Hotline report for immediate response, i.e., CPS-I.
b. Refer the Hotline report for a RED team review.
c. "Screen out" the report.

Since 2014, CFSA has also institutionalized the RED team *Consultation and Information Sharing Framework* into the DR model, as well as incorporating the framework into FACES.NET for permanent documentation and access by all program areas. Together, these vehicles help to ensure that the Agency's response to each

report is uniform, appropriate, and effective for each family's individual circumstances.

Differential Response

Informed by the completed SDM tool, the RED team determines which of the following DR "pathways" is the most appropriate for each Hotline report it reviews.[13]

- A report is *screened out* when elements of child abuse or neglect are not met, such as in the following circumstances:
  - ✓ The alleged perpetrator is not a parent, guardian, or custodian, in which case the Hotline worker forwards the report to law enforcement.
  - ✓ The alleged victim is 18 years of age or older.
  - ✓ The alleged victim resides outside of the District and there is no emergency situation (as defined by law). In this case, staff will forward the report to the appropriate child welfare jurisdiction.

- *Information and Referrals (I&Rs)* are calls that do not rise to the level of child abuse or neglect. With I&Rs, the Hotline worker may respond by providing the caller with contact information for appropriate District agencies, organizations, or service providers that can appropriately address their issues or concerns. The following examples of calls may require consultation with a supervisor if there is any question about the information received or the appropriate response:
  - ✓ A call has no allegations of child maltreatment involving a parent or caregiver who desires to apply for legal custody or joint custody.
  - ✓ A report involves a request for social services or information with no allegations of child maltreatment.
  - ✓ A call from another jurisdiction requests a courtesy home assessment or interview for a family residing in the District.

  When the DR model was initially implemented, the criteria for acceptance were limited to families with no immediate child safety concerns, or low-to-moderate risk levels for child maltreatment. Since FY2015, CPS-FA expanded its criteria for acceptance involving physical abuse and domestic violence. CPS-FA social workers engage these families, work with them to address their issues, and link

[13] The only Hotline reports that are not subject to a RED team review are those that require, in the clinical judgment of the Hotline worker, an immediate Agency response due to emergent circumstances OR Hotline reports that are screened out.

them to services that the family may need to address the identified issues. For a family served through the FA pathway, there is no finding or substantiation of abuse or neglect, therefore no adult's name entered into the Child Protection Register.[14] Following the determination that all children in the home are safe, families may voluntarily participate in case management and supportive services through one of the Collaboratives, or other community-based service providers. In those instances where safety or high-risk-related concerns are present, the CPS-FA social worker, in consultation with management, will convert the FA referral to an investigation for a determination of maltreatment. CFSA addresses *Objective 1.2* listed in Table 1 above through these FA referrals to ensure children are only removed due to safety reasons.

CPS investigations (CPS-I) originate when the Hotline RED team determines that there are specific child safety concerns that require further investigation and analysis. The assigned CPS investigative social worker will then contact the family and perform a comprehensive investigation of the reported allegations to determine the level of response. In partnership with the family, the social worker will develop a safety plan to address the risk factors and provide linkage to necessary services within CFSA or in the community. If the family needs in home services only and the child does not need to be removed, then the case may be open through the Agency's Office of Community Partnerships so that services and resources are provided according to the family's unique needs and goals for stabilization. The RED team decision making framework facilitates critical thinking about CPS investigations with a review 10 days following the assignment to the investigative social worker. The team discusses the family risk factors and assists the assigned social worker with recommendations on how best to proceed with the case.

A CPS investigation may also result in a disposition of substantiated allegations (i.e., the maltreatment occurred), requiring removal of a child and the opening of an out-of-home case or inconclusive. The disposition of an allegation is considered to be inconclusive if there is insufficient credible evidence to substantiate the abuse or neglect, or there is conflicting information as to whether

[14] The Child Protection Register is an index of perpetrators of child abuse and neglect in the District of Columbia. CFSA is responsible for the operation and maintenance of the Register, making appropriate entries and releasing information in a manner that is consistent with the law.

the abuse or neglect actually occurred. Pursuant to DC Official Code § 4-1301.02(13A), an "inconclusive report" is one that *cannot be proven to be either substantiated or unfounded*.

Educational Neglect Triage Unit

CFSA's Educational Neglect Triage unit was created in 2013 to respond to an increase in educational neglect reports originating from the school system. This increase resulted from the enforcement of the DC *Attendance Accountability Amendment Act*, which amended the *Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2010*. Among its many provisions, the *Attendance Accountability Amendment Act* is a mandate that DCPS and DC Public Charter Schools must report cases whenever an enrolled child has 10 nonconsecutive unexcused absences. These reports may subsequently involve referrals that do not meet the statutory definition of educational neglect. As an extension of the CPS Hotline, the Educational Neglect Triage unit includes a dedicated team of family support workers (FSWs) who are responsible for vetting and gathering information regarding educational neglect reports submitted by DCPS or by DC Public Charter schools. The reports are received through a confidential web portal accessed by schools. The Educational Neglect Triage unit processes every report that has an allegation of educational neglect with no other safety concerns to determine if child welfare response is needed. The Triage unit in school years 2014-2015, as of August 23, 2015 received 3,921 reports of educational neglect, representing 3,987 children ages 5-13.

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

CFSA Response: *CFSA continues to make concerted efforts to provide services to families in order to prevent children's entry into foster care. These efforts are in line with DC law, Agency policy, and best practice which require that social workers make reasonable efforts to keep children safely in their homes whenever possible. As of December 31, 2015, the Agency was serving an in-home count of 1,540; however, the number of new entries continues to remain above the Agency's internal benchmark of 300. IN FY2014 there was 323 new entries, and in FY2015 there were*

381 new entries. Strategies to aid in keeping children in their homes when safe to do so include safety-oriented responses/interventions such as the Differential Response (DR) - Family Assessment pathway, In-Home processes and Title IV-E prevention programs. CFSA and its community-based and DC sister-agency partners have put in place a safety net of prevention services along the front door continuum, aimed at continued efforts to move towards a downward foster care population trend and enhancing the array and quality of services that children receive in their own homes that support safety and family strengthening.

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

CFSA Response: *As with item 2 above, through the DR and In-Home processes, with support from community-based and DC sister-agency partners, the Agency continues to make concerted efforts to address and alleviate risk related concerns and strengthen the family to prevent a child's entry into foster care. If a child and family are receiving out-of-home services, the Agency engages the family to assess the needs and provides resources as reflected throughout the case planning process and in the case plan to ensure the child's safety. The Caregivers Strengths and Barriers functional assessment (CSBA) [15] is another mechanism to help identify how to build on the strengths of the family and targets needs to support and maintain safety of the child through community based resources. Safety planning is captured in the case planning process and assessed with every family interaction throughout the course of the Agency's involvement, be it an investigation, Family Assessment, or an in-home or out-of-home case. As mentioned in Safety Outcome 1, practice enhancements include a* redesigned *Structured Decision Making (SDM™) tool used by the Agency to aid social workers with critical decision-making around risk and safety during key points in a case when working with children and families.*

District law and Policy

Preventing Removals

[15] The current SDM CSBA (Family Functional Assessment) is a caregiver assessment tool shared by CFSA and the Collaboratives. CSBA focuses on 14 domains related to parents' capacity to meet the needs of their children and the extent to which services increase the protective capacity of the parents and reduce safety concerns for the children in their care.

CFSA's CPS *Investigations* policy includes specific guidelines, based on DC Code § 4.1301.09(a), requiring investigative social workers to make reasonable efforts to protect a child's in-home status. These efforts include a Family Team Meeting and consideration of a broad range of safety-oriented responses to help prevent a child's removal. When removal is necessary as a result of a social worker's clinical determination that the child's safety is at imminent risk of danger, CFSA has autonomous legal authority to remove a child from his or her home. For children who are placed in foster care, reasonable efforts must be made to reunite the family as soon as possible (whenever appropriate).

In an effort to prevent removals and keep children safely in their own homes, in FY2015 the Agency updated its Administrative Issuance on community papering process. Community Papering is a process for requesting court intervention for investigations and in-home services cases where there are issues of non-compliance with the case plan. The community papering process (i.e., filing a petition for court intervention) is appropriate when CFSA (or one of its contracted agencies) has an open case with the family where the children remain in the home. Examples of cases that are appropriate for community papering include educational neglect and medical neglect where emergency care is not needed, or cases where the parent has a substance abuse or mental health issue that is impacting parenting but imminent danger does not exist. If there has already been a removal, or removal is imminent, community papering is not appropriate and the process for removal (72-hour papering) is followed.

Assessment of Safety

In accordance with CFSA policy, all case-carrying social workers working with families are responsible for conducting an ongoing family assessment in consultation with other team members. These assessments should occur during every visit from the first initial contact through to case closure. Assessment findings (e.g., safety, risks, needs, and strengths) are documented in FACES.NET.

During each visit with children (whether in home or in foster care), the social worker is responsible for assessing safety by meeting with the child outside the presence of the caregiver. They are also required to assess the risk and safety factors in settings other than the home environment, (e.g., the school, neighborhood, and homes of other biological family members), as well as safety at the location where visitation will

occur (if not at home). It is the policy of CFSA to promote safety and permanence through comprehensive case planning measures that consistently include the participation of families and other individuals identified by the family, as appropriate. The participatory case planning process shall begin at the onset of the Agency's involvement with children and families. It shall focus on creating an individualized family case plan that can serve as the primary mechanism for identifying the family's underlying needs, stabilizing the family, ameliorating the family's underlying needs and, when applicable, achieving timely permanence.

Practice

Preventing Removals

The IPOM cited earlier provides comprehensive guidance to staff concerning removal of children from their homes. In line with the policy and the law, the IPOM stresses that CPS social workers are required to make reasonable efforts to prevent the removal of children from their families. Reasonable efforts include any activity that purposefully attempts to protect and preserve the in-home status of a child or a child's goal of reunification. Such efforts may include (but are not limited to) assessing imminent threats to the child's safety, developing creative methods for in-home safety plans, and/or identifying people and resources to help prevent child placement. These reasonable efforts often involve collaboration with neighborhood based prevention programs or Agency partners such as the Collaboratives.

When conducting an investigation of child abuse or neglect, CPS-I social workers must assess whether any child who is at risk should be removed from the home or can be protected by making a referral for services or putting in services to ameliorate the abuse or neglect. As stated earlier, if there is an immediate threat to the child's safety and well-being that necessitates removal from the home, CPS will remove the child. During this process, CPS staff works closely with the Placement Services Administration (PSA) to provide the most suitable and nurturing foster care environment available. Achieving safety, well-being, and permanency is the final goal for all children.

Visitation

The visits for children with their caseworkers, parents, and siblings can help to ensure children's ongoing safety, maintain and strengthen family connections, and increase opportunities to achieve permanency. Additionally, social worker visits with children

in out-of-home placement, as well as visits with their families can promote placement stability and increase the likelihood that reunification will occur. They also allow social workers to assess for safety, to continue progress on case plans, and to link children and families to needed services as appropriate.

Performance

Goal #1: Narrowing the Front Door: Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe.				
Outcome 1.1: Families stay together safely.				
Key to Status: On Track Nearing Target Needs Improvement	**FY 2014 Baseline**	**National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**Current Performance as of FY 2015**	
Objective 1.1a: Decrease new entries into foster care (IB) (Data source: Four Pillars Scorecard, FACES.NET report PLC208) **Interventions**: Differential Response, title IV-E waiver demonstration project	323	300 (or fewer)	381	
Objective 1.1b: Expand access to community based services (IB) (Data source: title IV-E waiver demonstration project evaluation measures) **Interventions**: Parent Education and Support Project, Home Visiting, Homebuilders, Project Connect	N/A	N/A[16]	Analysis to begin in 2016	

Available census data indicate that the number of District residents who are age18 and under increased by 10 percent between FY 2010 and FY 2013. During that same period, the foster care population decreased from 2,069 children in out-of-home care to 1,318 children (as reported on the last day of the fiscal year in the *District of Columbia's Child Welfare Outcomes* profile). This is a decrease by 37 percent overall between 2010 and 2013. The steady decline in the foster care population continued into FY 2014, at the end of which there were only 1,112 children in care. As of December 31, 2015, there were 1,029 children in foster care. Commensurately, the

[16] Data is gathered on April 24th and October 24th of each year. Although CFSA is one year into the demonstration project, two preliminary reports have been produced. The evaluation plan and baseline data is being reviewed and modified where necessary.

number of children receiving in-home services continued to increase.[17] By the end of FY 2013, CFSA was providing in-home services to 1,478 children; by the end of FY 2014, the number rose to 1,524. As of December 31, 2015, the Agency was serving an in-home count of 1,540. Although the population of children and youth remaining in the care of CFSA has stabilized over the past year, the number of new entries continues to remain above the Agency's internal benchmark of 300. As of FY 2015 there were 381 new entries.

The aforementioned population trends are following the intention of the *Four Pillar Strategic Framework* through which CFSA focused efforts to ensure safety of children and prevent children and families from entering or re-entering the "front door" of the District's child welfare system.[18] Within that framework, CFSA and its community-based and DC sister-agency partners have put in place a safety net of prevention services along the front door continuum, aimed at continuing the downward foster care population trend and enhancing the array and quality of services that children receive in their own homes.

Strengths

The Agency leverages local dollars and federal Community-Based Child Abuse Prevention (CBCAP) resources to fund several community-based providers that implement evidence-based practices to promote family strengthening, stability, and bonding, as well as reducing the risk of abuse and neglect. The primary goal of these services is to prevent entry into the child welfare system. Grant recipients have demonstrated successful service delivery in areas such as home visitation and parent education and support programs.

CFSA's Title IV-E Demonstration Project: The Safe and Stable Families Program

The *Safe and Stable Families* program provides CFSA with the opportunity to further enhance the continuum of services provided to children and families involved with the child welfare system. Using waiver funding, the Agency has extended prevention

[17] Children remaining at home while their siblings are served in out-of-home placement are not included in this count.

[18] CFSA established the *Four Pillar Strategic Framework* in 2012 to focus on four key practice areas: (1) narrowing the front door to the system, i.e., preventing removals and stabilizing families; (2) providing a temporary but assuredly safe haven for those children who must enter foster care; (3) ensuring every child's well-being potential; and (4) promoting safe child exits from foster care to a well-supported family environment or lifelong connection as quickly as possible.

services to the "in-home" services population and also put in place post-permanency supports for recently reunified families. CFSA utilized the IV-E Waiver dollars to expand the CBCAP-funded services described above. Moreover, *Safe and Stable Families* is implementing services and resources that focus on family strengthening and stabilization, and increasing accessibility of services within the families' communities. The Agency is working closely with community-based providers of the following intensive in-home and post-reunification models:

- Family Preservation Services – *HOMEBUILDERS*® is an intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth. The program provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. The program is also used for families whose children are being returned from out-of-home care, and for difficult post-adoption situations. In FY2015 HOMEBUILDERS served 68 children and 25 families; in the first quarter of FY2016 the program served 49 children and 17 families.
- Post-Reunification Services – *Project Connect* is an evidence-based model that works with high-risk families who are affected by parental substance abuse. 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. In FY2015 Project Connect served 50 children and 26 families; in the first quarter of FY2016 the program served 77 children and 28 families.

Through a Memorandum of Understanding with the Department of Human Services, CFSA involved families also have access to the Parent Adolescent Support Service (PASS). The PASS program is a voluntary program open to families of District children ages 10-17 who have committed a "status offense" (e.g., 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 FY 2014, PASS received 44 referrals. At the end of that year, 12 families had successfully completed services based on the goals identified in their individual case plans. In this regard, "success" is defined as the elimination or dramatic reduction of the status offender's behaviors.

PASS and the family may also choose to close the case when the youth's behaviors are trending in a positive, productive direction and ongoing supportive services are in place, which makes continued involvement in PASS duplicative. PASS will also follow-up with a family after case closure (at one and six months) to see if the success has been maintained and if the family could benefit from any additional support.

CFSA's ongoing vision for a comprehensive continuum of child welfare services for children and families includes maintaining its ongoing commitment to fund effective services and interventions outside of the services administered directly by the Agency. With implementation of the IV-E Waiver Demonstration Project, CFSA hopes to achieve the following outcomes:

- Decrease the numbers of new and repeated reports of maltreatment.
- Improve family functioning.
- Decrease new entries and re-entries into foster care.
- Increase exits to a permanent home.
- Decrease average number of months to achieve permanence.
- Improve educational achievement.
- Improve of social and emotional functioning.

To evaluate and assess the progress of the *Safe and Stable Families* program, CFSA has partnered with an independent consultant. The evaluation plan was approved by the Children's Bureau on June 24, 2014. At present, CFSA is working in collaboration with the evaluators to implement the plan. Part of the evaluation process includes each provider using a *Protective Factors Survey* (PFS) to collect data for evaluating outcomes related to family functioning. PFS is a self-administered pre-and-post-evaluation tool for use with caregivers receiving child maltreatment prevention services. The tool measures the following five areas: (1) family functioning/resiliency, (2) social support, (3) concrete support, (4) nurturing and attachment, and (5) knowledge of parenting/child development. The baseline year was 2015 for the evaluation; the initial analysis will begin in 2016, so more information on the evaluation will be available next year for Title IV-E Waiver Demonstration Projects.

In a February 2016, CFSA conducted a focus group with nine staff from In-Home, CPS-I and CPS-FA. It was reported during this focus group that social workers have good communication and case management relationship with the Collaboratives. As

well, the focus group participants indicated that nurses and staff employed by the District's Department of Behavioral Health (DBH) but co-located at CFSA and the community-based Collaboratives is a great service and an excellent resource.

Challenges

One way the Agency demonstrates concerted efforts to provide services to the family to either prevent children's entry into foster care or re-entry after reunification is to engage family's in the case planning process. CFSA's quality service review (QSR) process rates various indicators specific to child welfare practice. The *Engagement* indicator measures involvement of all members of a child's team, particularly insofar as they actively participate in case planning. The team includes the cognitively capable child, biological parents, substitute caregivers, and other supportive figures. For the agency as a whole, Engagement scores for parents and children have declined over the last three years. This is particularly evident for father engagement, which has decreased from 58 percent acceptable in 2013 to 27 percent this year. However, this trend is not replicated for in-home cases, where engagement for mothers has increased from 62 percent acceptable in 2014 to 89 percent acceptable in 2015. Ratings for fathers in in-home cases declined as well, but not as much, from 48 percent to 33 percent.

Engagement for caregivers in out of home cases remains high at 86 percent acceptable. Engagement scores for older youth (17 years old and above) were lower than for children in general, 69 percent compared to 84 percent. Assessment of Substitute Caregivers increased this year to 90 percent acceptable, suggesting that workers are more attentive to the needs of foster and adoptive parents and prospective guardians. Assessment of mothers on in-home cases was rated at 70 percent acceptable, compared to 34 percent for out of home cases. Assessments of fathers lagged behind in both categories (17 percent for out of home and 23 percent for in-home.)

QSRs continue to reveal ongoing challenges for social workers trying to locate birth fathers, despite diligent search efforts. In many cases, family members are reluctant to provide information or to assist social workers in locating birth fathers. As a result, the Agency continues to provide training and guidance on the importance of a father's involvement with his children and the direct impact that involvement can have on children's overall development and well-being. QSR staff is also currently coaching

the direct service staff on the importance of involving fathers and the father's family in the child's life. It is expected that this process on individual cases, as well as the RED team review, will directly influence enhancement of practice.
In regards to the challenges associated with engaging fathers, the QSR team has discovered through the Agency's internal CQI process that Agency's social workers either did not have a father in their own life or the social workers were deferring to the mothers when they have asked the social worker not to involve or engage the father. (These were not domestic violence cases or reasons.) The Agency will provide updates in future submissions regarding how the Agency will address culture changes to increase social worker's ability to engage fathers. Currently, CFSA is working on an updated policy to define timeframes of initial and continual diligent searches.
As noted under the *Strengths* section above, CFSA conducted a 2016 focus group of nine staff from the In-Home, CPS-I, and CPS-FA units.

In addition to citing strengths, the following challenges were raised in regards to Safety Outcomes 1 and 2:

Family Assessment (FA): The option of a family assessment becoming a CPS investigation is an option for social workers if a family refuses to participate in the process and safety risks are evident. However, workers in the focus group had the perception that they have less power to encourage those families with low safety risks since participation in the family assessment process is voluntary. The workers in the focus groups expressed the concern being these families often come back to the attention of CFSA because the worker was unable to address the initial safety risks due to a lack of participation.

Re-entry and Recidivism: Based on feedback from the focus group, In-Home social workers expressed that In-Home cases may have already had a history with the Agency that includes past removals or family assessments. In-Home respondents believed this is especially true if the child(ren) are 10 years and older; it is probable that the Agency has already touched 99 percent of those cases. A perception agreed upon during the focus group was that many families also have a history of repeat allegations and risk factors. For FA referrals, workers mentioned families coming back to the attention of CFSA for the same reason that initially brought them to the attention of the child welfare system because the voluntary services were refused, and the allegations were not substantiated or risks were not at a level that warranted

removal and placement. Workers mentioned that the majority of FA referrals are educational neglect. FA units assist in alleviating concerns preventing the children from getting to school but it becomes challenging for social workers when families are reluctant to participant in the assessment process. Some social workers have utilized and connected clients to District programs such as PASS, described earlier. Other social workers have found it beneficial to follow the DC truancy policy and to make sure their clients know the truancy policy as well as the CPS educational neglect policy. The only challenge with the truancy court is that it often takes too long according to some social workers. In regards to changes in truancy and educational neglect practice, some social workers suggested that there needs to be more dialogue between DCPS and CFSA in regards to reporting and ensuring that families follow through with the educational needs of their children.

Awareness and Management of Resources: Other challenges noted in the focus group included inadequate resources for families struggling with maintain stable housing, mental health issues, and substance abuse. Although homelessness is not a reason for removing a child from a home, In-Home workers expressed that families may experience recidivism in the child welfare system due to their struggle in accessing or a lack of awareness in how to access resources around the issues noted above to ensure the safety of their children. When social workers are trying to meet with the child and family to assess for safety and risk, they noted there are challenges with clients managing their resources or being aware of the resources to address their mental health and substance abuse issues. Clients may discontinue therapy and medication, or other supportive services that was provided to address the client's illness or addiction. Social workers agreed with the expression of one colleague who stated, "*If we can get a client who does not return for a year, we have done a good job.*"

Additional Feedback

CFSA gathered additional quantitative and qualitative data to address Safety Outcomes 1 and 2 challenges:

Quantitative Data

Improve Visitation for In-Home Families: To ensure that children remain safely in their homes, the Agency set a target of 95 percent of families being visited in their home by a CFSA or CFSA-contracted private agency social worker and 85 percent of

families receiving a second visit per month by the respective social worker or FSW. Since establishing this measure in FY 2010, the Agency has excelled in meeting the 85 percent benchmark for families receiving twice-monthly visits with at least one visit occurring in the home. Performance has remained within the 87-92 percent range. As of December 31, 2015, performance remained above the internal benchmark at 87 percent.

Absence of Maltreatment Recurrence and Absence of Child Abuse and Neglect in Foster Care: In regard to safety, the CFSR measures the number of incidences where children are found to be re-victimized while in the first six months of entering foster care (with a finding of maltreatment indicated) and within nine months of entering care. With respect to recurrence of maltreatment within the first six months, the Agency has improved from 6.2 percent in FY 2011 to 5.5 percent in FY 2014, which is below the national standard of 6.1 percent or less. The second measure looks at all of the children served in foster care during the reporting period (i.e., nine months within the fiscal year). The federal risk-adjusted performance for the incidence of child abuse and/or neglect in foster care is 3.28 percent or less, with a lesser score meaning a state is performing at a level above the national standard. Since FY 2011, the Agency has maintained a performance that is above the national standard. As of the latest National Standards received for May 2015, the Agency's observed performance for the incidence of child abuse or neglect while in foster care was 1.73 percent.

Ongoing monitoring of this indicator through a daily report, the monthly management report packet, and the quarterly *Four Pillar Scorecard* will continue to reveal barriers and successes over time. CFSA management will subsequently use this information to enhance practice and services that continue to address and reduce reoccurrences of maltreatment.

Qualitative Data

Safety Assessments: CFSA continues to encourage direct feedback from social workers for making changes to practice. In a February 2016 well-being survey that included questions specifically on views of safety assessments, approximately 80.9 percent of 21respondents believed that social workers *always* address the safety of the child during visits, while 19 percent believed that social workers *often* address safety during visits. The survey was randomly distributed via survey monkey to out-of-

home supervisors (14.2 percent), out-of-home social workers (71.4 percent) and recovery specialists (14.1 percent).

QSR Ratings on Safety Indicators: The Agency performs QSRs annually with the number of case reviews being determined jointly by CFSA and the *LaShawn* court monitor, CSSP. The Agency completed 125 reviews in 2014, and conducted the same number of reviews in 2015. QSRs rate several indicators related to the child's status as well as the system's performance. Indicator ratings are either acceptable in the maintenance or refinement zone, or unacceptable in the refinement or improvement zone. The *Safety* indicator measures the degree to which the child is free from abuse, neglect, intimidation, and exploitation by others in the child's place of residence, school, community, and other daily settings (e.g., a relative's home where the child frequently visits). It also measures how well the parents or caregivers provide the attention, actions, and supports necessary to protect the child from known risks of harm in the home and community.

Scores in all of these areas are designed to reflect the quality of CFSA's practice. Over the past three years, *Safety* indicators have remained consistently at or above 88 percent acceptable. In 2013, for example, *Safety* for the child's home was 93 percent but increased to 96 percent in 2014. The trend continued into 2015 – the Safety indicator for all children in all placement types was rated high (above 85 percent) both for private agency and for CFSA-managed cases, inclusive of children in foster care and children receiving in-home services. QSR narrative summaries indicated that caregivers were successfully implementing safety precautions and ensuring that the children in their care were free from known manageable risks of harm.

Narrowing the Front Door: Feedback from the nine participants in the focus group cited earlier in this section included praise for the Agency's efforts to narrow the front door but nonetheless included concerns that the door may be too narrow. As a result, the caseload for In-Home social workers has become more intensive. In-Home social workers have also expressed that sometimes they have cases where the child is in unsafe situations and the removal should have happened at the close of an investigation and not transferred to In-Home.

Title IV-E Demonstration Project: Focus group respondents expressed satisfaction with the benefit of programs to support family's needs (e.g., Homebuilders) but noted

that this is a service that usually only lasts for 30 days. It is put into place by CPS staff so by the time the In-Home social worker takes over the case, there is little to no time left to work with the family while they are engaged in the program.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Response: *CFSA continues to focus on strategies to maintain stable placements, including the using the Child Needs Assessment (CNA)*[19] *and supportive foster care services. CFSA also met the national standard on placement stability as of November 2015. In FY 2015, internal reports indicated the Agency was performing at a baseline of 78 percent for children with two or fewer placements in the past 12 months. Out of the total number of children in CFSA's care (1,061), there were 273 placement changes (25 percent) in FY 2015.*

Policy

CFSA's policy is to prevent home removals, and only to remove when it is necessary to protect a child's safety, CFSA's *Placement and Matching* policy outlines the guiding principles and general placement guidelines for social workers to provide a family-based home (or congregate care setting) for the child who must enter foster care.

In 2013, CFSA reviewed, revised, and updated its *Placement and Matching policy* to provide social workers with more succinct guidance on the difference between placement changes and placement disruptions, including how to enter the changes in the FACES.NET system. Prior to the policy modification, such events as temporary respite care placements were logged and categorized as placement disruptions even though such activities were planned, scheduled, and coordinated with the child's

[19] Child Needs Assessment - CNAs profile a child's strengths and needs, the results of which help CFSA's Placement Services Administration (PSA) to find the best match at the time of placement, or during a planned placement.

team, including foster parents and other case stakeholders. Similarly, youth abscondences were formerly being categorized as disruptions. These non-disruptive events skewed Agency placement data by being reported as disruptions. A corresponding minor change in the FACES.NET methodology helped to improve the accuracy of placement data reporting.

As noted above, in FY 2015, internal reports indicated the Agency was performing at a baseline of 78 percent for children with two or fewer placements in the past 12 months. The Agency continues to monitor this indicator through daily and monthly reports disseminated to the management staff. Quality Service Review (QSR) trends and the quantitative quarterly *Four Pillar Scorecard*[20] are provided to report this metric.

Practice

Training and Support of Foster Parents – Mockingbird Model Family Model (MFM) and Family Connections Programs - MFM and *Family Connections* are foster parent support models based on the *extended family* concept where a "Hub" family (or "Cluster Lead" in the *Family Connections* program) provides peer support services, including occasional respite care for up to 10 homes of CFSA foster parents caring for District children in foster care . The *MFM* and Family Connection clusters are mutual support networks based on geographical locations that benefits foster parents by providing supportive relationships with other caring adults who can both nurture and protect children outside of their immediate foster home placement. By providing respite services, this cadre of supportive adults minimizes placement disruptions and enhances the overall experience of foster parents, which increases the foster parent retention rate.

MFM also features a Hub support group, which is a formal support group for the various Hub parents in each MFM cluster. The group is an ideal forum for exchanging information and providing support on issues that are unique to the Hub parent role within the *MFM* cluster.

Child Needs Assessment (CNA) - CNAs profile a child's strengths and needs, the results of which help CFSA's Placement Services Administration (PSA) to find the

[20] The QSR process is described in more detail under *Safety Outcome 2*.

best match at the time of placement, or during a planned placement. CNAs can also help prevent disruptions by outlining services and needs in advance of circumstances that provoke disruption.

After a CFSA resource development specialist (RDS) completes an assessment for planned placements with input from the social worker, the RDS will identify the most appropriate placement for the child. An RDS will also complete a CNA for each child entering foster care and then update the assessment at scheduled intervals (e.g., 30 days, 90 days, and 6 months) based on placement type (therapeutic group home, foster home, or kinship placement). The regularly scheduled intervals ensure that the information remains accurate and up-to-date, and that information from the assessment is used to ensure the child's needs are met. CFSA pays particular attention to children whose placements have disrupted for the Agency to identify problems and address those underlying issues that interfere with permanency. As noted, in FY 2015, there were 273 placement changes for 1,061 children in foster care. For these children, 233 of them had CNAs completed within 30 days (85 percent). In the first quarter of FY 2016 to date, there have been 61disruptions, of which 58 CNAs (95 percent) were completed for the child within 30 days.

CAFAS/PECFAS

Implementation of these two tools, the Child and Adolescent Functional Assessment Scale (CAFAS) and the related Pre-school and Early Childhood Functional Assessment Scale (PECFAS), is an important clinical component for case planning. It is integral both to placement stability and to the Agency's goal to improve permanency outcomes for children. Both assessment tools provide information unique to the individual, which helps the social workers to refine their understanding of the services that are most needed. Overall, the CAFAS/PECFAS provides a comprehensive and holistic approach to service delivery, and it also provides a clearer, more specific picture of client strengths and needs. CFSA has provided CAFAS/PECFAS training for all CFSA and CFSA-contracted private agency social workers and will continue to provide training for any newly hired social workers. An important function of the CAFAS/PECFAS is its full integration into the FACES.NET system, which is CFSA's statewide assessment child welfare information system. FACES.NET now incorporates the scores from these assessments into the newly revised trauma-informed, clinically based child and family case plans, which went "live" in July 2015. The 2015 evaluation of the

Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence Informed Mental and Behavioral Health Services in Child Welfare found that while the evaluation cannot yet provide information on the strategies that were most successful, questions asked in the evaluation survey related to the possibility of the CAFAS/PECFAS being successful in supporting the types of service needs based on an assessment of functioning on eight different well being domains. Specifically the survey explored how satisfied trainees were with the training, if they thought that the practice is a viable tool to improve practice and outcomes for children in care, and to what extent they felt that the practices are a culturally competent tool. The majority of trainees felt "moderately" or "very much so" that the CAFAS/PECFAS is viable to reaching short term outcomes of the grant, particularly in maintaining children in their community and family (87%) and creating a more precise identification of the types of services needed. (87%). While the majority of trainees felt "moderately" or "very much so" that the practices are culturally competent (76% CAFAS/PECFAS), a few respondents requested additional guidance around implementing the practices in a culturally competent way. The outcome study of the grant will be forthcoming.

Child and Adolescent Mobile Psychiatric Service (ChAMPS) - The ChAMPS program, which is funded by the District's Department of Behavioral Health (DBH), helps to maintain family and placement stability by helping birth and foster families manage extreme or dangerously volatile emotional behaviors of a child or youth. Providing intervention services 24 hours a day and seven days a week, ChAMPS is free to any child residing in Washington, DC. Again, this includes children receiving CFSA in-home services, as well as DC wards residing in Maryland foster homes. In FY 2015 to-date, ChAMPS has responded to approximately 56 calls from foster parents.

Mobile Crisis Stabilization (MCS) Services - The MCS program was created in response to feedback from foster parents experiencing challenges that either led to disruptions or risked placement stability. The MCS services assess, treat, and stabilize situations to reduce immediate risk of placement disruption. Services are exclusively for CFSA's foster families in the District and Maryland. MCS also provides comprehensive services that help to relieve acute symptoms of foster family stress, and ideally to help restore the foster family to optimal pre-crisis levels of functioning. CFSA evaluates the effectiveness of MCS services by determining if a child or youth has remained in the current placement for a minimum of 30 days after the service has

been provided. In FY 2015, 109 calls were received. In FY 2016 to date, 19 calls were received.

Moving forward into FY 2016, CFSA will be providing customer satisfaction surveys to seek the opinions of foster parents and social workers on the quality of the MCS service. These surveys will be conducted 14 days after the initiation of service and then again 14 days after the service has been completed. For FY 2015, the placement stability rate for this service was 75 percent; for FY16 to date, it is 74 percent.

Respite Services – A Place to Go and Grow is a respite program that targets kinship, foster, adoptive, and guardianship families caring for children (ages 5 to 14) who exhibit emotional and behavioral challenges. Direct services include case management, crisis intervention, and advocacy to assist families in the assessment of needs along with identified resources to help in meeting those needs.

Utilization Management (UM) and Utilization Reviews (UR) – UM is a family-centered, multi-departmental, integrated approach implemented by PSA to identify, coordinate, and link appropriate resources and services to meet the placement and permanency needs of children in care. Its aim is to review pertinent information prior to, or during, the initial request for services. UM is utilized either proactively or concurrently during the time services are being provided. Information from various sources drives the decision-making process regarding the appropriateness of services. The process is managed by the RDS who administers the formal CNA tool for the child in need of placement. Following the assessment, the RDS and the assigned social worker hold a team meeting with the child and family members (as appropriate) to discuss needs, services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the child is placed in a setting that best meets his or her unique needs.

Unlike the “real time” assessment of the UM process, URs are retrospective, typically occurring once treatment has been concluded. The purpose of these reviews is to assess the appropriateness of the care and treatment provided, to determine if the policies governing the type and frequency of care need to be revised, and to assess the quality of services delivered within a network of providers. Overall, both the UM and UR processes are instrumental in identifying, monitoring, evaluating, and resolving

issues that may result in an inefficient delivery of care or that may have an adverse impact on resources, services, and client outcomes.

DC Family Link - DC Family Link is a co-parenting model developed and implemented through the longstanding partnership between CFSA and the Foster and Adoptive Parent Advocacy Center (FAPAC). The model specifically encourages shared parenting practices between the two sets of parents with the understanding that co-parenting can greatly impact positive placement stability and permanency outcomes. The model is also designed to help alleviate any sense of conflict for children who may feel they have to "choose" between caregivers and possibly contradictory parenting styles. Currently, CFSA offers a three-hour training on shared parenting practices for all foster, kinship, and adoptive parents who are or will be parenting children in the DC foster care system. The training focuses on how to build positive working relationships between members of the resource and birth families, as well as how to work together for the benefit of the child. Outcomes are jointly evaluated by CFSA and FAPAC.

Performance

According to the District's data profile as of November 2015, DC CFSA met the placement stability metric with the 4.12 national standard where of all children who enter care in a 12 month period, the rate of moves per day in foster care. Comparatively, CFSA's internal metrics report that as of FY 2015 85 percent of children in care at least 8 days and less than 12 months had two or fewer placements. As of FY2015 74 percent of children in care at least 12 months, but less than 24 months had two or fewer moves. As of FY2015 of children in care 24+ months 78 percent of children had 2 or fewer moves.

As noted under the *Safety Outcomes*, the QSR process rates an array of indicators to help the Agency determine the quality of services and practice offered to its clients. The *Stability* indicator for out-of-home cases measures the degree to which a child's daily living, learning, and work arrangements (as applicable) are stable and free from risk of disruptions. *Stability* also measures the number of changes in settings within the past year and the probability of an unplanned move within the next year. There has been a slight fluctuation in the ratings for this indicator over the past four years (between 67 percent and 79 percent). As of 2014, *Stability* for the child was rated at 72 percent, which is higher than the 2013 rating (69 percent). In 2015 the home

stability indicator decreased from 72 percent in 2014 to 70 percent. School stability increased from 75 to 84 percent, indicating a great focus on keeping children in the same schools.

A total of 134 placement disruptions were reported in FY 2015. The total number of clients with disruptions was 110, and the total client count was 1509. Of those totals, there were 81 disruptions (60 percent) from therapeutic foster homes, and 25 disruptions (19 percent) from traditional foster homes.

Disruptions by Placement Type, FY 2015			
Placement Type	**Total[21] Clients**	**Total Clients with Disruptions**	**Total Disruptions**
Foster Homes (Kinship)	399	5	**5**
Foster Homes (Pre-Adoptive)	91	1	**1**
Foster Homes (Specialized)	34	2	**2**
Foster Homes (Therapeutic)	318	65	**81**
Foster Homes (Traditional Foster Family Emergency (STAR Home))	32	3	**3**
Foster Homes (Traditional)	768	24	**25**
Group Settings (Diagnostic and Emergency Care)	3	1	**1**
Group Settings (Group Homes)	120	5	**5**
Group Settings (Independent Living)	89	10	**10**
Group Settings (Residential Treatment)	33	1	**1**
Other (Developmentally Disabled)	1	0	**0**
Other (Not in Legal Placement)	48	0	**0**
Other (Refugee Minor Teen Parent - 1 Child)	1	0	**0**
Other (Substance Abuse Services (Non Paid))	11	0	**0**

[21] A client can have multiple placement disruption episodes.

	1509[22]	**110**	**134**

Source: Special FACES.NET query request

On-going Stakeholder Feedback

Parent Advisory Committee (PAC) - Efficient service delivery and high quality of services is a necessity if children, families, and foster families are going to be partners in achieving positive permanency outcomes. PAC's primary purpose is to advise and consult with CFSA on matters that involve or affect how foster care services are delivered throughout the child welfare system. CFSA staff and a PAC designee share organization and scheduling of the quarterly meetings. The Committee members include a foster parent and birth parent, as well as a leadership representative from the following organizations:

- Foster and Adoptive Parent Advocacy Center (FAPAC)
- Adoptions Together/Parent Advocacy Project (PAP)
- DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA)
- CFSA Mockingbird Model

Annually PAC has held approximately seven meetings with varied agenda items. Primary topics have included the Agency's status and practices on shared parenting, concurrent planning, and Trauma Systems Training (TST).[23] In addition, agenda items have included the various programs and services provided by the Office of Youth Empowerment (OYE) and the various trainings and updates provided by the Agency's Child Welfare Training Academy. PAC members have been able to provide input on areas such as strategies for youth permanency, particular services provided by OYE, and the new mobile Parent App that was developed for foster parents.

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

[22] The disruptions "n" value reflects the total number of episodes.
[23] TST is a model of care that addresses a traumatized child's emotional needs as well as triggering factors in his or her social environment.

Response: *CFSA successfully establishes permanency goals for children in a timely manner first the existing of governance on permanency planning that requires within 72 hours of removal that initial meeting is held to reach a permanency goal agreement. Additionally, CFSA practice integrates the use of family team meetings Pursuant to the FTM policy, CFSA staff tries to identify a minimum of two family members to participate in the FTM. In addition to a child's biological parents, other participants (outside of CFSA staff or other professionals) might include guardians, relatives, or other individuals who may be emotionally significant to the child. CFSA practice teams with the courts to ensure a streamlined and consistent process for all judges listening to child welfare cases, and ensures that goals are set and met within required timeframes. The form continues to contribute to an increase in compliance with legal requirements.*

Policy

Permanency planning begins as soon as possible after a removal when the first team meeting is held, usually within 72 hours. During this initial meeting, all team members (e.g., the age appropriate child, parents, social worker, and other extended family members or fictive kin, as well as any other CFSA staff) seek to reach agreement on establishing the permanency plan and permanency goal.

CFSA's *Permanency Planning* policy provides guidance for social workers on how to establish appropriate and concurrent permanency goals, as well as how to develop the final written case plan in direct collaboration with the family. As a team, the social worker, family, and age appropriate child assess which of the following three priority permanency goals should be incorporated into the child's case plan: reunification, adoption, or permanent guardianship. If reunification is not possible, kin are considered as the priority resource for adoption or guardianship, and non-kin only after kin resources have been exhausted. The policy further guides the social worker to only consider legal custody or an alternative planned permanent living arrangement (APPLA) after the other permanency goals have been exhaustively explored and deemed not to be in the best interests of the child. Once a goal is agreed upon, the Family Court legally establishes the permanency goal, based on the thoughtful recommendations of the family's team and social worker. Every child's permanency goal is reviewed throughout the life of a case to ensure it continues to be the most appropriate course of action for the child. Social workers must also consider whether

a goal continues to meet any mandated time frames for the achievement of permanency (in accordance with federal or local legislation).

The initial case-planning meeting must take place as soon as possible, but in all instances must occur within 7 calendar days of the case transfer. Typically, the case planning begins at the Family Team Meeting, which occurs within 72 hours of a removal. The ongoing social worker must meet with the child's parents (and the age-appropriate child him or herself) and any other individuals as necessary to initiate the case planning process. The written case plan, signed by the social worker and the parent, is to be completed within 30 days of the case opening.

Practice

Family Team Meetings – The Family Team Meeting (FTM) is a structured planning and decision-making meeting that may occur at any time during the life of a case but is expected to occur within 72 hours of a removal, whenever possible. The removal FTM is the first opportunity for permanency planning and identification of the permanency goal. Pursuant to the FTM policy, CFSA staff tries to identify a minimum of two family members to participate in the FTM. In addition to a child's biological parents, other participants (outside of CFSA staff or other professionals) might include guardians, relatives, or other individuals who may be emotionally significant to the child. In FY2015 there were 48 families with FTM's held in 72 hours representing 156 children. In FY2016 there have been 18 families, representing 28 children that had FTM's held

Whenever an older youth is assigned a goal of APPLA, which also requires the Director's approval, an FTM is held to be sure that all other goals have been thoroughly vetted but not suitable for meeting the youth's needs.[24]

Permanency Hearings - The federal *Adoption and Safe Families Act* (ASFA) sets forth certain requirements for holding permanency hearings in a timely manner, in addition to requirements for the Family Court to set a specific goal (reunification, adoption, or guardianship) and a date for achievement of that goal. Currently, judicial officers in the District are required to use a standardized court order for all permanency hearings. The unified form ensures a streamlined and consistent process

[24] Additional details on APPLA goals are found in CFSA's policy, *Establishing the Goal of APPLA.*

for all judges listening to child welfare cases, and ensures that goals are set and met within required timeframes. The form continues to contribute to an increase in compliance with legal requirements.

In addition to goal setting, judges are required to inquire whether the Agency has made reasonable efforts to achieve the goal to meet the ASFA guidelines. As a result of these inquiries, all parties are able to identify barriers to the permanency goal. The early and ongoing identification of such barriers helps social workers to work with the involved parties to ameliorate problems and to create solutions.

Cross-Training – CFSA's Child Welfare Training Academy (CWTA) has initiated cross-training courses that promote consistency for information sharing and practice between social workers and foster parents with the expectation that improved communication will lead to subsequent increases in positive placement and permanency outcomes. In 2014 CWTA added a training course on *Concurrent Planning*, i.e., permanency planning that simultaneously focuses on more than one permanency goal, just in case the primary goal is not achieved (for whatever reason). As a complement to the *Permanency Planning* course, the *Concurrent Planning* class is a 12-hour training course for social workers and a six-hour training course for foster parents. The class provides methods and materials that promote effective planning and teaming to work towards two plans. The class also reinforces placement stability in the event of a goal change as well as reinforcing involvement of all parties involved in the child's life.

Performance

As of December 31, 2015, the Agency was at 95.7 percent compliance for children in foster care having an appropriate goal. The cohort of 43 children with an inappropriate goal consists of children with no goal (n=32), children over 12 in foster care with inappropriate goals (n=2), and children 12 and younger in foster care with inappropriate goals (n=9). This is still within the FY 2014 performance on this measure where the Agency performance was at 96 percent compliance.

The goal distribution of children in care as of FY 2015 reported 39 percent of children with the goal of reunification, 22 percent had a goal of adoption, and 20 percent of children with the goal of guardianship. Of the remaining goals, 13 percent had a goal of APPLA and .6 percent had a goal of legal custody.

Children in Foster Care by Permanency Goal Point in Time: End of FY 2015	
Goal	**# of children**
Guardianship	214
Reunification	413
Adoption	238
Alternative Planned, Permanent Living Arrangement (APPLA)	139
Legal Custody **	7
Data Unavailable #	50
Total	**1,061**
** 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.	

For the last two fiscal years, CFSA has successfully reduced the number of youth with a goal of APPLA, starting from 228 (17 percent) in 2013 to 139 (13 percent) in 2015, while guardianship goals were reduced from 395 (30 percent) to 214 (20 percent).[25] While these decreases demonstrate the success of efforts to increase the preferred goal of reunification, they must still be understood within the context of the shifting demographic trends. The goals of reunification and adoption still account for almost 60 percent of the goals (38 and 21 percent, respectively). Further, almost 40 percent of children who exited care in FY 2015 (38) exited with a goal of reunification, in comparison to 35 in FY 2013 and 32 in FY 2014.

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

[25] In 2013 the total out-of-home population was 1318; 2014 the population was 1112 and in 2015 the population reduced to 1061. Percentages are rounded to the nearest whole number.

Response: *CFSA successfully makes consistent concerted efforts to support positive permanency achievement for children in out-of-home care. As of FY15 77 percent of children exited foster care to positive permanency. CFSA practice efforts to support reunification, guardianship, adoption and APPLA for the children include training social workers to make concerted efforts to bring foster parents and birth parents into a mutually beneficial relationship, including co-parenting to support the child's well-being and eventual achievement of permanency. Additionally, strategies to support permanency include improving the utilization of a least restrictive placement array to ensure that children will be placed in the best and most appropriate placements that best meet their need; improving the life-long connections of children in foster care by increasing quality visitation and maintaining connections to significant individuals in a child's life.*

Policy

As noted under *Item 5*, CFSA's *Permanency Planning* policy promotes safety, permanence, and placement stability through comprehensive case planning measures that consistently include the participation of families and other individuals identified by the family, as appropriate. Comprehensive case planning also serves to sustain positive functioning and overall well-being of the family unit. The participatory case planning process begins at the onset of the Agency's involvement with children and families. It continues to focus on creating an individualized family case plan that can serve as the primary mechanism for identifying the family's underlying needs to stabilize the family and achieve reunification, whenever possible. If reunification is not possible, it is CFSA's policy and practice to achieve permanency for all children in foster care first through kinship adoption or legal guardianship, and then non-kin permanency if kinship resources have been exhausted. Social workers only consider APPLA or legal custody after all other permanency goals have been explored in collaboration with the family team there has been an approval by the CFSA Director

Practice

Pursuant to policy, reunification is the priority permanency goal for children who must enter foster care, and social worker efforts are therefore focused on working closely with the parents to provide services that will expedite the return of their children. Agency training also guides social workers to make concerted efforts to bring foster parents and birth parents into a mutually beneficial relationship, including co-parenting to support the child's well-being and eventual achievement of permanency. As noted earlier, CFSA gathers information on these efforts through various case reviews, including the QSR process, which provides opportunities for reviewers to hear from birth and foster parents directly and usually in face-to-face interviews. Feedback on successful efforts as well as barriers to reunification is shared across administrations to improve practice. When reunification is not possible (e.g., death or incarceration of a parent, termination of parental rights, or negligible progress towards reunification on the part of the parent after 12 months of effort), adoption or guardianship by relatives is the next priority goal. In these cases, CFSA makes every effort to ensure the relative is expeditiously licensed as a pre-adoptive parent or guardian. Caregiver assessments are conducted to make sure any necessary services are in place to secure the permanency goal.

APPLA, as described under *Items 4* and *5* is always the last resort for a permanency goal, and only after approval by the Agency's director. Eligibility for APPLA (at a minimum) includes youth aged 16 years and older, along with documented evidence that the other permanency goals are not viable, and that a lifelong connection has been established for the youth. The youth must have participated in at least one LYFE conference,[26] and a formal request for APPLA must have been submitted through the chain of command.

[26] *Listening to Youth and Families as Experts* (LYFE) conferences require participation of the youth, family members (whenever possible), the social worker and supervisor, guardian *ad litem*, assigned assistant attorney general, and the LYFE conference facilitator. The facilitator reviews recent court reports and ensures the conference is held prior to the next scheduled permanency hearing in order to prepare all necessary documentation. More information is provided in the *Establishing a Goal of APPLA* policy.

Permanency Strategies

CFSA has implemented several strategies to bolster the positive, sustainable achievement of permanency outcomes for children and families. Some of these strategies stem from technical assistance offered by external consultants while others have been developed internally or in collaboration with CFSA's child welfare partners.

National Resource Center for Permanency and Family Connections (NRCPFC) - CFSA requested technical assistance from the NRCPFC provide recommendations for the following areas:

- Improve utilization of a least restrictive placement array to ensure that children will be placed in the best and most appropriate placements that best meet their needs.
- Improve the life-long connections of children in foster care by increasing quality visitation and maintaining connections to significant individuals in a child's life.
- Increase the number of children exiting foster care to positive permanency.

In regards to least restrictive placements, the percentage of children in foster homes versus group homes is expected to remain steady at the 82 percent benchmark. As for visitation, the impact of the recommendations for improving parent-child visits (addressed under *Permanency Outcome 2*) resulted in the achievement of an 85 percent benchmark for parent-child visitation. The Agency also achieved the third NRCPFC recommendation regarding the percentage of exits to a permanent home. As of FY2015, 77% of children and youth served exited to positive permanency.

Kinship Placements - CFSA implement the *KinFirst* program, which incorporates the expertise of multiple intra-agency resources to place children with their relatives. These resources include (but are not limited to) CFSA's Family Team Meeting unit, Diligent Search unit, and Kinship Licensing unit. Especially important is the temporary, emergency licensing process that expedites a child's placement with kin (description follows). Collectively, all of the *KinFirst* resources identify and engage family at the earliest possible stages of a case. As a result, the *KinFirst* initiative has led to guardianship as CFSA's most rapid form of permanency, which has also balanced the need for recruiting additional foster homes. Anecdotally, the Agency believes that the *KinFirst* initiative has helped to divert some children from entering

care and to find relative caregivers for those children who must be placed into out-of-home care.

CFSA initiates the program as soon as the CPS investigative social worker determines that a child or youth will be removed. From the onset of this first meeting, the CPS social worker actively engages the parent to identify other family members to participate in securing the child's safety and permanency. The Diligent Search unit then reviews a series of databases to find other relatives who may be able to take in the child. When family members are identified, an expedited kinship licensing process takes as little as four hours. In addition, an agreement that crosses local jurisdictions, along with emergency flexible funds, further helps place children with relatives.

In 2012, prior to implementation of the *KinFirst* program, CFSA established a 25 percent target for kinship placements as part of the Agency's ongoing efforts to increase positive permanency outcomes. CFSA has actually experienced fluctuations in the percentages but improvement has occurred nonetheless (FY 2012 at 16 percent, FY 2013 at 24 percent, FY 2014 at 22 percent and FY 2015 at 21 percent).

Temporary Licensing of Kin - CFSA makes every effort to expeditiously license kinship homes through the protocol outlined in CFSA's policy, *Temporary Licensing of Foster Homes for Kin*. As referenced above, the purpose of this emergency licensing procedure is to place the child legally with relatives as soon as possible, and really streamline the permanency process overall. Even though kinship parents can get temporary emergency licenses (unlike non-kinship foster parents), the kinship parents are still subject to the same laws, regulations, and permanent annual licensure requirements established for and applicable to non-kinship foster homes.
These temporary licenses allowing immediate placement may sometimes require special considerations or a waiver to some regulation in order to make sure the kinship placement is not delayed. Licensing specialists consider these circumstances when making licensing determinations for the best interest of the child. The specialist may bring the circumstances of a kinship caregiver's licensing issue up the chain of command. In such instances, after approval and recommendation by the deputy director of Program Operations, CFSA's director may waive a licensing provision for "good cause" (i.e., there is evidence that the waiver does not adversely affect child safety). In certain instances, CFSA's Office of General Counsel will also sign off on

the waiver. No waiver that impacts child safety has been nor ever will be approved. If all other criteria for a temporary license have been met and the waiver has been granted, the kinship caregiver applicant is granted a license within 48 hours of receipt of this signed waiver.

Consultation and Information Sharing Framework and the Review Evaluate, and Direct (RED) Team[27] Utilizing the Consultation and Information Sharing Framework the RED teams assess any barriers or complicating factors that inhibit the achievement of timely permanency, including but not limited to risk and safety factors. The team also establishes a projected permanency date. As a result of the consultation, next steps are developed and often involve ways to address systemic barriers (e.g., policy changes or interagency communication and collaboration at higher levels within the organization and legal parties). This approach has helped to ensure completion of the identified action steps and progress towards permanency.

Pre-Adoptive Practice Strategies - CFSA's adoptive parent recruiters are assigned to each CFSA administration and to each CFSA-contracted agency. The role of the recruiters is identifying pre-adoptive placements and placement resources (if not already identified) and to assist in the creation of permanency plans. Recruiters also serve as the point of contact soon after the goal of adoption is established in order to better ensure timely and safe placement for children. Prior to placement and prior to adoption, each family is provided family integration therapy as a method of building rapport and assisting with the transition into the adoptive home. Teaming between CFSA's recruiters and the private agencies that serve the majority of out-of-home cases is a strong collaboration that offers the recruiters greater access to move children quickly and responsibly toward permanency. The following recruitment practices reinforce CFSA's pre-adoption strategies:

- Recruitment supervisors continue to review monthly management reports to identify children who have had their goal changed to adoption that month.
- CFSA recruiters connect to each private agency or CFSA case-carrying administration, and serve as single, consultative resources for their assigned units with respect to recruitment and adoption-related activities.

[27] RED teams are explained in more detail under *Safety Outcomes*.

- Recruiters follow the case of each child who has a goal of adoption but who is not currently placed in a pre-adoptive home. The recruiters work diligently to get a referral to the recruitment unit or to ensure that FACES.NET is updated when a home has been identified.
- Once social workers make a referral to identify a pre-adoptive resource, recruiters work in collaboration with the placement-matching specialist, who will either identify an existing family or send the referral to CFSA's Family Resource Division for child-specific recruitment.
- Recruiters conduct case mining and utilize diligent search engines to locate family members.
- Recruiters advise program staff on how best to engage family members to build a team around placement resources.
- Recruiters conduct background meetings with pre-adoptive homes to allow families the opportunity to make informed decisions
- Recruiters create digital videos of all children needing pre-adoptive homes and use appropriate Agency-sanctioned websites to stream these videos to an appropriate audience for increasing recruitment outreach.

In addition to the above practices, the following recruitment efforts also promote interest among potential pre-adoptive caregivers:

- Recruiters utilize the *Heart Gallery*, a traveling portrait exhibit of children in need of adoption, presented by one of CFSA's contracted private agency partners, Adoptions Together.
- CFSA participates in the national resource for adoptable children at www.adoptuskids.org.
- Recruiters utilize local NBC affiliate WRC-TV's weekly *Wednesday's Child* news feature to promote adoption of children.
- Recruiters host at least one "matching event" a year where pre-adoptive families and children awaiting adoption come together.
- Recruiters also host a "matching conference" in an effort to recruit adoptive parents who have already adopted children but may be open to adopting another.

At the end of FY 2015, there were 238 children with the goal of adoption, and 152 children placed in pre-adoptive homes with a court-ordered goal of adoption (as specified in the child's permanency plan).

Subsidies – At various times, potential pre-adoptive foster parents hesitate to the make the adoption or guardianship commitment for fear that the additional financial responsibility will strain the household budget. CFSA provides adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs as specific needs arise. These subsidies are provided to ease the potential financial challenges that may come with welcoming a new child or sibling group into the home. Criteria for receiving subsidies are outlined in CFSA's Adoption Subsidy policy and CFSA's administrative issuance on Guardianship and Grandparent Caregiver Subsidies. In 2015, the Grandparent Caregiver Program served 480 families and 785 children. A full subsidy payment (without offsets) is $24.79/day for children under age 12 and $27.92/day for children older than 12. The average daily rate, including offsets, is $19.68. This rate has remained consistent since 2012 and represents an average of $590.40 for a 30 day month per child.

Post-Permanency Services

Once a permanency goal is achieved, CFSA makes concerted efforts to sustain that permanent placement. The following supports are in place to provide families with services that help to solidify the permanency they've worked so hard to achieve.

Post Permanency Family Center and the Center for Adoption Support and Education

To provide adoption and guardianship services, CFSA contracts with the Post Permanency Family Center (PPFC), which is administered by Adoptions Together, a community-based organization that serves children and families throughout the District. PPFC specializes in post-permanency services for any child who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved. In effect, PPFC is a "one stop shop" for direct service case management, advocacy, family counseling, monthly respite services, and crisis support 24 hours a day and seven days a week. The program also offers support groups for children, teens, and adults, including parenting classes. It is CFSA's responsibility to notify families that PPFC is a support for their transition to post adoption or guardianship. By the end of FY 2015, PPFC had served 107 families (304 individuals).

CFSA also contracts with the Center for Adoption Support and Education (CASE), which provides lifelong services to children who are adopted as a result of the weekly television news feature, *Wednesday's Child.* CASE also provides services for non-*Wednesday'*s children on a limited basis. Utilizing an adoption-centered therapeutic

approach, CASE offers a myriad of supportive services such as competency trainings, parent and family education, as well as other permanency-related workshops and seminars. CASE is especially equipped to manage more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and more heavy court-involvement).

Both PPFC and CASE provide pre- and post-adoption and guardianship supports and services for children and families, and both providers offer a wide range of effective supports and resources for families at various points along the permanency process, including family integration therapy to allow the child and family to become more acquainted with each other and to also assist with the transition into an adoptive home.

Generations of Hope – A significant new permanency and post-permanency resource in 2015 is the innovative inter-generational housing model called *Generations of Hope*. For children adopted from foster care, this new program provides permanent housing in the District within a residential setting that includes seniors and other families. CFSA is supporting the development of the inter-generational housing model for teen parents as well as reunified families. Under the terms of a multi-year grant agreement, *Generations of Hope* is leading the District's efforts in partnership with key external agencies and community-based providers that will develop, implement, and oversee the housing program with supportive and case management services. The Agency anticipates that this housing program will make a positive impact on the long-term housing needs for both teen parents and reunified families who might otherwise struggle with maintaining permanent housing.

Performance

Table 1 following shows that the 80 percent target set by the Agency for children exiting from care into a permanent home was nearly met in FY 2015 at 77 percent, which is an increase from FY 2012 when the Agency performed at 72 percent and from FY 2013 when the Agency's performance increased to 76 percent. It is a slight decrease, however, from FY 2014 (80 percent).

In regards to stable housing for older youth, CFSA has surpassed the 80 percent benchmark for the number of older youth exiting foster care to a permanent family or secure and reliable housing. In FY 2012, Agency performance was low at 38 percent

but quickly jumped to 79 percent in FY 2013 as a result of focused efforts on aftercare services. In FY 2014, CFSA met and surpassed the benchmark by performing at 83 percent. And in FY 2015, CFSA again surpassed the benchmark with 88 percent.

TABLE 1: Permanency Outcome 1

Goal #2: Temporary Safe Haven: Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care.				
Outcome 2.1: Children and youth are placed with families.				
Key to Status: On Track Nearing Target[28] Needs Improvement	**% FY14 Baseline**	**% National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**% Current Performance as of FY15[29]**	
Objective 2.1a: Increase the number of children/youth with two or fewer placements in the past 12 months. (IB) (Data source: Four Pillars Scorecard, FACES.NET report PLC234)	76	83	78	
Objective 2.1b: Decrease the average number of months to reunification.(IB) (Data source: Four Pillars Scorecard,	14	12	14	

[28] For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.
[29] Percentages may be rounded up to the nearest whole number.

National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)				
Objective 2.1c: Decrease the average number of months to guardianship.(IB) (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)	47	18	41	
Objective 2.1d: Decrease the average number of months to adoption.(IB) (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)	43	24	40	
Objective 2.1e: Increase relative placements (kinship care).(IB) (Data source: FACES.NET report CMT389)	22	25	21	
Goal # 4: Every child and youth exits foster care as quickly as possible for a safe well-supported family environment or lifelong connection. Older youth have the				

skills for successful adulthood.				
Outcome 4.1: Children and youth leave the child welfare system for a safe, permanent home.				
Key to Status: On Track Nearing Target[30] Needs Improvement	**% FY14 Baseline**	**% National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**% Current Performance as of 4/30/15**	
Objective 4.1a: Increase exits to a permanent home. (IB) (Data source: Four Pillars Scorecard, FACES.NET report CMT367)	80	80	77	
Objective 4.1b: Increase the percentage of youth with stable housing upon exit. (IB) (Data source: Four Pillar Scorecard, OYE manual data)	83	80	88[31]	

Permanency Goal Outcomes

As a national standard for Permanency Outcome 1, children with a permanency goal of reunification are expected to exit foster care within a median of 5.4 months of initial entry. According to the District's data profile, the Agency has gradually moved closer to the national standard. In FY 2013, the median stay for children exiting with a goal of reunification was 13 months. Although the Agency has yet to meet the national standard, in FY 2014 the Agency demonstrated improvement with a median stay of 9.8 months.

[30] For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.

[31] Manual data captured represents FY15 reported on the Agency's *Four Pillar* Scorecard.

As of 2014, the Agency aligned the internal length-of-stay benchmarks to federal guidelines for reunification (12 months), guardianship (18 months) and adoption (24 months). As of December 31, 2015, the Agency was 14 months on this measure for reunification, which was the same performance in FY 2014. In the area of guardianship, the Agency's performance in FY 2014 was an average of 47 months. In FY 2015, the average number of months for children to exit with a goal of guardianship was 41. In the area of adoption, the Agency's performance was 43 months in FY2014 to 40 months in FY 2015.

In regards to outcomes for older youth, achieving permanency through reunification, guardianship, or adoption is most challenging. For those youth aged 18 to 19 years with the goal of APPLA, a youth transition plan is developed and reviewed every six months.[32] The Agency has made significant strides to improve performance, with performance of this measure at 84 percent as of April 2015. Reviews occur every three months for 20 year olds to ensure they're prepared for the imminent exit from foster care at age 21. CFSA's internal performance target for this population is 90 percent for youth having developed and reviewed transition plans in a timely manner. The Agency has made significant strides to improve performance, with performance at 71 percent as of April 2015.

The two primary goals for children and youth who exited foster care are reunification and adoption. Children in FY 2015 exiting care with the goal of reunification comprised 40 percent of all exits, while children in FY 2015 exiting care with the goal of adoption comprised 21 percent of the exit population. Guardianship and APPLA goals comprised 18 percent of the exit population. The length of stay for the exit population by goal includes less than one month for the 196 children with the goal of reunification, then one-to-four months, and 13-23 months as the highest counts.

For the children in care with the goal of adoption the highest proportion had been in care for 24+ months. Similarly, for children with the goals of guardianship and APPLA the highest concentration with their exit population has been in care for 24+ months.

Exits from Foster Care by Permanency Goal and Length of Stay, FY 2015

[32] Alternative planned permanency living arrangement

Goal	Length of Stay in Months (FY 2015)						Total Children
	<1	1-4	5-8	9-12	13-23	24+	
Adoption	0	0	0	0	27	75	**102**
APPLA	0	0	1	0	0	88	**89**
Guardianship	0	0	0	5	11	73	**89**
Reunification	41	40	21	21	41	32	**196**
Data Unavailable ††	0	0	3	2	1	4	**10**
Total Children	**41**	**40**	**25**	**28**	**80**	**272**	**486**

†† 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.

Source: FACES.NET PLC155 and CFSA Data Visualization Dashboard System, powered by Birst

Strengths

Technological Enhancements for Permanency Hearing Requirements

CFSA's FACES.NET system has recently been enhanced to interface directly with the District of Columbia Superior Court's (DCSC) information system, which now gives CFSA staff the ability to electronically track hearing dates and outcomes for the achievement of identified permanency goals. DCSC and CFSA have also created and continue to use a live interface that allows both entities to mutually and electronically share CFSA complaint forms, hearing schedules, court reports, and court orders. In addition, CFSA is actively developing a website and twitter account that will provide information regarding post permanency services and resources for adoptive and guardianship families. While these technological enhancements were implemented to improve and streamline the permanency hearing process, no measures are yet in place to track the level of improvement.

Housing Supports to Sustain Permanency

In addition to Rapid Housing, which is discussed in more detail under Systemic Factor #6, CFSA has additional types of financial housing support for young adults aging out of foster care, who may experience challenges with their housing, instability, or even homelessness. In response to this, CFSA has implemented two supportive housing programs specifically focused on youth who have transitioned out of the foster care system and primarily focused on sustaining permanency after its

achievement. These programs are outlined below and implemented in partnership with other District agencies and community partners.

- The *Wayne Place Project* is a joint effort between CFSA, the Department of Behavioral Health, and the Far Southeast Family Strengthening Collaborative. The project provides supportive transitional housing for youth aging out of the foster care system, or youth who may require intensive services to stabilize them in a community environment after transitioning from psychiatric residential centers. The program focuses on providing a real life community experience so that youth are prepared to positively and successfully engage and participate in the community environment. A major component of the program is the evidence-based model, Transition to Independence Program (TIP). The TIP model contains educational and employment preparation and support services. Wayne Place opened in March 2015 and is currently at full capacity with 40 youth residing there. In addition, any funds toward rent is deposited into an escrow account that young adult will receive after his or her time with Wayne Place to use to obtain stable housing.
- *Project Genesis* is a 27-unit newly constructed apartment building developed by Mi Casa, Inc. It is located within the service area of the Georgia Avenue Family Support Collaborative. Using the *Generations of Hope* model described above, this project focuses on partnering seniors with young mothers who are aging out of foster care. The seniors support the young mothers and their children, helping the mothers to develop a greater purposefulness in life. The goal of this project is to reduce the isolation of seniors and young families by creating a community of caring among residents through building community capacity and informal support networks across households and ages.

In addition to the initiatives described above, CFSA has also made referrals to organizations such as Sasha Bruce and Covenant House that provide shelter and supportive services for youth in the District. The youth referred to these programs are youth who have exited the child welfare system and have been connected through the Mayor's Services Liaison Office[33].

[33] The Mayor's Services Liaison Office (MSLO) was established pursuant to the District of Columbia Family Court Act of 2001 and is housed at the DC Superior Court. The District agency liaisons represented in the MSLO respond to inquiries and requests for information from the referring

Foster Care Quality Improvement Charter

CFSA developed the Foster Care Quality Improvement (FCQI) committee charter in 2014 to establish a formal collaborative process for foster parent recruitment, licensing, and placement matching. The FCQI committee is designed to help identify problems, implement and monitor action plans, and study the effectiveness of current practice and foster parent relationships with child welfare professionals per the committee's charter. It is expected that these efforts will directly impact positive placement outcomes. The FCQI committee consists of program managers and supervisors from PSA, which includes the Diligent Search unit and the Kinship Resources division. Committee membership also involves program managers and supervisors from the Foster Care Resources Administration (FCRA), which includes Foster Home Licensing and Training, Recruitment, Foster Parent Support, Post Permanency, and Private Agency Contract Monitoring. The committee meets monthly and is co-chaired by the FCRA administrator and the PSA administrator. Additionally, the program manager and the supervisor from the Office of Facility Licensing are invited to these meetings. Collectively, committee members review data on the identified goals, practices, and program structures. The group also makes decisions using a consensus model. Any goals not achieved on a quarterly basis will have corrective action plans created and reviewed until goals are achieved.

Matching System

CFSA is currently moving towards a new matching system that allows the social worker and the foster family to complete the tool together. Based on the answers they provide regarding children they are willing to take, or will not consider, the best possible match can be made.

Tracking Disruptions

CFSA has also worked to enhance FACES.NET to track planned placement changes as well as disruptions. This will allow for the information to be accessible and to examine trends in the future.

source (who may include clients, social workers, probation officers, attorneys, and judicial officers) concerning educational, housing, and social and related health and human services and resource issues.

Challenges

Complex Issues Impacting Permanency

While permanency performance has improved over the last five years, CFSA is acutely aware that decreasing time to permanency remains a system-wide concern. Some of the major challenges are complex overlapping issues like substance abuse and mental illness. CFSA is actively working to increase social worker skills around parental engagement, prevention of substance use relapse, and the use of trauma-informed and science-driven brain research to help determine the most appropriate services and resources for children and families to reach permanency.

Placement and Permanency for Older Youth

Achieving permanency for older youth is an ongoing challenge. CFSA continues to commit to placing older youth with families and to increase opportunities for these youth to achieve permanency through guardianship or adoption (when reunification is not possible). In keeping with these efforts, recruitment and trainings for foster parents (both prospective foster parents and currently licensed foster parents) focus on educating foster parents on the particular needs and issues facing older youth.

Placement Disruptions

Guardianship disruptions in particular have been a challenge for permanency and placement stability based on trends observed by the Office of the Attorney General. 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 more so the exception. The efforts cited in the items above reflect current Agency strategies to reduce as many unplanned placements as possible. 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. For example, in one particular case, a placement disruption was necessary based on the death of the foster parent. In this particular case, the Agency was able to immediately locate a pre-adoptive home where the only child will have a sibling who was also recently adopted by the new pre-adoptive foster mother. But this particular success story is not always the rule. There were 63 guardianship disruptions between October 2014 and June 2015. There were three times where the youth were placed in a traditional foster rather than with a successor guardian during that time period. All thirteen adoption disruptions occurred between October 2014 and June 2015. Two of

the thirteen were returned to the adoptive families during this same time period. For FY2015 there were 85 disruptions.

Permanency Outcome 2: The continuity of family relationships is preserved for children.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Response: *CFSA takes measures to place siblings together where possible. Pursuant to the Agency's administrative issuance on Sibling Connections, the Agency works diligently to place siblings together to preserve the family relationship. CFSA is working hard to meet the 80% benchmark, having achieved 70% at the end of December 2015. It is the Agency's priority to place siblings together, unless the placement is precluded by a court order or a particular health, safety, or behavioral need of one or more of the siblings. CFSA recruits foster homes for the specific purpose of keeping siblings together.*

Policy

In compliance with the *Fostering Connections to Success and Increasing Adoptions Act of 2008*, CFSA currently provides social workers with two different policy documents to guide practice on siblings: the previously cited *Placement and Matching* policy, and CFSA's administrative issuance (AI-09-05), *Sibling Connections*. Both documents emphasize the importance of placing siblings together as part of children's well-being. That is, preserving the existing strength of sibling relationships often lessens the emotional trauma of removal. Every effort is made to ensure that any foster care placement does not disrupt a child's school placement or community connections.

Exceptions to sibling placements may occur when a social worker (either CPS or ongoing) makes a clinical determination that such a placement is not in the best interest of one or more of the siblings. Clinical determinations may include documented health, safety, or behavioral needs of one or more of the siblings. If needed, the social worker can partner with the assigned assistant attorney general to

request a court order. Clear justification for the separation of siblings must be documented in FACES.NET.

CFSA's commitment to sibling placement is also evidenced by the Agency's built-in exemptions to the normal placement parameters outlined in policy. For example, no more than three children total (including children in care and any natural children of the foster parent) are placed in a single parent traditional foster home. The sole exception to this parameter is placement of sibling groups (when there are no other children in the home).

When making a placement determination, CFSA seeks to maximize IV-E and IV-B federal funding by when possible placing children with adult relatives versus non-related caregivers, provided that the relative caregiver meets all relevant state child protection and licensing standards. CFSA, in some cases, may waive certain licensing standards in order to place children with family or kin if there is no safety issue involved. (Please see *Systemic Factor # 7 Foster Care Licensing, Recruitment and Retention* for further information on waiving licensing requirements.) In 2015-2019, Recruitment and Retention Plan, CFSA's overarching recruitment and retention goal is to amass and maintain a network of diverse, capable, caring, and local foster family resources to care for children who have been removed from their primary caregivers. To facilitate this goal, CFSA partnered with a local marketing/communications firm in FY 2014 to focus and enrich efforts through community outreach and a media campaign to recruit 120 new foster care beds inside the District for FY 2015. Of the 120 new beds, the goal is to have 72 in homes willing to take youth aged 13 and over, and 24 of the beds in homes willing to take sibling groups.

The Agency uses the initial FTM within the first 72 hours of a removal to examine any potential resources to preserve connections for the subject children; this examination includes not only placement resources but also any maternal or paternal kin who can be of assistance to the child and family during this time. Pursuant to legislation and Agency policy, social workers are responsible to ensure reasonable efforts are made to complete the following placement activities:

1. Upon removing a child from the home, the CPS investigative social worker asks the parents (if present) whether they have had other children voluntarily placed, removed, or adopted in the past. If there are siblings already in placement, the social worker seeks the following information:

- Whether there are any known relatives or significant non-relatives who would be willing and able to be in contact with the children and/or serve as a placement resource
- Any prior history with the Agency (determined via a FACES.NET search to attempt to determine the whereabouts of any siblings, including those who may have already been placed for adoption)
- Placement availability for all siblings with other non-relatives (via requests through RDS)

2. Investigative social workers strive to obtain as much of the following information as possible regarding the needs of the sibling group in order to provide this information to RDS prior to the onset of the placement matching process:
   - Detailed information regarding the attachment of the siblings to each other, to the family, and to the community
   - Any of the following factors that would prevent the siblings from being placed together:
     - Safety (e.g., unresolved physical or sexual abuse among any of the siblings)
     - Special needs (e.g., medically fragile or diagnoses requiring special equipment in the placement setting)

Once the above information is gathered, the investigative social worker requests and provides information to the RDS to find a placement that best match the needs of the children and or youth. If immediate placement of siblings in the same setting is not possible, CPS or ongoing social workers will continue to request and work with RDS to identify a placement that will allow for some or all of the siblings to be placed together. CPS will also contact the Agency's Diligent Search Unit to try and identify any maternal and paternal relatives not previously identified to determine if they can possibly serve as potential kinship resources. Concurrently, CFSA's Kinship Unit contacts the identified relatives while RDS also looks for traditional placement in non-kinship homes in case relatives are not a viable resource.

Despite efforts to place siblings together, there are sometimes situations where a social worker may determine that placement with siblings is contrary to the safety and well-being of one or more of the children. Such a determination may occur upon, during, or after placement of the children. The social worker will only make this

decision in collaboration with the parent, Family Court, therapist or counselors, supervisors, the child's guardian *ad litem*, the resource provider, and any other persons who may have a significant impact on the child's life. Any plan to separate siblings must be documented in FACES.NET and supported by a concrete plan for future contacts between the children.

When receiving requests for placements, a RDS resource development specialist uses the following reasonable efforts to ensure that siblings are placed in the most family-like, least restrictive setting:

- Obtains information from the investigative or ongoing social worker regarding the siblings' needs and whether there are any issues that may prevent them from being placed together.
- Contacts placement providers to identify an appropriate placement that will accommodate all or some of the siblings together. All decisions to separate siblings are reviewed by a placement supervisor, discussed with the social worker and his or her supervisor, and fully documented in FACES.NET.
- Whenever siblings are separated, the RDS attempts to place the children in close proximity to each other. The location of the children's school of origin is also taken into account when making placement decisions. When practical, siblings attend the same school.
- If siblings are separated, the RDS continues to respond to the social worker's requests for sibling placement as long as the siblings remain in foster care and, as indicated earlier, it is clinically determined to be in the best interests of the siblings to do so.

As of December 31, 2015, the Agency observed a 70.4 percent compliance with benchmark for placing siblings together, which exceeds the 66.5 percent performance at the conclusion of FY 2014 but falls short of the 80 percent benchmark. Although sibling visits or placements are not objectives captured in CFSA's permanency tables, the Agency continues to regularly monitor these activities.

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Response: *The Agency performs QSRs annually with the number of case reviews being determined jointly by CFSA and the LaShawn court monitor, CSSP. The Agency completed 125 reviews in 2014, and is conducting the same number of reviews in 2015. QSRs rate several indicators related to the child's status as well as the system's performance. Although the placement of sibling is not its own indicator it is a measurement that the QSR team tracks. The QSR team reveals the successful placement of 30% of youth who were placed with their siblings. Youth placed with all of their siblings was 15(14%), 17 (16%) youth were placed with some of their siblings, 23 (22%) youth were not placed with any siblings, 2 youth were not placed because placement was contraindicated (e.g. one was in a correctional placement) (2%) and 48 had no siblings in care (46%). As noted, it is the Agency's priority to place siblings together, unless the placement is precluded by a court order or a particular health, safety, or behavioral need of one or more of the siblings.*

Policy

If circumstances prevent sibling placement, CFSA is required by the Agency's *Visitation Policy* to ensure frequent, intentional, and quality visitation time. The policy further specifies that visitation is both a right and a need of a child in foster care in order to maintain regularly scheduled and documented contact with his or her parents, siblings, and any other significant family members. As a legal right, visitation should never be construed as a privilege or something to be earned or denied based on behavior.

Visitation plans are drafted and included in the written case plan. Social workers must address and mitigate any barriers to visitation, including transportation, adaptations for those traveling long distances, health care requirements, or arranging for childcare. A visitation plan must also consider employment obligations of the parents or older youth.

Frequency of visitation must adhere to the following schedule:

- Visitation with siblings within 48 hours of removal
- Visitation parents or guardians within the first week of removal
- For children with a goal of reunification, visitation with parents at least once a week (unless clinically inappropriate)
- For children placed apart from siblings, visitation at least twice a month

Visitation between a child in care and his or her siblings and parents (or extended family members) must be sufficient to preserve the family bonds, including contact by phone or email. Visits should also incorporate school activities or sporting events. Social workers are instructed to document all visits in FACES.NET, including reasons for a visit being cancelled, not scheduled, or not occurring.
While the above visitation requirements provide a general outline, they are by no means exhaustive. Further details are included in the *Visitation* policy.

Practice
CFSA's *In-Home and Out-of-Home Procedural Operations Manual* (POM) provides detailed, practical guidelines for social workers to conduct intentional visitation. Intentional visitation is an evolved, individualized, and planned approach to visitation that increases the probability that children will go home to their families (when reunification is the permanency goal). Steps include preparing the child for the visit, determining the best location, focusing on activities to accomplish behavioral changes, and continually evaluating progress in changing behaviors. When visits with birth parents are monitored, either the social worker or other professional takes on the role of "coach" to help model parenting skills. Following each parent and child visit, the social worker or other "coach" asks the parent whether the visit's activities were helpful to developing skill to safely parent their child, and if there are other skills they need to advance towards reunification. Planning for the next visit is predicated on these responses. While scheduling guidelines for visits may be set by policy and legislation, intentional visitation requires as much frequency for visitation as possible. Lastly, every time a social worker visits with the child and family, there is an ongoing assessment for safety, well-being, and progress towards goals identified in the written case plan, all of which the social worker documents in FACES.NET.

Sibling Visitation
If siblings are removed at the same time and initially placed apart, the investigative social worker uses reasonable efforts to ensure that the siblings have contact with one other within 48 hours of placement. Then, after the case is transferred from CPS to the Permanency administration, the ongoing social worker uses reasonable efforts to ensure that there are sufficient visits and frequent enough contact among the entire sibling group to help preserve the sibling bond. Ideally, face-to-face visitation occurs in a setting that is fun for the children (versus an office setting) and conducive to a

positive memory of continued bonding, even though the circumstances of foster care are challenging. Per CFSA policy, the case plan identifies who is primarily responsible for ensuring that the visits occur and who is responsible for transporting the siblings for the visits. As of the 2015 calendar year, CFSA successfully exceeded the benchmark of 75% for sibling visits with a performance of 76%.

Parent and Kin Visitation

In addition to sibling visitation, CFSA ensures legislative and policy compliance for visitation requirements between children and their parents, as well as other kin, unless the Family Court determines and orders that it is not in the best interest of the child to do so. These intentional visits are crucial for maintaining family relationships and successfully achieving reunification outcomes. Simultaneously, frequent quality visits between parent and child provide a sense of stability during the foster care experience. They also provide birth parents with the opportunity to demonstrate that they can meet their children's safety and developmental needs. Visits with kin and extended family can also promote children's safety, well-being, and permanency, whether kin are becoming permanency resources themselves, or assisting with identifying additional relative placement resources.

In-Home Visitation

Social workers make two visits per month to families receiving in-home services. One of the visits must be made by the social worker but a family support worker can supplement by making the second visit. The needs of the child and family will determine the frequency of additional visits. As with out-of-home cases, visits are intentional and include safety and risk assessments for each visit. Visits may also be unannounced. CFSA's goal is to ensure that visitation takes place with regular consistency. The monthly visitation benchmark is 95% and CFSA performance as of CY 2015 was 91%. Comparatively, CFSA's twice monthly visitation benchmark is 85% and performance as of CY2015 is 87%.

Visitation Plans

Due to the important impact of visitation on positive permanency outcomes, a scheduled plan is developed at the very onset of the case-planning process. Often this plan is discussed during the "icebreaker" meetings (i.e., a structured meeting between birth and foster parents to begin a positive relationship toward shared parenting). The finalized, detailed plan is created with input from the family team, helping to make

sure it is both viable and practical, and that it includes a schedule for children to visit with parents, siblings, extended family members, and significant non-relatives. The visitation plan is also outlined for both the child and family case plans. Social workers assist (along with consultation by the family team) in making specific visitation arrangements between the parents and out-of-home caregivers, including suggested dates, times, and identification of individuals responsible for transporting and attending visits. The visits occur in the least restrictive manner in which the child's safety can be managed.

Documentation

When documenting visitation in FACES.NET, social workers are encouraged to include detailed observations, facts, and feedback from all participants. In this manner, supervisory or quality assurance reviews of visitations can more effectively help to maintain or refine CFSA's practice. As cited under policy, if visitation is clinically determined by the social worker (in consultation with the supervisor, program manager, and possibly the child's therapist) not to be in the child's best interest, this too must be detailed and documented in FACES.NET. In instances where visitation is limited, suspended, or prohibited, the social worker must document that the following circumstances or steps have occurred:

- Visitation is being limited, suspended or prohibited via a Family Court order.
- A treatment plan has been put in place within 14 calendar days from the time visitation was limited, suspended, or prohibited. The treatment plan must address the factors that resulted in the visit being limited, suspended, or prohibited; the plan must include any detailed steps being taken to resolve these factors.
- Every 90 days, at a minimum, during completion of or updates to the case plan, the assigned social worker and the family team should review the plan and the decision to prohibit, suspend, or terminate visitation. Changes to the child's circumstances should be duly noted along with any subsequent changes to the visitation schedule or permissions.
- Unless the Family Court has entered a specific order regarding visitation, the social worker prioritizes visits with the child's parents or legal guardians, siblings, and other adult relatives or non-relatives. The social worker ensures that the preferences expressed by the child are considered within the context of any safety or risk factors.

- When the permanency plan is reunification with a parent or legal guardian, the first priority of the social worker is to provide visits with the parents or legal guardians, siblings, and any other adults granted visitation by the court.

Performance

Benchmarks for Visits between Parents and Children who have a Goal of Reunification: CFSA internally tracks weekly visitation performance between parents and children. As of CY2015, the agency benchmark was 85% CFSA performance reported that 87% of children had weekly visits and 96% had at least one visit. CFSA's Office of Agency Performance tracks visitation and analyzes reasons of visits that are not occurring. Recent analyses revealed that many visits do not occur because of client choice (e.g., the birth parent does not show up for the meeting or an older youth in care is unwilling to meet with his or her birth parents). Because the Agency recognizes that the separation between parents and child, including older youth, is traumatic for the entire family, it is actively applying its trauma-informed approach to visitation in the hope of mitigating clients' choices not to participate in visitation.

Beginning in February 2014, Agency Performance began an in-depth analysis of three visitation standards- parent-child visits for cases with a goal of reunification, weekly visits within the first four weeks of a new placement or placement change, and parent-social worker visits. Agency Performance staff perform monthly analyses to determine the potential practice and data barriers to achieving compliance with the three measures.

Starting in June 2014, AP staff shifted its analysis and focused on parent-child visits and first four weeks data, comparing the compliant and noncompliant populations to look for any patterns. AP analyzes data by using the number of months in foster care, placement type, child age, and by supervisor. In addition, the data is trended over time to determine if there are any cases that are consistently noncompliant.

The Agency also uses monthly FACES.NET management reports to monitor progress toward the benchmark of 75 percent of children placed apart from their siblings having at least two visits per month with some or all siblings. In FY 2013 and FY 2014, CFSA performance was between 75–78 percent; as of December 31, 2015 the

Agency is performing at 76.8 percent. The Agency continues to meet or exceed this benchmark on a monthly basis and at the end of each fiscal period.

Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Response: *While CFSA is committed to preventing the removal of children from their homes, the Agency makes every concerted effort to preserve the child's connections to his or her neighborhood, community, faith, extended family, school, and friends. CFSA is doing several strategies to enhance the processes of supporting school stability and continuity. For example, the agency attempts to match children with foster parents in the community of school of origin, and if unable to, CFSA will arrange transportation when necessary for maintaining school stability. The Agency tracks the number of children in foster care for whom school stability transportation was requested as a placement stabilizing resource. In FY 2015, transportation requests were received for 107 children and youth who entered foster care and maintained enrollment at their school origin. Of these requests, 38 received private transportation services through a CFSA contractor. The remaining youth's transportation to the school of origin was resolved with CFSA's support through other means (e.g., foster parent provided transportation or the school provided transportation through its special education services).*

Policy

Pursuant to the *Placement and Matching* policy, CFSA's placement process emphasizes placement in the child's home community and maintaining a child in his or her school or daycare of origin. This emphasis is one of RDS's guiding principles and written throughout the policy, i.e., educational continuity and school or daycare stability are part of a child's well-being needs.

Although CFSA does not currently have any children who are documented as members of a federally recognized tribe, CFSA does have a carefully vetted policy in place in compliance with the *Indian Child Welfare Act* (CFSA AI-13-02). In the event that a tribe member was to enter the District's child welfare system, procedural guidelines are in place to preserve the child's ties to the tribal community.

Practice

CFSA is acutely aware that preserving a child's connections to family, friends, school, faith, and community directly impacts a child's overall well-being and likelihood for achieving positive permanency outcomes. Placement in the child's community is a factor that is heavily weighted when a child must be removed from the home. CFSA makes several efforts to provide continuity for children through ongoing case planning reviews. As always, visitation between family members in their own community is also heavily weighted.

Recruitment and Retention of District Foster Parents

Historically, many relatives have been found to be living in Maryland, which makes it a challenge to maintain a child's connection with his or her neighborhood in the District. (Please see *Systemic Factor # 7 Foster Care Licensing, Recruitment and Retention* for further information on the border agreement between the District and Maryland developed in order to expedite the process of placing children in Maryland.) In order to allow children to remain in the District, and to be placed with relatives and siblings, a key focus of CFSA's *Foster Parent Recruitment and Retention Plan* is to recruit enough District foster family homes to house at least 50 percent of the foster care population. This plan outlines effective, integrated strategies for increasing the number of District residents who become licensed foster parents. CFSA's recruitment and retention plan has incorporated community outreach and a media campaign to recruit 120 new foster care beds inside the District for FY 2015. Of the 120 new beds, the goal is to have 72 in homes willing to take youth aged 13 and over, and 24 of the beds will support sibling groups.

In the CFSP, it was indicated that CFSA was close to reaching its goal of 50 percent; however the target goal was decreased to 45 percent for FY 2015. At the end of FY 2015, the Agency reached and exceeded this revised goal at 48 percent.

Performance

Maintaining attendance at the child's school of origin is often directly related to the placement of children with relatives in Maryland, necessitating transportation, sometimes at an inconvenient distance from the foster home. In these cases, transportation is a serious consideration for maintaining school stability. The Agency has begun to track the number of children in foster care for whom school stability transportation was requested as a placement stabilizing resource. In FY 2015,

transportation requests were received for 107 children and youth who entered foster care and maintained attendance at their school origin. Of these requests, 38 received private transportation services through a CFSA contractor. The average length of time that school transportation was provided was 137 days. The other requests were resolved as follows:

- 47 children and youth were able to receive transportation from their resource parents.
- 16 children and youth used public transportation.
- 6 children and youth were connected to DCPS' special education transportation services.

In the first quarter of FY 2016, transportation requests were received for 76 children and youth who entered foster care. Of these requests, 32 received school transportation provided by CFSA's private contractor. The average length of time school transportation has been provided thus far in the 2015-2016 academic year has been 32 days. The other requests were resolved as follows:

- 25 of the children and youth received transportation from resource parents.
- 5 of the children and youth were able to use public transportation.
- 4 of the children and youth were connected to DCPS' special education transportation services.

In contrast to the requests for the 107 children first entering care, there were also transportation requests in FY 2015 for 144 children and youth who were already in foster care and in need of transportation to maintain school stability. Of these requests, 115 children and youth received private transportation services through a CFSA contractor. The other requests were resolved as follows:

- 12 children and youth received transportation from resource parents.
- 13 children and youth were connected to DCPS' special education transportation services.
- 4 of the children and youth were able to use public transportation.

In the first quarter of FY 2016, transportation requests to maintain school stability were received for 29 children and youth. Of these requests, 17 of the children and youth were connected to private transportation services through a CFSA contractor. The other requests were resolved as follows:

- 6 of the children and youth received transportation from resource parents.
- 2 of the children and youth were connected to DCPS' special education transportation services.
- 4 of the children and youth were able to use public transportation.

For School Year 2015-2016 (SY15-16), based on the most recent data (reconciliation completed January, 2016) there are 662 youth in CFSA care enrolled in K-12 or a school based Pre-K program. Thus far, 30 of those youth (4.5%) have changed schools since the start of the school year. Of those 30 youth, seven are youth who changed schools following their removal or entry into foster care.

Thirty children experienced school changes in SY15-16. Of those thirty children, seven children had entered care since the completion of the last school year and experienced a subsequent school change in SY15-16. Four of those seven entered care in the summer and three children entered care since the start of SY15-16. Twenty-three children entered care in previous years and experience a school change in SY15-16.

Of the seven youth who changed schools following their entry to care:

- Two changed schools within one month of their removal
- Five changed schools within three months of their removal

As part of the continued refinement of school enrollment tracking, in the School Years 2015-2016 the Office of Well Being included a "reason for school change" selection on the *Education Information Change Form* it collects from social workers anytime a youth experiences a school change. This selection was included to provide the agency with more information about why school moves happen for youth in CFSA care. See below for the reasons for school change reported by the on-going social worker.

Of the 30 youth who have changed schools this year[34]:

Reason for School Change	**# of Times Reported**
Proximity to Placement	16
Child Request *(not related to placement proximity)*	8
Parent / Guardian Request *(not related to placement proximity)*	4
Attend Same School as Siblings	1
Enrolled in a Quality Pre-K Setting (formally in daycare)	1
Services / Programming Available (school of origin unable to meet special education services through IEP)	1
Residential Facility	5
Alternative School Placement (as a result of school disciplinary action)	1

[34] Multiple reasons for a school change could be selected, and thus the total numbers do not add to 30.

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Response: *CFSA has successfully made concerted efforts to place children with relatives where appropriate. As of the end of the CY2015, 20% of children served in out-of-home care were placed with kin. CFSA implemented the KinFirst program, which incorporates the expertise of multiple intragency resources to place children with their relatives. These resources include (but are not limited to) CFSA's Family Team Meeting unit, Diligent Search unit, and Kinship Licensing unit. Especially important is the temporary, emergency licensing process that expedites a child's placement with kin.*

Policy

It is CFSA's policy to give primary consideration to kinship placement options, and to consider throughout the life of a case a child's established relationships with biological or fictive kin who may be willing and able to serve as caregivers. As noted earlier, as part of the permanency planning process after a child's removal, the CPS investigative social worker immediately seeks information on relatives who can support the family and function as a caregiver until permanency can be achieved. If relatives are not immediately identified, the social worker will refer the case to CFSA's Diligent Search unit. The *Diligent Search* policy and business process outline the exhaustive efforts that must be made to locate missing parents, maternal and paternal grandparents, godparents, adult siblings, and any significant non-relatives who may be willing and able to serve as a placement option.

Practice

As noted in *Permanency Outcome 1*, at the end of FY 2014, CFSA's performance for placing children with relatives in licensed kinship foster homes was at 22 percent. As of December 31, 2015, CFSA's performance was at 21 percent. To strengthen this trend, CFSA is using the following strategies, evidence-based protocols, and family-involved meeting models to place as many children as possible with family caregivers whenever possible:

- *Diligent Search* - All CPS investigative social workers are required to make formal referrals to CFSA's Diligent Search Unit (DSU) at the same time they make a referral for an FTM. DSU staff dispatches its resources toward

locating relatives and providing contact information to the FTM staff members who work quickly to open communication with and engage parents, grandparents, and other family members. DSU staff and kinship staff are also on-call after hours to immediately follow up on leads. Additionally, FTM staff solicits family attendance at the FTM to keep them actively engaged throughout their involvement with the Agency. For FY 2015, CFSA's DSU successfully located 882 relatives, including birth mothers (129) and fathers (189), incarcerated fathers 11) and mothers (1), maternal relatives (302), paternal relatives (259), and non-relative persons (3) involved with the family. Additionally, the Office of Planning, Policy and Program Support is working to update the diligent search policy to ensure that more frequent diligent searches are taking place at different junctures in a case.

- *Caring for Our Own* is a nine-week, 27-hour derivative of the Agency's current evidence-based foster parent training model, *Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting* (PS-MAPP). While PS-MAPP training is used nationally as a comprehensive approach to foster parent training, the *Caring for Our Own* program is geared specifically toward foster care providers caring for their young relatives. It operates largely as a peer-support group, but within the framework of a relative caregiver curriculum that highlights five intended outcomes:
  1. Kinship caregivers will have tools and capacity to ensure that the child's emotional, physical, developmental, and safety needs are met.
  2. Kinship caregivers will help children who are placed in their care to achieve permanency in the shortest timeframe possible.
  3. Children's educational growth will be supported and enhanced through the kinship caregivers' partnership with the school system.
  4. Older adolescents will receive the educational and vocational services they need to achieve successful emancipation (independent living).
  5. Kinship caregivers will have an ongoing, informal social support network made up of other kinship caregivers.

  The *Caring for Our Own* program embraces and addresses the unique family dynamics that occur when one family member is caring for the children of a relative. It provides foster caregivers with the tools and support to navigate

those dynamics to the child's (and their own) benefit and well-being. Importantly, elements of trauma-informed practice have been infused into the program, which is directly in keeping with CFSA's own efforts to incorporate trauma training into CFSA, The agency provides training and additionally, agency policies and practice provide for reducing and addressing trauma.

- *KinFirst* has been highlighted earlier in this document as a model child welfare practice. It was noted in *Every Kid Needs a Family: Giving Children in the Child Welfare System the Best Chance of Success*, a new policy report released on May 15, 2015, by the Annie E. Casey Foundation, Baltimore. It has been a major engagement strategy to ensure that children stay connected to family members, and to increase the potential for positive permanency outcomes. Collectively, all of the KinFirst resources identify and engage family at the earliest possible stages of a case. As a result, the KinFirst initiative has led to guardianship as CFSA's most rapid form of permanency, which has also balanced the need for recruiting additional foster homes.
- *Family Team Meetings* (FTMs) play a consistent and important role for convening and incorporating key family members in case planning and in subsequent determinations regarding possible kinship placement resources. The FTM setting also allows for information sharing regarding the temporary licensing process for a child's placement with kin, as well as access to trainings and other service supports. As noted above, DSU staff work directly with FTM staff to ensure that relatives are identified as soon as possible. The FTM unit has demonstrated effectiveness in reducing barriers to safety and keeping children safely in their homes of origin when appropriate. The first of these strategies is to define the population of families who might be at-risk of having their children removed.
- In October 2012, CFSA expanded the at-risk criteria, which includes referrals deemed intensive to include social worker and supervisor clinical judgment; intensive structured decision making for opening at-risk cases for ongoing Agency services; community papered cases; failure to thrive; positive toxicology investigations; and moms 21 years of age and younger with two or more children. Pre-removal FTMs, also referred to as At-Risk FTMs, are the most common type of family meeting convened with staff and relatives to reduce barriers to safety and provide needed supports for family stability.
- *Listening to Youth and Families as Experts* (LYFE) conferences are for teenagers in foster care who are preparing for independence while at the same

time taking stock of the family connections and supports that will be available to them along the way. If youth are not placed with family members, their transition to independence from foster care may not protect those relationships. LYFE conferences can help ensure that relationships with family are sustained, and even strengthened prior to a youth's transition. Most importantly, these conferences are tailored to ensure that youth are not placed in an alternative planned permanent living arrangement (APPLA) without serious consideration for the youth's preparedness for independence and connectedness with sustaining and supportive adults.

- *Youth Transition Planning* (YTP) meetings are youth-driven and family-inclusive team meetings. Older youth in care who are preparing to exit the foster care system are responsible for convening the YTPs. When placed with relatives, youth generally will want to include them in the transition process. Similar to LYFE conferences, YTPs include family at the discretion of the youth. CFSA encourages family participation to support the youth and to reinforce access to any needed supports or services that will help the youth to sustain self-sufficiency.

Performance

Although kinship placements have not increased over 2015, rather remained around 21 percent as noted earlier, the Agency continues to promote placement with kin first for children entering foster care. In FY15, 11 out of 27 children had a kinship resource identified at the Family Team Meeting (FTM) for children at-risk of removal; in FY16, three out of 13 children had a kinship resource identified at the FTM.

TABLE 1: Permanency Outcome 2

Goal #2: Temporary Safe Haven: Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care.				
Outcome 2.1: Children and youth are placed with families.				
Key to Status: On Track Nearing Target[35] Needs Improvement	**% FY14 Baseline**	**% National Standard (NS) or FY 2015 Internal**	**% Current Performance as of FY15**	

[35] For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.

		Benchmark (IB)		
Objective 2.1e: Increase relative placements (kinship care). (IB) (Data source: FACES.NET report CMT389)	22	25	21	

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Response: *CFSA devotes considerable resources toward easing transitions (for both the child and the parents from whom the child is removed) into foster care when home removals occur. Post-removal engagement begins immediately with a Family Team Meeting(FTM), at which time family members, foster parents, and case management team members (including the child if he/she is age appropriate) come together to discuss immediate and long term goals for the child. Following the FTM, icebreaker meetings between the child's caretaker (biological parent or otherwise) and the foster parent serve to ease tensions and allow the caretaker to share important information with the foster parent with the intent of forging an eventual bond among caretakers that will facilitate ongoing engagement and investment of the child's parent(s). Frequent family-based events sponsored by CFSA also foster ongoing parent engagement.*

Challenges occur most often with older youth in care, who may elect of their own volition to discontinue contact with their parents or caretakers. The District has a higher than national average percentage of youth in care with a goal of APPLA, which is indicative of disrupted continuity of family relationships.

Policy

Throughout the policies cited under the *Permanency Outcomes* section, emphasis is given to maintaining relationships between children in foster care and their family members. CFSA not only recognizes the importance of these relationships for achieving permanency but the Agency stresses the importance for child well-being, including biological development, self-esteem, academic performance, and overall wholeness. While visitation is an obvious strategy, engaging parents and promoting resilience and improving coping skills among family members through service delivery helps both parents and children to deal with traumatic events and to maintain or develop healthier bonds within the family unit.

Practice

While CFSA is committed to preventing the removal of children from their homes, the Agency recognizes that imminent risk to a child's safety may require removal and subsequent entry into foster care. For these cases, CFSA firmly acknowledges that the continuity of family relationships is essential for successful reunification and for the achievement of other positive permanency outcomes.

Joint Case Planning

Engaging parents in the case planning process is not only essential for achieving positive permanency outcomes, it is also instrumental for maintaining bonds. When joint case-planning occurs, not only does the parent continue exercising his or her role as decision-maker for the child but the child is also acutely aware of the parent's dedicated interest in the child's well-being and safety.

As part of the Agency's *Practice Model*, permanency planning occurs with direct input from willing and able family members, extended family members, and other adults who play a significant role in the child's life. Planning begins prior to the case being court active. Through this joint planning process, CFSA is more readily able to determine those relationships in a child's life that are most vital to preserve, including any relationships tied to a child's extracurricular activities, hobbies, etc. that are directly connected to their community of origin.

Case planning is completed through multiple events including FTMs and individual visits with parents and other family members. Pursuant to Agency policy, the initial case plan must be completed within 30 days of a child's placement. It is subsequently updated every 90 days thereafter or when circumstances of the child or family require modifications to the case plan. The social worker and supervisor regularly review case plans to assess the current status and progress of the case, including the child's

placement and capacity for maintaining stability of family and community connections.

Early and Ongoing Engagement

Engagement is another key strategy for maintaining bonds between children and family. Social workers are trained to be sensitive to the birth parents needs, and the trauma that they experience when a child is removed. It is not unusual for birth parents to lose hope or feel that they have failed and lose incentive to work towards reunification. CFSA's *In-Home and Out-of-Home POM* provides detailed guidelines for a social worker to self-assess his or her skill set for successful engagement. These include but are not limited to consistently treating families with respect and empathy, establishing trust, attentive listening, believing in a family's strengths and potential for healing, ensuring family representation and influence at all levels of decision-making, and asking the family to identify their own unique goals (versus recommending Agency goals for the family).

For engagement to be long lasting, relationships between Agency social workers, service providers, and children and families must be authentic and include open and honest communication. The following strategies help social workers to achieve durable engagement outcomes for reinforcing positive relationships between parents and children in foster care:

- Meaningful and dynamic engagement between families with all facets of the District's child welfare system, starting with the social worker and including service providers and other stakeholders
- Facilitation of the family's focus on developing their positive capacities in order to build anew on that foundation, while yet still facing and addressing the diminished capacities
- Maintained rapport and trusting relationships among all members of a family's team
- Thoughtful and respectful transitions for all participating team members when intervention goals are achieved and when the case is at last closed
- Effective case management that reflects the family's language and cultural background
- Family-centered and strength-based practice principles with the use of protective authority

The above strategies are supported by the following internal best practices, which are regularly reinforced through Agency-wide communications, supervisions, and management meetings:

- Families are approached from a position of respect and cooperation.
- Child welfare staff engages the family around strengths, and purposefully utilizes those strengths to help the family address concerns for the health, safety, education, and well-being of the children.
- Children and families are actively engaged in the case planning, decision-making, and monitoring process, including establishment of goals in case plans and evaluation of the service process.
- Obstacles to family participation in case planning are quickly addressed and mitigated, including challenges to quality engagement, or transportation and childcare supports, etc.
- Families are helped to define the things that they can do for themselves and the things for which they need Agency assistance and services.
- Children and families are actively involved in making choices about interventions, and families thoroughly grasp the reasons why a particular intervention might be effective.
- Families are confident and knowledgeable about access to supportive services, e.g., services that help the family to achieve goals set forth during the case planning process.

Engagement of Fathers

CFSA developed the *Connecting Dads* campaign to raise systemic awareness of the importance of the role of fathers in the family, particularly as it relates to research indicating the profound impact fathers have on children's physical, psychological, emotional, social, and academic development. Between 2010 and 2014, the campaign promoted and emphasized the need for social workers to make concerted efforts to engage fathers and for the Agency to equip direct service staff with the tools and techniques to do so efficiently and effectively. The campaign has also included father/child activities that have been heavily promoted, e.g., the "Dunkin' Dads" basketball tournament that included over 70 fathers with their children. While the initiative was tabled after a series of personnel changes, it did result in a serious commitment on the part of CFSA's Child Welfare Training Academy to include course work on the importance of fatherhood engagement.

Overall Permanency Performance

As briefly described earlier, the QSR team conducts both qualitative and quantitative analyses of the information gathered during reviews of in-home and out-of-home cases. CFSA's Quality Improvement and Program Support staff and senior management continue to monitor and discuss QSR indicators through shared qualitative analyses of QSR case-related stories through Permaency RED team meetings, the quarterly *Trend Report*, and the annual *QSR Trend Report*. Agency

leadership anticipates that the impact of these discussions will continue to improve permanency outcomes by identifying and correcting practice areas that need improvement. For example, based on feedback from the efforts cited above, CFSA has already improved integrated Agency teaming, parent-child visitation, prevention of removal through RED team meetings, and engagement strategies such as the FTM and the icebreaker meetings that follow FTMs. The icebreaker meetings are particularly helpful for bringing together foster parents and birth parents to discover the most beneficial teaming approach for case planning in the best interests of the children.

For indicators related to permanency outcomes, the FY 2014 *QSR Trend Report* revealed that social workers continue effective planning for safety, an essential step towards reunification or other forms of permanency (e.g., adoption or legal guardianship). As for the indicators on *Engagement, Assessment and Understanding, and Supports and Services,* these were all rated highly for both the child and the substitute caregiver, when applicable. The QSR indicator, *Engagement of the Child,* revealed an 87 percent success rate while *Assessment and Understanding of the Child* indicated that 72 percent of social workers were achieving these indicators. *Engagement of the Substitute Caregiver* by social workers came in at 87 percent.

Based on the written summaries attached with these reviews conducted in CY 2014, it was evident that team members had established a trust-based working relationship with most of the children and youth, and there was meaningful engagement in all aspects of the service process. Social workers and other team members were using formal and informal assessments to identify needs and were implementing appropriate services or making appropriate adjustments to case plans. Many children and youth were connected to and receiving the appropriate services to address their individual needs to yield positive life outcomes. There is also evidence that social workers are developing and maintaining quality and trust-based relationships with children. Team members, including mental health providers, are cognizant of the fact that each child has their own unique identity and world-view that shapes their ambitions and life choices. Finally, it was also reported that team members who function in a coordinated and well-formed manner are able to make a positive difference in the child's life, prevent harm, and work in collaboration with each other.

Overall Permaency Strengths

Diligent Search - CFSA has recently updated its *Diligent Search Policy* to allow kinship social workers to conduct diligent searches for relatives throughout the 24-hour day. While DSU investigators are required to complete diligent searches within

four hours after referrals are made by the Kinship Unit for emergency home assessment and placement purposes, allowing searches to occur throughout the 24-hour period will hopefully expedite results, especially during a temporary emergency kinship placement investigation. Results are quickly emailed to the referring social worker. DSU workers also have the ability to conduct background checks from the Child Protection Register and the National Crime Information Center, and to use Live Scan fingerprinting to identify qualified potential kin providers.

DC Metropolitan Police Department (MPD) - CFSA has established a new agreement with MPD whereby the police will also make immediate and appropriate efforts to find adult family members of parents or caregivers who were arrested and whose children resultantly face potential foster care placement. The intent of these efforts is to connect CFSA and at-risk children with a larger pool of potential kinship caregiver resources and supports.

Family-Involved Team Meetings - The Agency's array of evidence-based, family-involved meeting models is helping CFSA social workers to address the myriad of case circumstances and family situations that often require tailored responses or interventions. Meeting models that include family member decision-making offer opportunities for frank discussion on the best avenue for a case plan to achieve positive permanency outcomes. These strategies have helped the Agency to decrease the numbers of children in out-of-home care, and increase the number of families receiving in-home services. In FY 2014 there were 1,112 children in out-of-home care, which decreased by April 2015 (n=1057). The Agency observed an increase in the number of children receiving in-home services from FY 2013 (n=1478) to FY 2014 (n=1524). As of April 30, 2015, the number receiving in-home services was 1,445. This number is expected to remain above the number of youth in foster care. As social workers consistently use family-involved team meetings, and the Agency's approach to kinship engagement is strengthened, the likelihood of positive permanency outcomes advances from the earliest junctures of the case. The overarching goals always remain tied to child safety and permanency.

Family Support Workers (FSWs)
The Agency has established a promising new protocol for the pool of FSWs who interact so closely with children and families throughout the life of the case. FSWs are currently assigned at the onset of the case with the full expectation of an active role in the case planning process. While teaming with the social workers, FSWs now assist with specific case management tasks, allowing social workers the opportunity to focus on more clinical social work while FSWs promote continuity and consistency

for children and families who welcome the FSW's familiar face during various phases of a case (e.g., avoiding a placement disruption or experiencing a positive visitation activity). This consistency is reinforced when the FSW is involved in a family or child's daily routine, (e.g., picking up the children from school, therapy, medical appointments, or daycare).

Re-entries into foster care have decreased since 2013.
Despite the increase of entries into care (383 in 2015 compared to 313 in 2013), re-entries have decreased almost a fifth from 96 in 2013 to 72 in 2015. The importance of decreasing re-entries cannot be overestimated. It demonstrates the Agency's success in achieving permanency for children and the necessary supports and resources in place to prevent re-occurrences of child maltreatment.

Challenges

Youth Aging out of Care
CFSA is aware that the rate of youth aging out of care with the goal of APPLA is higher than the national average. This is an area that the District must improve upon in the coming years. CFSA's case practice model considers a permanency goal of APPLA as a last resort. As briefly described earlier in this section, CFSA implemented *Listening to Youth and Families as Experts* (LYFE) conferences as a mandatory team meeting that has to occur before the Agency will recommend to the Family Court that a particular youth's permanency goal be changed to APPLA. In order to prevent having to make a recommendation of APPLA, these conferences serve as an examination to ensure that all other options have been weighed, attempted, and dismissed appropriately before making the change to APPLA. It is with respect to establishing a goal of APPLA that the Family Court sometimes contravenes Agency recommendations. CFSA measures the percentage of youth who receive LYFE conferences prior to the APPLA goal change. The established benchmark for youth having a LYFE conference prior to receiving a goal change of APPLA has been 95 percent since FY 2011. However, actual performance through February 2014 was 61 percent (35 out of 57). As of April 2015, the Agency was at 64 percent compliance. This is partly due to instances where the conferences did not occur because the Court made a determination of APPLA against the recommendations of CFSA. However, CFSA is contemplating different solutions to lower the APPLA population.

Quality Services Reviews – Results on Parents Status in regards to Permanency
Challenges continue to exist regarding the engagement and assessment of birth parents with mental illness or limited cognitive abilities. There also remain challenges

in understanding a parent's trauma history and incorporating that understanding into implementation of services for the family.

As CFSA continues to explore TST implementation and ongoing training and reinforcement of the value of visitation, it is anticipated that these two strategies will have an impact and enhance performance in this area. Other areas for improvement include initiation of permanency planning meetings at earlier points in the case, and consistent contact with team members to assess the appropriateness of the permanency goal throughout the life of the case. These factors have the potential to decrease delays in the planning and implementation of services, as well as developing appropriate steps towards closing cases safely and expeditiously.

In addition to the above, there is greater need for consistent engagement, assessment for services, and scheduling of planning meetings that include participation by all team members.

Overview of Qualitative Case Review Data Related to Permanency Outcomes 2

The QSRs measure and evaluate the *Planning Intervention* indicator for systemic performance. The indicator focuses on case planning around permanency, safety, well-being, and early learning/education. It also takes into consideration the level of family engagement in developing the permanency plan, the effectiveness of the strategies, services, and interventions included therein, and the child and family's level of preparedness for life after foster care.

In 2013, the QSR added two more indicators: *Daily Functioning/Life Role Fulfillment* and *Transition and Life Adjustment*. The first indicator measures the extent to which a client is functioning appropriately in their various life roles. For a child or youth, this may be functioning as a student, sibling, or teammate. For an adult, this may be functioning as a caregiver, employee, homeowner, or tenant. The second indicator measures whether or not the child is capable of making a smooth transition to new settings and circumstances. Using the results of the 2013 QSR data, CFSA established baselines of 72 percent for *Daily Functioning/Life Role Fulfillment* and 63 percent for *Transition and Life Adjustment* and in 2014 the Agency was at 65 and 64 percent compliance respectively for these measures as the cases reviewed revealed a decline in functional role fulfillment.

The QSR measures related to *Planning Interventions* for permanency in 2014 was rated significantly lower, at 60 percent, compared to planning for the safety and well-being of the child, rated at 85 and 69 percent respectively. (*Planning for Safety*

indicator met the acceptable range and above the 80 percent compliance *LaShawn* benchmark.)

In most cases, the team formation included a group of motivated and qualified individuals with the correct skills and knowledge appropriate to meet the needs of the child. QSR information showed that individuals on the team were not working effectively and cohesively to solve problems amounting to a lack of team coordination. In many cases there was no team leader to ensure a unified process with a shared decision-making approach. This has had a negative effect on *Planning Interventions* for permanency, which was at the lower scale of the acceptable rating at 60 percent.

TABLE 2: Acceptable Indicator Ratings 2013-2014

Indicators	***% from 2013***	***% from 2014***
Planning Interventions	----------	----------
Safety	84	85
Permanency	90	60
Well-being	81	69
Functioning Role Fulfillment	72	65
Transition Life Adjustment	63	64

Principle Findings of the 2015 Needs Assessment

The principle findings of the 2015 assessment are based on the numerous surveys, focus groups, and individual interviews conducted by the *Needs Assessment* team. Respondents included internal and external stakeholders, as well as older youth. In total, there were 20 focus groups, 27 interviews, and 6 forums. Youth respondents (ages 17 to 20) totaled 23 for focus groups. Overall, the response rate to the surveys was 58 percent, i.e., 128 out of 220 respondents. Highlights are described below.

A majority of older youth still believes that placements are not always made according to a youth's needs.

Almost 26 percent of older youth indicated that placement according to needs "rarely happens" while 26 percent responded, "sometimes happens". On the extreme end of the spectrum, 13 percent believed that such placements never occur, and another 13 percent believed that such placements always occur. Just over 22 percent of youth

believe that they are often placed according to their needs. Youth specified the following top three considerations for what is important in placement matching: (1) ensuring that they feel safe and comfortable in the home environment or group home setting; (2) consideration of the distance of resources, such as school, mental health services, etc.; and (3) ensuring that the foster parent and youth are best matched, which includes the foster parent's financial stability, capacity for being supportive and understanding of the needs of the youth, and being equipped to manage the needs of the youth.

Placement Stability

Multiple placements continue to be a challenge for the Agency. Just over 80 percent of older youth respondents indicated they had more than five or more placements since entering care. Nine percent reported two-to-four placements, and an equal nine percent reported only one placement since entering. For youth in family-based placements, they reported that the following four priorities support their stability in placements: (1) transportation services; (2) services to address material needs (e.g., clothes, cell phones, and allowances); (3) mentoring and other support services; and (4) educational services, such as tutoring. For youth in congregate care, the same priorities were identified with the exception of the fourth priority being switched out from educational services to health-related services (e.g., medical and dental). Many of the youth responding in the congregate care setting were parenting or pregnant youth so health services were not isolated to their personal needs but the needs of their own children as well.

Communication among a child's team members continues to be a challenge.

The Agency still requires a strong communication strategy to maintain a consistent flow of information being shared among individuals invested in a child's case. Major concerns are related to a lack of information on children and foster parents prior to placement, in addition to general information on the placement process itself. Other areas of concern included a thorough understanding of contractual obligations for private agencies.

Preferences of older youth, foster parents, and congregate care providers need greater consideration during the placement process.

For the first time in the assessment process, all three types of stakeholders stated concerns over their preferences for placement not being integrated into the placement matching process. If the placement process could be modified to take greater consideration of preferences into account, stability would naturally follow. Recommendations for considering children and youth preferences, however, were

provided by stakeholders and included possible computer-matching data and pre-placement interviews.

Foster parents continue to need a stronger array of supportive services to fully support the child's stability in the placement.
CFSA and the private agency foster parents stated during interviews that the community-based programs are a resource but they still feel a need for more supportive services to help them provide care for the children in their homes. Among the services cited were transportation, childcare, and respite services that are easily accessible and readily available. Frequently mentioned were longer-term and more in-depth mental health services as well as immediate stabilization for crises for older youth (in addition to the current provider, ChAMPS).[36] Current mental health crisis providers were seen as "not timely and "not readily available" for youth. Another challenge identified was the need for more in-the-foster-home counseling services that accommodate a foster parent and youth's busy school and work balance.

Foster parents also stated they needed more timely support from social workers or from family support workers to help them problem-solve through difficult situations and to ensure that they know all the resources available to the foster youth.

Training for social workers, foster parents, and birth parents still needs to be strengthened.
Although the strengths of training are reported (e.g., cross-training among social workers and foster parents), equally reported were indicators that training is not sufficient for practical application. For example, foster parents still report a need for assistance handling trauma-based behaviors, understanding the seriousness of the fostering job, responding to Agency expectations for the fostering role, etc. Foster parents indicated that training in a classroom setting or training online does not necessarily translate to the immediacy of supporting a child in crisis. Rather, they would benefit from training that specifically provides skill sets for de-escalating behaviors and identifying symptoms of trauma and strategies for ameliorating the effects of trauma. There were also considerations for including birth parents in some of the training opportunities, e.g., helping them to understand trauma so that they have the same information as foster parents to maintain consistency in the caring of the children.

Placement matching process needs improvement

[36] ChAMPS stands for Child and Adolescent Mobile Psychiatric Services offered through the DC Department of Behavioral Health.

Interview and survey respondents suggested having a strong database with expanded variables and substantive criteria for both the foster parent and the child to choose the best match, and not a checklist that merely match threshold factors. Agency staff recommended that the database also include real-time resources and service information for mental health, housing, and alternative education.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Response: *CFSA makes concerted efforts to assess the needs of and provide services to children, parents, and foster parents in a comprehensive manner. Assessments for needs and services are conducted from first contact with a child and family, including: Hotline assessment, medical screenings, safety and risk assessments, developmental assessments, family assessments using the SDM® Caregivers Strengths and Barriers Assessment (CSBA), children and youth functional assessments using the Child and Adolescent Functional Assessment Scale or the Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS), mental and behavioral health screenings, and trauma assessment. Other assessments that may occur throughout the life of the case include educational and vocational assessments, substance use and domestic violence assessments (as needed). The findings of the screenings and assessments are used to inform clinical decision-making, often using the Consultation and Information Sharing Framework in a RED Team to support critical thinking in decision making and planning. Assessment findings are also important to use to engage client families, inform case plan development and also measure progress toward achievement of case goals.*

With respect to service delivery, CFSA and other District Government agencies such as the Department of Behavioral Health (includes mental health and substance use), Department of Human Services, and the DC Housing Authority all provide District based services, and often are tailored to the child welfare community based on CFSA's partnerships with the other agencies who serve CFSA's clients. In addition,

CFSA contracts with the Healthy Families/Thriving Community Collaboratives (Collborative),community-based organizations that are located in DC wards with a high concentration of clients in the child welfare system. The Collaboratives offer a range of risk prevention and family support services in their communities. Support services located in the communities in which the families and children reside enhances accessibility statewide along the continuum. CFSA has been a key supporter of the development and capacity building of its Collaborative partners.

Policy

Assessing for needs and services for children and families begins at first contact when a referral comes into the CFSA Hotline and trained Hotline workers follow *Hotline* policy guidance to determine the appropriate response pathway and response timeframe for the Hotline report (explained in further detail under *Safety Outcomes*). If a report does not present with imminent risk to a child's safety, or the report is not related to CFSA services, but the family does have certain risk factors, the Hotline worker will document the report in FACES.NET[37] under the Family Assessment (CPS-FA) category[38]. At this point, an entire assessment process begins to assess, offer and provide (either directly or via referral) the most useful services for the family. If the family does present with imminent risk, the referral is documented for a formal Child Protective Services (CPS-I) investigation. The *Investigations* policy provides guidance to the investigative social worker for assessing the family for risk and safety using CFSA's tailored Structured Decision Making (SDM) tool. Assessments for safety and risk are ongoing throughout the life of a case.

When a child enters or re-enters foster care, he or she receives a medical screening prior to placement. The initial medical screenings occur at CFSA's on-site Healthy Horizons Assessment Center (HHAC). The *HHAC* policy outlines the parameters of these screenings for any services needed for health conditions that may require prompt attention (e.g., asthma, diabetes, and seizure disorder), as well as signs of neglect, infectious or communicable diseases (e.g., chicken pox), hygiene or nutritional problems, substance use, and developmental or mental health concerns. The screening also identifies medication needs.

[37] FACES.NET has been previously identified as CFSA's statewide automated child welfare information system (SACWIS).
[38] The Family Assessment unit carries out CFSA's Differential Response at intake.

CFSA established the nurse care manager (NCM) program for children requiring more tailored health-related services. This program is staffed with 15 registered nurses who collaborate with ongoing social workers to develop the necessary, comprehensive health plans for children with these needs. NCMs work closely with the social work and family team. They develop and periodically revise the child's comprehensive medical care plan, complete referral and related activities that assist the child or youth in obtaining needed medical and/or dental services, as well as monitors and follows-up on activities that are necessary to ensure that the care plan is implemented and adequately addresses the child's need including conducting home visits and helping caregivers best implement the identified medical protocols. The NCM program purposefully integrates health and social services planning to intensify well-being, and permanency outcomes. NCMs ensure timely completion of clinical recommendations and engage caregivers and social workers to bridge health-related knowledge gaps.

CFSA also provides policy guidance specific to assessing the youngest of the Agency's population through the *Early Intervention Child Development Screening Process*. Part of the screening includes the Ages and Stages Questionnaire (ASQ) to help determine if the child ages 0-3 is at risk for developmental delays. Developmental assessments are also provided for ages 3-5. These types of assessments are described in greater detail in the following section.
Other policy guidance includes screening for *Sexually Transmitted Infections*, as well as *Substance Use Assessment and Treatment* and *Domestic Violence* referrals. These policies provide where guidance and protocols related to legislation and best practice standards.

The trauma assessment and child and family functional assessments detailed below under *Practice* are not specifically covered by individual policy at present. Policy guidance will be updated to include the functional assessments. However, the assessments were implemented in July of 2015 and they directly result in understanding needs and subsequent service referral in hopes of expediting positive well-being and permanency outcomes.

Practice
The following descriptions of various assessments are arranged as closely as possible to follow the life of a case in the District's child welfare system:

CPS Safety and Risk Assessments

The following safety and risk assessments are initially conducted by the CPS investigative social worker but, again, families and children are continually assessed throughout the life the case:

- The *In-Home Safety Assessment* is completed immediately upon receipt of information that indicates there are safety concerns for any children in the home. This SDM tool assists the social worker in determining whether a home removal may be warranted based on the prevalence of safety and risk factors.
- The *Risk Reassessment* is completed every 90 days for as long as the case remains open. It may be completed by the CPS staff member, or the ongoing social worker when the case is transferred. Its completion is critical for informing decisions around safe case closure. If the case needs to remain open, the tool also informs the appropriate changes to the case plan, contact guidelines, and case management efforts and approach.

CPS Family Assessment (CPS-FA)

At the time of the initial roll-out of the CPS-FA model, all CPS-FA assignments were determined at the Hotline RED team[39] meeting for families with no immediate child safety concerns, or low-to-moderate risk levels for child maltreatment. At present, CPS-FA now takes referrals involving physical abuse and domestic violence. CPS-FA social workers engage these families, work with them to address their issues, and link them to services that the family may need to address the identified issues. For a family served through the FA pathway, there is no finding or substantiation of abuse or neglect, nor is any adult's name entered into the Child Protection Register.[40] During FY 2015, CFSA received over 25,000 calls to the Hotline, resulting in 2,770 referrals for CPS-FA assignment. Educational neglect was the most prevalent allegation (1,020) among the CPS-FA referrals.

As of this writing, there are 483 open CPS-FA referrals. Housing support and transportation are examples of the most referred service needs.

[39] RED teams are described in more detail under the *Safety Outcomes*.

[40] The Child Protection Register is an index of perpetrators of child abuse and neglect in the District of Columbia. CFSA is responsible for the operation and maintenance of the Register, making appropriate entries and releasing information in a manner that is consistent with the law.

Health Services Administration (HSA) and Healthy Horizons Assessment Center (HHAC)

Under the purview of CFSA's Office of Well Being, the Health Services Administration (HSA) has primary responsibility for the provision of quality health-related service delivery to children and families, including assessing, coordinating, and maintaining the health and well-being of children in foster care. HSA manages CFSA's HHAC and the Nurse Care Manager Program. Since 2009, HHAC has functioned as an on-site 24-hour medical screening clinic for children entering, re-entering, or exiting foster care, or children changing placements while in foster care. HHAC is staffed daily by one nurse practitioner, one medical assistant, and one medical records technician. The following screenings and assessments for early identification, diagnosis, and referral for treatment or other tailored services are provided by HHAC:

Medical Screenings

Each child receives a medical screening prior to entering, re-entering, or exiting foster care, or when changing placement while in foster care (including within the same private agency). Results of the screening are provided to the child's social worker and are considered in the placement process. The screenings are intended to identify any of the following immediate medical needs:

- Signs of trauma
- Mental health or psychiatric needs
- Medications
- Allergies (food, medications, environmental)
- Durable medical equipment, such as eyewear or hearing aids
- Sexually transmitted infections (STI)
- Substance use

Comprehensive 30-day Medical Health Assessments

Assessments occur within 30 days of a child's initial placement in foster care and build on the information and outcomes obtained from the initial medical screening. These assessments comply with the following requirements of DC HealthCheck (described later in this section):

- Complete recording of the child's medical and developmental history
- Physical examination by a qualified health care practitioner

- Age-appropriate screening tests, including identification of risks and conditions
- Preventative services such as immunizations, health education, and health and reproductive education as appropriate
- Development of a current and previous diagnosis list
- Development of health care treatment plan that includes treatment objectives and methods, interventions, services that address the child's individual needs, and an array of specialized health care practitioners

Child Needs Assessment (CNA)

CNAs provide a profile of a child's strengths and needs in order to find the best match at the time of placement, or during a planned re-placement. CNAs can also help prevent disruptions by outlining services and needs in advance.

For each child entering foster care, a CFSA resource development specialist (RDS) completes a CNA in order to identify the most appropriate placement for the child. Following the assessment, the RDS and the assigned social worker hold a team meeting with the child and family members (as appropriate) to discuss needs, services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the child is placed in a setting that best meets his or her unique needs.

The RDS updates the assessment at scheduled intervals (e.g., 30 days, 90 days, and 6 months) based on placement type (therapeutic group home, foster home, or kinship placement). The regularly scheduled intervals ensure that the information remains accurate and up-to-date, and that information from the assessment is used to ensure the child's needs are met.

CFSA uses the CNAs to pay particular attention to children whose placements have disrupted. In this way, staff is more likely to identify problems and address those underlying issues that interfere with permanency. In FY15, there were 273 placement changes for children in foster care. For these children, 233 of them had CNAs completed within 30 days (85%). In the first quarter of FY16 to date, there have been 61disruptions, of which 58 CNAs (95%) were completed the child within 30 days.

Consultation and Information Sharing Framework: RED Teams

As noted earlier under *Safety Outcomes*, the RED teams occur in a collaborative setting among multidisciplinary CFSA staff and external stakeholders (as appropriate) in order to reinforce family strengthening, assess progress in case goals, and make recommendations for referrals and services that could strengthen the child's hope for permanency. Teams highlight the assets, resources, and capacities within the family, the individuals, and the community while examining areas of risk and safety, including potential or existing danger or harm, strengths, and protective factors. Each area is examined throughout the life of a case but particularly during key decision points (e.g., placement changes, case assignment transfers, and permanency reviews). RED teams give voice to different perspectives, promote critical thinking and problem solving, and provide validation and support to assigned social workers while reinforcing accountability with respect to case planning.

Trauma-Informed Child and Family Behavioral Based Integrated Case Planning
As families continue to experience changes in their lives, there is greater need for consistent engagement, assessment for services, and scheduling of planning meetings that include participation by all team members. While CFSA conducts assessments for children and family members throughout the entire life of a case, the Agency also assesses its own assessment process. As a result of its own systemic self-review, CFSA launched the 2015 Trauma-Informed Child and Family Behavioral Based Integrated Case Planning Process. This case planning integration includes the following screenings and assessments:

- Behavioral health screenings
- Child Disorder Checklist (CSDC-DC) Trauma Assessment
- Caregiver Strength and Barriers Assessment (CSBA)
- Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS)

<u>Behavioral Health Screenings</u>
CFSA specifically adheres to the requirements of the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services program (known in the District of Columbia as *DC HealthCheck*). DC HealthCheck is the basic framework for guiding CFSA's health care practice. It promotes healthy child development and ameliorates conditions that disable children. DC HealthCheck further ensures that all Medicaid-enrolled children under age 21 have access to medical, dental, and mental health services.

DC HealthCheck guidelines require mental and behavioral health assessments to identify children's needs, mental health-related issues, problems, or any risk associated with the child's situation. Psychiatric and psychological services are also made available according to the child's needs. The initial mental and behavioral health screening must occur within 30 days of entry into care. All children one year and older receive a standardized behavioral health screening administered by the co-located Department of Behavioral Health (DBH) specialist at CFSA. Depending on the age of the child, participation by the birth parents or legal guardian is required. The DBH specialist may also ask the CFSA or private agency social worker to assist in engaging the birth parent or legal guardian in this evaluation. CFSA replaced its former behavioral health age-specific tools with the CSDC-DC trauma assessment tool (see below).

The above checklists measure various clinical symptoms (e.g., anxiety, depression, anger, post-traumatic stress, dissociation, and sexual concerns). The DBH co-located specialist discusses the results of the screenings with the social worker and, if assigned, the NCM (nurse care manager). Subsequently, a copy of the results is placed in the child's medical record. As applicable, HHAC and DBH collaborate for further assessment and determination as to whether services are needed. The social worker develops the case plan to ensure that appropriate services are coordinated. If applicable, the case plan and the NCM plan of care are developed in collaboration between the social worker and the NCM.

Child Stress Disorder Checklist (CSDC-DC) Trauma Assessment

Social workers administer the CSDC assessment within 20-28 days of a child's removal from the home. This assessment screens for acute stress and post-traumatic symptoms, e.g., re-experiencing, avoidance, numbing and dissociation, increased arousal, and impaired functioning. When appropriate, social workers may also administer the assessment to a child's biological parents. CSDC results inform social workers about a child or parent's history of exposure to potential adverse or traumatic experiences. It also provides insights into behaviors and emotions that may result from these traumas. Social workers then incorporate this enhanced understanding of the child or parent's history into the current clinical presentation to develop trauma-informed services that are then included in an integrated case plan. From December

1, 2014, the launch of the CSDC-DC, until the end of FY 2015 the number of children and youth screened for trauma is 127.

Caregiver Strength and Barriers Assessment (CSBA)

The current SDM[41] CSBA (Family Functional Assessment) is a caregiver assessment tool shared by CFSA and the Healthy Families/Thriving Communities Collaboratives (Collaboratives). This tool was revised in 2015 to more adequately capture the strengths of parents and the extent to which they are able to meet the needs of their children. CSBA focuses on 14 domains related to parents' caregiving capacity and the extent to which services increase their protective capacity, and reduce safety concerns. In addition to the 14 domains, CSBA rates four levels of functioning with consistent definitions for each item. CFSA's FA Unit and the In-Home and Permanency administrations utilize the tool as well as the Collaboratives.

Child and Adolescent Functional Assessment Scale (CAFAS)

CFSA implemented the CAFAS tool in 2015 as an important clinical component to the Agency's new behavior based case management model, helping social workers to make individualized clinical decisions on what services will be best suited for each and every child. The tool is backed by over 20 years of research supporting the validity and sensitivity to detecting impairment along eight life domains. It measures progress toward remediating those impairments and provides a clear and specific picture of a child or youth's strengths and needs. While CAFAS is widely used to inform decisions for children from ages 6-19 years old, CFSA has modified the age group (with the developers agreement) to suit its population so it is used with ages 6-21 years old for discerning the level of care, type and intensity of treatment, placement setting, and need for referral of services. The tool surveys eight well-being outcomes. The social worker obtains information from members of the team and others involved in the child and youth's live to use the information for completing the assessment. Social workers must be certified as CAFAS/PECFAS users following a 21-hour CAFAS training, which concludes with a test on properly completing the tool. The functional assessments are completed within 28 days of removal and every 90 days thereafter.

[41] As noted earlier, the SDM tool is an array of assessments that aid social workers with critical decision-making around risk and safety during key points in a child or family case. The tool has recently been upgraded and revised to allow CFSA and Collaborative social workers to more accurately and thoroughly assess family functioning.

Preschool and Early Childhood Functional Assessment Scale (PECFAS)

The PECFAS tool training is combined with CAFAS training (21 hours total). The tool is generally used for children from 3-7 but CFSA has modified the age group to suit the Agency's needs for children ages 3-5 to complement the targeted ages for CAFAS tool. Like CAFAS, PECFAS is considered "the gold standard" for assessing a child's day-to-day function across critical life subscales, as well as for determining whether a child's functioning is improving over time. Both tools provide uniformity of inputs into decision-making for case planning. CAFAS and PECFAS are fully integrated into the FACES.NET case planning module. Since the introduction of the assessment only recently occurred in July 2015, CFSA will report on its successful implementation and use in next submission of the Annual Progress and Services Report).

Other Key Screenings and Assessments

Educational and Vocational Assessments

The Agency has additional internal resources through the Office of Well-Being (OWB) to support social workers' decision-making, specifically for assessing and referring clients who have been impacted by multiple issues such as domestic violence, substance abuse, mental health issues, parenting problems, educational neglect, lack of material necessities, and poverty. OWB's newly-assigned early education specialist reaches out to all social workers and resource parents of children ages 0-5 within the first 48 hours after the child's removal to assist the family in identifying and securing appropriate child care and/or early education programs to promote the child's healthy development. The early education specialist provides them with information regarding available child care and early education options based on the child and family's needs, assists them with the enrollment process and applications for financial assistance, and keeps a record of contacts and outcomes from outreach to assess the need for early childhood education placement and to support social workers.

As a result of this outreach, the early education specialist was able to identify and secure child care or early education placements for a total of 131 children between the ages of 0-5 in FY15. The OWB educational specialists also provide educational consultation to social workers such as helping social workers to better understand special education process and services.

For older youth preparing to transition out of foster care, CFSA's Office of Youth Empowerment conducts vocational, career interest, and educational assessments, all of which must be documented in FACES.NET. When youth are successfully enrolled in a vocational program, OYE staff continues to assess the youth's progress in the program. For FY15, OYE had 121 youth enrolled in the Career Pathways Unit (thus having a career meeting). Of the 121 youth, 55 entered internships and 63 were employed. OYE also has two resource development specialists to assist 11th and 12th grade youth in their post-secondary educational planning. These additional staff members permit OYE's existing education specialists to exclusively focus on the well-being, progress, and financial status of the students who are already attending post-secondary institutions.

CFSA has a youth-driven case planning process for children in foster care, ages 15 up through age 20. This process incorporates the youth conferences described previously which are designed to ensure that youth progress in learning life skills and to adequately prepare youth to live as self-sufficient adults upon leaving foster care. Case and transition planning with the use of the *Foster Club Transition ToolKit* serves as a mechanism to ensure lifelong and positive adult connections for youth by including identified individuals in the planning and decision-making process. An integrated approach to transition planning provides the youth with a roadmap to consider what is needed before exiting care.

The *Transition ToolKit* emphasizes major life domains that require intentional dialogue and planning as the youth moves toward independent living. They include but are not limited to finances and money management, job and career, identity, permanency, and education. Results from the ToolKit are used to help inform the youth's selection of services in consultation with the youth's transition planning team.

The ToolKit is the primary driver of case planning for youth preparing to transition out of care, and it is the key document used to guide decision-making during Youth Transition Planning (YTP) meeting. It helps the youth, and by extension the youth's transition planning team, to assess and evaluate where the youth stands in the natural stages of development and preparedness for adulthood. The goals and action steps that emanate from the ToolKit's assessment are age appropriate to help the youth and

team develop an individualized transition plan that incorporates the youth's strengths and addresses any challenges.

In terms of measures of effectiveness, CFSA leverages its tracking statistics on the timely occurrence of YTP meetings as a proxy to determine whether the Toolkit has been utilized and completed for case planning. Under Agency policy, CFSA must hold a YTP meeting for youth in foster care aged 15 years or older at least once every six months. When a youth in care turns 20 years of age, the YTP must occur every 90 days until he or she emancipates from foster care. During the six month review period from July through December 2015, CFSA held timely YTP meetings for 95% of youth in care over the age of 18 years, which means that the Toolkit's implementation is widespread across the older youth population.

Department of Behavioral Health (DBH)
Co-located DBH specialists administer the following additional key mental health screenings and assessments:

- Ages and Stages Questionnaire – Social and Emotional (ASQ-SE)
  DBH co-located staff administers the ASQ-SE within 28 days of removal or reentry. The questionnaire screens children between the ages of 3 months and 5 years old for social and emotional delays, self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people. It also determines if further assessment or referrals are needed.
- Strengths Difficulty Questionnaire (SDQ)
  DBH staff also administers the SDQ within 28 days of removal or reentry. The questionnaire screens children between the ages of 6 and 10 years old for early behavioral problems, such as emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems, and pro-social behavior. It also determines if further assessment or referrals are needed.
- Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
  An HHAC nurse practitioner administers the GAIN-SS at a child's entry, reentry, or change in placement. This instrument screens for mental health and substance use, internalizing disorders, externalizing disorders, and crime/violence. It also determines if further assessment or referrals are needed.

In FY15, 77% of children who entered foster care received one of the above-bulleted mental health screenings within 30 days of entry. For the first quarter of FY16, the statistic is 89%.

Substance Abuse Assessments

Healthy Horizons Assessment Center

As noted, for youth who are screened at CFSA's HHAC upon entry into care (and whenever a placement change occurs), HHAC conducts a GAIN-SS and a urine screen with youth consent. The youth who test positive on either screen are automatically referred to CFSA's mobile youth assessor for further assessment and connection to treatment, if required, through the Hillcrest Child and Family Center. For adults, CFSA has partnered with DBH to co-locate an adult substance use assessor, also onsite at HHAC. CFSA originally requested these onsite assessors to help address low completion rates for substance assessments for youth and adult clients. While tracking is still early, it appears that the numbers of completed assessments are improving in number as a result of the on-site assessors.

In FY15, 150 youth ages 11 and older came into care. Of those, 70 had a GAIN-SS and 27 had a 10-panel urine screen. In the first quarter of FY16, 36 youth ages 11 and older came into care. Of those, 24 had a GAIN-SS and two had a 10-panel urine screen.

Hillcrest Child and Family Center

The Hillcrest Center receives referrals from CFSA for youth in need of behavioral health care treatment, including intensive outpatient treatment for substance use and prevention through assessment and basic education activities that are designed to delay experimentation with drugs and alcohol. Hillcrest is a private non-profit organization. Throughout its history, Hillcrest Center has offered primary prevention and mental health services to children and families. With a commitment to provide each client with the highest quality, cost effective, and timely service to meet their needs, Hillcrest promotes wellness and the well-being of its service population, staff, and the general community.

During FY14, CFSA created a substance use mobile assessment program through a contract with Hillcrest Center. All referrals for youth substance use assessments are done through the youth mobile assessment program. In FY15, 117 youth were referred for substance use assessment.

Family Treatment Court (FTC)

The FTC program was originally designed to enhance family reunification through the provision of comprehensive substance abuse treatment and supportive services. In late 2014, the District redesigned the program to more closely align with the current continuum of substance abuse services in the District of Columbia. The core committee charged with overseeing the redesign of FTC comprised representatives from CFSA, the Family Court, DBH's Addiction Prevention and Recovery Administration (APRA), and the DC Mayor's Services Liaison Office. The most notable shift is the movement away from a solely residential substance abuse model for mothers and children to one that is based on an individual assessment of need that includes intensive outpatient treatment and now includes services to fathers.

Since 2014, a practice unit made up of one supervisor and four recovery specialists has been housed within the Permanency Administration on-site at CFSA. Two of the recovery specialists are dedicated to FTC participants while the other two specialists support non-FTC adults. The recovery specialists are responsible for developing recovery plans with clients, accessing resources, and connecting clients to treatment and supportive services. During from July through December of 2015, 25 families were served through the FTC program.

National Center on Substance Abuse and Child Welfare (NCSACW)

CFSA reported in the 2015-2019 CFSP that NCSACW has facilitated planning among CFSA, APRA, and several other providers. The District was one of two sites chosen to receive in-depth technical assistance from NCSACW, including cross-systems collaboration of child welfare and public substance abuse treatment programs. Key objectives included data sharing; improving screening, assessment, and monitoring practices; and cross-training. The project offered the opportunity to identify the kinds of treatment interventions that best meet the needs of children and families involved with the child welfare system and to address existing gaps in service delivery. CFSA's use of the GAIN-SS assessment, a better way to obtain data

on referral and completion of treatment, and the contract with the mobile youth and adult assessors are some of the results of NCSACW technical assistance and recommendations.

Domestic Violence (DV)

In 2015, CFSA introduced a multi-year effort to become more domestic violence-informed, including the integration of the *Safe and Together* model.[42] As the result of assistance from a private consultant, David Mandel & Associates, CFSA has trained 136 staff and partner agencies and developed a team of 15 domestic violence experts with representatives from each CFSA administration to provide consultation and support to social workers working with families experiencing domestic violence. The model's suite of tools and interventions is a perpetrator-pattern-based, child-centered, survivor strengths approach to working with DV. The approach guarantees a more comprehensive assessment of risk, safety, and protective factors, and increases the effectiveness of the system to engage men to become better fathers.

Sex Trafficking

CFSA and the Children's Justice Act (CJA) Multidisciplinary Task Force have collaborated with Shared Hope International (SHI) for training on sex trafficking as a result of heightened awareness for how trafficking impacts vulnerable populations. SHI has also permitted CFSA to adapt SHI's nationally acclaimed screening and assessment instrument for trafficking. CFSA nurse practitioners are trained to use the assessment for youth entering care, while social workers can also use the tool as a part of a standard behavioral assessment throughout the continuum of care. The SHI inter-agency training session on sex trafficking included participants from the Metropolitan Police Department, DBH, DC Superior Court, the Children's Law Center, and many community-based organizations.

Performance

In 2014, CFSA reviewed a total of 125 cases throughout the year using the QSR process. The results were contained in the *2014 Quality Service Reviews (QSRs) Annual Report.*

[42] David Mandel and Associates, LLC is a Connecticut-based organization that provides expert professional training and consultation to private and public entities with a focus on promoting organizational excellence and increasing the safety and well-being of families impacted by domestic violence.

Engagement, Assessment/Understanding, and Implementation of Supports and Services: Child

Engagement	Assessment/Understanding	Implementation
Acceptable	Acceptable	Acceptable
87%	**72%**	**83%**

Engagement, Assessment and Understanding, and Implementation Services were rated highly for both the child and the substitute caregiver, when applicable. It was evident that team members had established a trust-based working relationship with most of the children and youth and there was meaningful engagement in all aspects of the service process.

Social workers and other team members were using formal and informal assessments to identify needs and were implementing appropriate services or making appropriate adjustments to case plans. Many children and youth were connected to and receiving the appropriate services to address their individual needs to yield positive life outcomes.

The *Assessment & Understanding* indicator measures the team's knowledge and understanding of the caregiver's strengths and needs. In the majority (84 percent) of cases reviewed, it was evident that team members were assisting and supporting the caregivers as well as developing and maintaining a broad and comprehensive understanding of the child and caregiver's situation. In this manner, they could support effective strategies for positive and healthy life changes. Data has shown that when team members have a good assessment and understanding of caregivers, it is inextricably linked to good supports and services.

There was evidence that the professionals were developing and maintaining quality and trust-based relationships with the children. Team members, including mental health providers, were cognizant of the fact that each child and each youth has their own unique identity and world views that shape their ambitions and life choices. Having this deeper level of assessment contributed positively to the engagement of the child and family as well as a more comprehensive assessment and understanding of the child and his or her family situation. Team members were able to make a

positive difference in the child's life, prevent harm, and work in collaboration with each other. Most supports and services were of the right fit (i.e., clinically appropriate) and delivery of services was timely, competent, and consistent with needs identified.

Strengths

Twelve OWB clinical staff have been assigned between two-to-three CFSA units in the Permanency administration, Community Partnerships administration, and the Office of Youth Empowerment to support social workers' interpretation of results from the new CAFAS, PECFAS, and CSBA assessments. OWB's assistance includes helping social workers use the assessment results to appropriately develop case plans and set case plan goals in collaboration with family members. The clinical staff meets with unit social workers on a regular basis providing individual and group supervision.

Prior to the new case plan template being developed and integrated into FACES.NET, practice required social workers to complete functional assessments every 90 days. Since case plans were being reviewed every six months, the discrepancy in timing prevented optimal case plan insight into the needs of the child and family. One of the tenets of the new case planning process is to align the assessment schedule with case planning. As such, the timeline for completing both the CAFAS/PECFAS and CSBA is now aligned with that of case plans, that is, all are being completed or reviewed every 90 days. Within this construct, CFSA continues to maintain compliance on timelines for court-ordered case plans.

Challenges

Performance data suggests a need to strengthen efforts on integration of the new assessment tools across the private agencies. Anecdotally, it was reported during 2015 Quality Service Reviews (QSR) that not all private agency social workers were able to complete training on FACES.NET after the integration of the tools and the new case planning system. For some private agency social workers, this delayed the FACES.NET documentation of case plans. While there is no evidence that this impacted child outcomes, it did mean that FACES.NET reports would not reflect that accuracy of the hard copy documentation of the assessments being completed for children and youth on caseloads.

The 2014 QSR Report notes that the Agency continues to address declining scores for engagement, assessment, and services provided to birth parents. Reviewers noted, for example, that the work being done with mothers is often lacking in depth.

Qualitative Feedback

A focus group of seven foster family stakeholders was held in February 2016 with one of CFSA's longstanding partners, the Foster and Adoptive Parent Advocacy Center (FAPAC). The group comprised one adoptive parent, one birth parent who has been reunified with her children and now employed with one of the Collaboratives, one resource grandparent, three current foster parents, and one FAPAC staff member. When asked to share thoughts and experiences related to practice barriers, the group responded that the mental health of children in foster care continues to be a challenge, sometimes insurmountable for protecting placement stability or achieving permanency goals. The foster parents stated that they need more supportive services for managing children with mental health needs, especially helping teens when they are in need but refuse treatment. Because the Agency is still on the early end of the new case plan template and the new assessment tools, solid evaluative data is not yet available. It is anticipated that CFSA's ongoing integrated practice with DBH (and other stakeholding organizations identified in this document) will result in future, demonstrable improvement.

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Response: *CFSA's practice is intentional in ensuring the involvement of parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. Performance indicates good quality engagement efforts by social workers and the family team throughout the case planning process. CFSA launched its Trauma-Informed Child and Family Behavioral Based Integrated Case Planning Process in the summer of 2015 to improve those case planning areas identified by the QSRs, and has incorporated the RED team Consultation and Information Sharing Framework to review case progress. The Agency also redeveloped the written case plan and integrated the new template into the FACES.NET case plan module. The revisions align closely with the new child and caregiver functional assessments, informing the key domains to be addressed by clients and stakeholders.*

Policy

As described under *Systemic Factor #2*, CFSA's *Permanency Planning* policy requires that case plans be developed in a team environment, particularly for permanency planning, and including but not limited to input from the age and developmentally-appropriate children, parents, kin, informal support networks or service providers, out-of-home caregivers, and formal support networks. All social workers with children and youth on their caseload are responsible for developing and implementing case plans.

Case planning includes the development of safety plans and visitation plans, the procedures for which are outlined in the *Investigations* and *Visitation* policies (respectively). These plans also require participation and signature of parents, and sometimes the age and developmentally-appropriate child. For older youth preparing to leave the foster care system for independence, the *Older Youth Services* policy outlines the requirements for youth-driven case planning, and particularly, youth-driven transition plans. This is a very important practice for CFSA, helping a youth to pave his or her own individual path to successful independence.

Practice

As prescribed by the Agency's Practice Model, and outlined under *Systemic Factor #2*, case and permanency planning requirements specify direct input from the age and developmentally-appropriate child, willing and able family members, extended family members, and other adults who play a significant role in the child's life. This planning begins once the decision is made to remove a child. A Family Team Meeting (FTM) is scheduled to discuss placement options and to begin the process of identifying the most appropriate permanency goal for the child. Through the joint case planning FTM process, CFSA is more readily able to determine those relationships and aspects of a child's life that are most vital to preserve, including any of a child's extracurricular activities, hobbies, etc. that are directly connected to the child's community of origin. Although case planning may be initiated at the FTM level, it is an ongoing dynamic process that is continually assessed and reviewed throughout multiple activities, including individual visits with parents and other family members.

Pursuant to Agency policy, the initial case plan must be completed within 30 days of a child's placement. It is subsequently updated every 90 days thereafter or when circumstances of the child or family require modifications to the case plan. The social worker and supervisor regularly review case plans to assess the current status and progress of the case, including the child's bond with siblings and parents, service delivery, placement stability, and capacity for maintaining community connections. Social workers must document in FACES.NET the involvement of parents and older children or youth in the case planning process.

CFSA's In-Home and Permanency administration utilizes the Case Planning RED Team (CPRT), and the *Consultation and Information Sharing Framework* described earlier to help case-involved families connect with supports and to develop meaningful and achievable goals that address safety, well-being, and family functioning. Initial case planning begins immediately following a child removal or within the first 30 days of a newly assigned in-home case with the final case plan completed by day 30. Subsequent CPRTs are held every 90 days to revisit the case plan with the family and make revisions as needed in agreement with family input. CPRT meetings facilitate teamwork activities, organize family-centered planning and service decision processes, and follow up on commitments made by team members to promote a clear pathway to case closure. These meetings effectively empower parents to set and maintain a course for the goals that will promote safe case closure. Full use and implementation of this CPRT practice remains underway as of this writing.

At a certain point in time some parents may not fully agree with or realize the value of their input, or they may feel resistant to facilitating a process that is perceived to have been harmful to their lives because their children have been removed from their care and now live in a "stranger's" home. This is a most sensitive time when social workers must use every bit of their training and clinical skills to help the parents (or other family members) recognize their value as participants in the child's case planning, not only for permanency but for the child's understanding of the parent's full commitment to the child's interests. Noted earlier under *Permanency Outcomes*, the *In-Home and Out-of-Home POM* (reinforced by policy) provides tips and strategies for successful engagement of parents. Again, engagement is crucial to parents' participation in the case planning process. Throughout training and supervision for both CFSA and CFSA-contracted private agency social workers, best practice standards emphasize engagement of parents and other family members. The

2014 QSR Annual Report acknowledged "good quality engagement efforts" were reflected in close to 90% of cases reviewed.

Performance

Although there is no formal target number for family case plans, the Agency has the target that every reasonable effort shall be made to locate family members and to develop case plans in partnership with them alongside any of their informal support networks, and other formal resources working with or needed by the child and family. At of the end of the 2015 calendar year, 80 percent of family case plans conducted by both CFSA and CFSA-contracted private agency staff were current in addressing the needs of the families receiving in-home services. As of December 31, 2015, 89 percent of children and youth in foster care had current case plans.

In a February 2016 survey that was randomly distributed via Survey Monkey to out-of-home staff, around 81 percent of the 21 respondents indicated that parents and children are "often" to "always" involved in the case planning process, with a greater number responding "always." Of these of 21 respondents, around 14 percent were out-of-home supervisors, around 70 percent were out-of-home social workers, and around 14 percent were recovery specialists.

Strengths

CFSA launched its Trauma-Informed Child and Family Behavioral Based Integrated Case Planning Process in the summer of 2015 to improve the case planning areas identified by the QSRs. *Item 12* above outlines in greater detail this case planning integration, including the following screenings and assessments:

- Behavioral health screenings
- Child Disorder Checklist (CSDC-DC) Trauma Assessment
- Caregiver Strength and Barriers Assessment (CSBA)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Preschool and Early Childhood Functional Assessment Scale (PECFAS)

The Agency has additionally invested significant development, training, and monitoring of these practice changes by incorporating the RED team *Consultation and Information Sharing Framework* to review case progress, make recommendations where needed, and help families deal with issues and persevere in establishing well-being for children.

As a result of these efforts, CFSA has been able to successfully combine case planning, assessment of needs, and engagement of families into one holistic approach that includes the most up-to-date, evidence-based strategies available for serving the needs of children and families.

Current data indicates that more often than not, age and developmentally-appropriate children and their families are actively engaged in the case planning, decision-making, and monitoring process, including establishment of goals in case plans and evaluation of the service process.

Challenges

While parents and clients appear to be actively involved and have a voice in their case plans, the written case plan itself does not appear to be the key tool guiding or facilitating such engagement. Qualitative feedback indicates that CFSA's existing case plan module is compliance-driven and, at this juncture, neither helps nor hinders case practice. Based on this feedback, and with significant input from direct service staff, CFSA redeveloped the case plan better address outcomes and functioning. CFSA received feedback from social workers that the new case plan better addresses these areas and is a more appropriate tool than its predecessor for facilitating family engagement in case planning. Further information on the redesign efforts is included in the narrative under Item 20 of the Systemic Factors.

The Agency's intent is to maintain a written case plan that is useful and is implemented as a best practice tool that it is not compliance-driven. In terms of social workers implementation of a case plan, it should be practical, user-friendly, and reflective of current case circumstances, activities, and goals. As noted, the Agency redeveloped the written case plan and integrated the new template into the FACES.NET case plan module. The revisions align closely with the new child and caregiver functional assessments, informing the key domains to be addressed by clients and stakeholders.

Qualitative Feedback

The 2016 FAPAC focus group described under *Item 12* yielded some challenging feedback regarding case planning and foster parents. Participants indicated that they rarely see a case plan and do not feel a part of the case planning process.

Nevertheless, participants acknowledged that they are invited to actively participate in court and monthly meetings with the team. They also receive recommendations from the court and social worker regarding case progress. Participants believe that the Agency's move towards CAFAS and PECFAS will be helpful in the case planning process to address any mental health barriers to permanency. One participant suggested that if caseloads were lower, social workers might have sufficient time to case plan more thoroughly.

Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Response: *The Agency has met internal visitation frequency benchmarks to ensure the safety, permanency and well-being of the child to promote achievement of case goals. CFSA practice follows the standards set by policy and legislation. Although 2015 saw the Agency fall slightly under the 90 percent benchmark (87 percent) for weekly visits to children in the first four months of entering care, monthly visitation between social workers and children in foster care was 97 percent compliant for twice monthly visits and 84 percent for monthly visits to children receiving in-home services. The Agency continues to strive for improvement in its visitation and engagement between social workers and children and to conduct qualitative studies to review the quality of such visits.*

Policy

CFSA'S *Visitation* policy states that children in out-of-home care should have frequent visits from their social workers, regardless of the type of placement in which they live. When children first enter foster care or experience a new placement while in foster care, it is important that they are supported in the adjustment. Accordingly, social workers or family support workers visit them at least once per week during the first four weeks of placement. Of these weekly visits, a CFSA or private agency social worker with case management responsibility must make at least two of the visits during the first four weeks. During each visit, the social worker assesses the child's safety, any apparent risk factors, the child's emotional status, and the child's overall demeanor. These child-to-social worker meetings are held privately (i.e., not in the presence of the foster parent). To assess any assistance needed by the foster

parent, at least one of these weekly visits includes such a conversation between the social worker and the foster parent.
After the first four weeks of a new placement or placement change, social workers visit the child twice a month at a minimum. One of these visits must include the actual placement, e.g., foster home, group home, or independent living program. All visits are intentional to the child's overall well-being and capacity to move closer and closer to permanency.

If the child is placed more than 100 miles outside of the District of Columbia, a social worker from the receiving state supervises the placement through the Interstate Compact on the Placement of Children (ICPC). The child's DC social worker (either CFSA or contracted placement agency) monitors the placement with monthly telephone calls to the receiving state's social worker, as well as monthly telephone calls to the child. The CFSA or private agency social worker must visit the child in person twice per year at a minimum.

Visitation between social workers and children receiving in-home services also occur twice a month at a minimum. Again, a family support worker can make a visit to support the social worker's workload but at least one of the visits must be from the assigned ongoing social worker.

During every visit, whether in-home or out-of-home, the social worker must assess for safety and risk, meeting with the child outside the presence of the parent, caregiver, or provider. Assessments include observation of the physical environment and interviews with any other children in the home.

Practice
CFSA practice follows the standards set by policy and legislation. In addition to the timeframes outlined above, for every visit the social worker assesses the safety and risk of the children by speaking with the child, assessing caregiver-child interaction, observing the physical environment, and speaking with the caregiver.

Performance
As of CY 2015, the Agency fell slightly under the 90 percent benchmark (87 percent) for weekly visits to children in the first four months of entering care. For monthly visitation between social workers and children in foster care, FACES.NET data

confirm 97 percent compliance for twice monthly visits (as of December 31, 2015). For monthly visits to children receiving in-home services, 84 percent of the children received a second monthly visit.

Strengths

Foster care placement outside of District boundaries can sometimes require medium-to-long distance travel for social workers needing to visit children in those settings. CFSA utilizes monthly caseworker visitation (MCV) funds to cover costs associated with such travel for visitation100 miles or further. The federal MCV allotment covers such costs as airfare, rail tickets, car rentals, and other expenses such as mileage reimbursement. For the foreseeable future, CFSA will continue to utilize this important federal funding stream to augment local resources dedicated to ensuring that social worker and foster child visitation continues to occur as required, irrespective of the child's distance from the District.

The District's Office of Youth Empowerment's (OYE) office is located in the community for better access for youth and for a more youth friendly environment. OYE reports that its location improves accessibility and engagement among its target population of youth in foster care over the age of 18 (as well as former foster youth who achieved permanency after age 16 years). Many youth feel comfortable coming to the OYE to complete activities such as learning about financial planning and obtaining access to the match savings account and learning about other independent living skills. This environment encourages visitation with the youth and his or social worker when otherwise it may be a challenge.

Challenges

Even though CFSA social workers make concerted efforts to engage older youth, visits are sometimes a challenge for social workers insofar as the youth may not be there at the specified time and location, as they may prefer to be with friends or engaged in another activity. While social workers are professionally trained to engage older youth, there are still challenges in general, with this population.

Qualitative Feedback

CFSA gathered feedback on many facets of case practice from the FAPAC focus group held in the beginning of 2016 and referenced above. In regards to child and social worker visitation, the group consensus reaffirmed that social workers are

making visits and engaging children, primarily the younger children. Respondents were asked about the frequency and quality of visits between social workers and children, whether they are sufficient to promote achievement of permanency goals, and to ensure safety, permanency, and well-being of the children. The majority of respondents selected "often" (57.1 percent) versus "always" (33.3 percent), citing the following challenges or barriers:

- Scheduling conflicts with caregivers
- Social workers feeling overwhelmed with caseloads and not being able to spend sufficient time with the foster family
- Absentee parents
- Availability of foster parents to birth parents
- Youth in abscondence
- Youth with behavioral challenges impeding case planning
- Distance between Agency and foster home impacting travel time to visits children

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Response: *Overall, **t**he Agency has met internal visitation frequency benchmarks between social workers and the birth families of children in care, superseding the 80 percent benchmark for this item by achieving 91 percent compliance for social workers meeting with parents twice a month in the first three months post-placement. The co-location of Agency social workers in the community-based offices at the Collaboratives enhances ready access to visitation with in-home families. There are challenges for out-of-home visitation frequency as transportation and parent availability more often mentioned as barriers. Nonetheless, CFSA is committed to involving birth parents in the case planning process ultimately promoting the achievement of case goals.*

Policy

Pursuant to CFSA's *Visitation* policy, parents with children in foster care with a goal of reunification should receive frequent visits, and at least two visits per month from the social worker for the first three months from the time the child has been removed with at least one visit per month thereafter, unless there is documentation that the

parents are unavailable or refusing to cooperate with the Agency or contracted private agency. Ongoing efforts should be made to engage the parents in case planning and in the activities necessary to bring the child back home. During every visit with a birth parent, the social worker assesses the safety and risk of children returning to the parent's home. Also at every visit, the social worker, nurse care manager (if assigned), and/or family support worker discuss permanency goals, visitation requirements, and required action steps in the case plan.

For families receiving in-home services, policy requires two visits a month at a minimum, depending on the needs of the family. These visits must include assessments for safety and risk, ensuring that children can remain safely in the home with services. During each visit, the social worker is expected to assess progress on the family's case plan and to initiate updates by having intentional discussions with the parent or caregiver. Social workers must document all visitations in FACES.NET.

Practice

Visitation practice for CFSA and CFSA-contracted private agency social workers adheres to the policy guidelines set forth above, as well as legislative mandates for visits between social workers and parents. For visitation with parents whose children have a goal of reunification, the social worker must ensure continued progress in case plans by asking about issues and providing assistance in obtaining resources. The social worker must address the following topics with the parents:

- Speaking directly with the parents about safety and reviewing or updating safety plans as necessary
- Assessing family dynamics
- Observing the physical environment
- Identifying strengths and protective factors that reduce the risk of future maltreatment
- Addressing any concerns expressed by the parents, including the need for additional services
- Discussing progress towards achieving reunification, and required action steps identified in the case plan
- Assessing needs of any other children in the home
- Reviewing visitation plans, and ensuring that visits between parents and children in foster care are successfully maintaining familial bonds

For visitation with parents whose children have a permanency goal outside of reunification, visitation is equally as important. It is still necessary for social workers to engage and maintain contact with these parents, to encourage participation in case planning, and to reinforce the importance of ongoing communication with their children. Visitation with these parents may address some of the topics above but most importantly, whenever possible, conversation should continually explore the possibility of reunification or at the very least, maintaining familial bonds. Ideally, the foster parents or pre-adoptive parents would also be involved in this process.

While unusual, it is not unheard of for parents to continue relationships with their children who have permanency goals outside of reunification.
As noted under the policy section, visitations with parents whose children have remained at home are twice monthly at a minimum. The social worker must address many of the same topics as parents whose children are in foster care, including ongoing assessments of safety and risk, assessment of family strengths and needs, formulating safety plans (as necessary), service needs, and any interventions needed to assure safety and family stability. Again, all children in the home must be assessed, and progress on the family's case plan must be reviewed with any updates implemented in accordance with the case plan's time frame for closure.

Performance
As of CY 2015, the Agency superseded the 80 percent benchmark for this item by achieving 91 percent compliance for social workers, ensuring that they meet with parents twice a month in the first three months post-placement. In regards to parent-child visits for children with the goal of reunification, the Agency exceeds the 85 percent benchmark for weekly visits at 87 percent.

Strengths
The co-location of Agency social workers in the community-based offices at the Collaboratives provides geographic proximity for clients in every jurisdiction of the District and therefore enhances ready access to visitation with the families on social workers' in-home caseload. When visitation occurs at the agency when necessary, CFSA created family friendly visitation areas to provide a better environment than an agency office for visits.

Challenges

CFSA's Agency Performance office tracks visitation and analyzes causes of those that are not occurring. Recent analyses revealed that many visits do not occur because of client choice, e.g., the birth parent does not show up for the meeting, or an older youth in care is unwilling to meet with his or her birth parents. Because the Agency recognizes that the separation between parents and child, including older youth, is traumatic for the entire family, it is actively applying its trauma-informed approach to visitation.

Based on social worker feedback, one area needing improvement is on more effective communication and engagement strategies and skills on how to better engage reluctant clients. . Engagement efforts with families are initially challenging, but once a connection is made the overall response is positive. Recognizing these challenges, the Agency will continue to foster a culture of visitation, encouraging direct care staff to be thoughtful and persistent in engaging families, and encouraging them to re-establish or maintain their connections.

Qualitative Feedback

The majority of respondents from the 2016 FAPAC focus group (referenced throughout this *Well-Being Outcome*) believe that the frequency and quality of visits between the social workers and family members are "sometimes" to "often" (38.1 percent for both options) sufficient to ensure safety, permanency, and well-being of the children and promote achieved of case goals. Barriers are the same as with visits between the social worker and child with more emphasis on transportation for parents, parent resistance, parent mental health and/or substance abuse issue, homelessness, and availability of parents.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 16: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

Response: *Beginning in 2014 CFSA devoted significant time and resources to develop its first-ever Agency-wide education strategy to improve the educational*

outcomes of children and youth in foster care. CFSA hired a dedicated project specialist in the Office of Well-Being to lead the coordination of work plan activities alongside deliverables for successful outcomes, such as revamping its academic assessment protocols based on its increased access to educational data obtained directly from some of its key educational partners (District of Columbia Public Schools, the District's Office of the State Superintendent for Education, and working with the Prince George's County Public Schools.), enhancing quality assurance efforts for tracking student progress before and after tutoring service delivery, contracting with vendors to provide mentoring services, ensuring school stability is discussed during removal RED team meetings, and linking students with in-school and community supports. CFSA is confident that these concerted efforts will enhance its efforts to assess, monitor educational progress and improve educational outcomes for all children in the care of CFSA.

Policy

It is CFSA's commitment to keep children who enter foster care enrolled in their school of origin whenever possible, and to provide all children in its care and custody with access to an educational program that is appropriate to the child's age and abilities, and designed to meet their individual needs. CFSA's *Educational Services* policy affirms that social workers do not assume the authority to make decisions regarding a child's education, nor should they automatically designate that authority to foster parents[43]. Educational decision-making is the legal right of parents or guardians unless those rights have been terminated by a court of law or an authorized entity has appointed an educational surrogate parent. Guidance for educational assessments are described in more detail under *Item 12* above but all children are referred for screening, depending on need.

CFSA's policy further provides guidance for supervisors to guide, direct, and support social workers in planning and meeting the educational needs of children and youth on their caseload. All CFSA and CFSA-contracted private agency social workers must ensure that all children and youth on their caseload between the ages of 5 and 18 are enrolled in school or an educational program. Educational specialists are available to assist and support social workers with these educational matters, including

[43] The existing Education Services policy is linked, but the policy itself is under revision at this time, with an anticipated completion date of May 2016.

attendance and enrollment, assessments, specialized education services, transportation services for general and special education, tutoring, and post-secondary education.

Practice

CFSA devoted significant time and resources beginning in 2014 to developing its first-ever Agency-wide education strategy to improve the educational outcomes of children and youth in foster care. With the assistance of a consultant from the American Bar Association's (ABA) Legal Center for Foster Care and Education, CFSA conducted a comprehensive review of its current *Educational Services* policy, resources, and practices. The Agency has subsequently synthesized that information into a strategy document, modeled after the ABA's *Blueprint for Change*, which identifies strengths and gaps in the Agency's current educational efforts, and outlines a comprehensive set of recommendations for improving the Agency's collaborative performance with key external educational partners. These include policy improvement, enhanced quality training and resources, practice improvement, internal staff and coordination, collaboration with key external stakeholders, and ongoing improvements in the collection and sharing of education-related data. CFSA hired a dedicated project specialist to lead the coordination of work plan activities alongside deliverables for successful outcomes related to the priority areas mentioned above. The specialist is also responsible for developing systems for ongoing tracking and monitoring of progress toward each priority area. With the project specialist's help, efforts to revise and improve the Agency's *Educational Services* policy and improve educational data collection and sharing have begun.

Performance

The Agency's internal *Four Pillar Scorecard* benchmark for the percentage of youth in care graduating from high school is 80 percent. CFSA's high school graduation rate is 60%. The high school graduation rate at the end of the 2014-2015 academic year was calculated by dividing the number of foster youth in the 12th grade (106) at the beginning of the year by the total number of foster youth who graduated by the end of the school year (64). Additionally, 13 youth passed the General Education Development (GED) test in July 2015.

Goal #3: Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.
Outcome 3.2: Children and youth get the quality education and training they need to succeed as

adults.				
Key to Status: On Track Nearing Target[44] Needs Improvement	**FY14 Baseline**	**National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**Current Performance as of FY15**	
Objective 3.2b: Increase percentage of youth graduating from high school. (IB) (Data source: Four Pillars Scorecard, OYE manual data)	78%	80%	60%	

[44] For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.

Outcome 4: Every child and youth exits foster care as quickly as possible for a safe well-supported family environment or lifelong connection. Older youth have the skills for successful adulthood.				
Outcome 4.1: Children and youth leave the child welfare system for a safe, permanent home.				
Key to Status: On Track Nearing Target Needs Improvement	**FY14 Baseline**	**National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**Current Performance as of FY15**	
Objective 4.1c[45]: Increase the percentage of youth who completed vocational training and or received industry education (IB) (Data source: Four Pillar Scorecard, OYE data)	22%	75%	44%[46]	
Objective 4.1c[47]: Increase the percentage of youth in foster care who graduate from college (IB) (Data source: Four Pillar Scorecard, OYE data) partnerships for aftercare services	14%	30%	8%[48]	

Strengths

Over the past year, CFSA has revamped its academic assessment protocols based on its increased access to educational data obtained directly from some of its key educational partners. For example, CFSA has recently been granted access to educational records from the DC Office of the State Superintendent for Education (OSSE), which now allows the Agency to efficiently obtain school enrollment information. Utilizing the State Longitudinal Education Database (SLED), CFSA social workers and specialists can access the enrollment history and standardized test scores of children in DC Public Schools (DCPS) and in DC Public Charter Schools

[45] Phrasing of objective has changed due to the separation of youth who graduated college from the cohort of youth who achieved a vocational or industry certificate. Thus the FY14 outcomes and FY15 targets were adjusted.
[46] Manual data captured represents FY15 reported on the Agency's *Four Pillar* Scorecard.
[47] Phrasing of objective has changed due to the separation of youth who graduated college from the cohort of youth who achieved a vocational or industry certificate. Thus the FY14 outcomes and FY15 targets were adjusted.
[48] Manual data captured represents FY15 reported on the Agency's *Four Pillar* Scorecard.

(DCPCS). The Office of Well Being educational specialists in FY16 have begun to provide this information directly to social workers.

During the 2014-2015 academic year, both DCPS and all schools in Maryland transitioned from their former standardized assessments (i.e., DC-CAS and the MD-HSA Assessment, respectively) to the more nationally recognized, PARCC (Partnership for Assessment of Readiness for College and Careers) assessment. CFSA has requested access to the PARCC scores of every school-age child and youth who was enrolled in either a DCPS or PGCPS for the 2014-2015 academic year. This information will provide better insights into the academic performance of CFSA's population and thereby expand opportunities for CFSA educational specialists to identify the necessary resources to help students to improve their performance. CFSA is also working with OSSE to obtain an analysis of how children and youth in care performed on those assessments in comparison to their grade-level peers who are not involved with the child welfare system.

OWB has also enhanced its quality assurance efforts for tracking student progress before and after tutoring service delivery. Each month, the education specialists carefully review the monthly tutoring progress reports submitted by CFSA's tutoring vendor to ensure services are consistently being delivered in a manner that is appropriate to meeting individualized needs and promoting academic progress. To monitor progress, all students who receive tutoring services complete pre-service and post-service assessments.

A comparison of the pre-service assessment and post-service assessment for 34 of the youth that have received tutoring service from one of the two new tutoring vendors for 3-6 months (connected to service anytime between July 2015 and September 30, 2015) revealed the following measures of improvement in student's academic skills:

Improvement in Reading Skills in the first 3-6 months of tutoring service		**Improvement in Math Skills in the first 3-6 months of tutoring service**	
# of Students	Grade Level	# of Students	Grade Level
2 (5.9%)	two or more full grade levels	2 (6.0%)	two or more full grade levels
9 (26.5%)	a full grade level or more	7 (21.2%)	a full grade level or more
11 (32.3%)	a ½ grade to full grade level	12 (36.4%)	a ½ grade to full grade level

12 (35.3%)	a ½ grade level or less	12 (36.4%)	a ½ grade level or less

In addition to academic assistance, many children demonstrate a need for broader forms of guidance and support. To this end, CFSA recently contracted with two vendors that provide mentoring services using evidence-based practices. CFSA monitors mentoring services by regularly monitoring the status of referrals to ensure they processed timely such that matches are made and services are initiated without undue delay. CFSA requires the vendors to submit monthly reports on the status of mentoring of each youth that provides information about each contact the mentor had with the youth over the course of the month, including how much time was spent with the child, a description of the activity they engaged in together and quarterly reports on each youth's progress towards their mentoring goals. CFSA also measures youth's progress from mentoring services by comparing youth's reported functioning on two different pre-service assessment tools (a self-evaluation completed by the student and a survey administered to the youth's caregiver) with their reported functioning on the same tools six months post-service delivery. These tools ask questions that assess the student's functioning in six different domains identified by CFSA.

CFSA continues to ensure that school stability is discussed during removal RED team meetings. In addition, the Agency has recently instituted a practice of having an OWB education specialist attend each case's 30-day case planning meeting to help spot and resolve any educational issues or barriers, including those related to school stability.

The Agency's Policy Unit is currently updating its *Educational Services* policy to reflect the new initiatives cited above. There are also updates to the *School Placement Decision-Making Guide*, a tool the Agency developed to assist social workers in making best-interest determinations regarding the choice of school when a child first comes into care or changes a foster home placement. Changes to the Decision-Making Guide are aimed to make the form more user-friendly, and to better guide social workers on how to weigh the various factors to be considered in the decision-making process. OWB also works with the Placement Services Administration to ensure that proximity to the school of origin is taken into account when a child is removed and an initial placement is being determined. Finally, OWB continues to

review all school transportation requests to ensure they are based on best-interest decision-making and an appropriate use of resources.

The following additional strengths are designed to positively impact educational outcomes for children in foster care:

- *Child Care Services*: Often one of the biggest barriers to placement is child care. Within 48 hours of the child coming into care, the early education specialist contacts the resource parent to determine the need for child care. The child care coordinator walks families through the process of applying for a subsidy and voucher. CFSA has established a relationship with the District's Department of Human Services (DHS), which issues child care vouchers, in order to help foster parents expedite the processing of the applications. Once DHS receives the application, CFSA receives a response within 24 hours with the early education specialist serving as the point of contact with DHS.
  In addition to DHS vouchers, OWB has contracted with "Care.com" to provide emergency day care services to families where child care is a barrier to placement. Care.com is a temporary emergency service for 10 days, where the family receives assistance with the child while the OWB early education specialist researches a more permanent option. There may be an exception for education in rare instances.
- *Educational Support Services*: CFSA refers for educational support services both to strengthen academic outcomes and to help maintain children in their school of origin. Educational support services include mentoring and in-home tutoring services through contracted providers, as well as transportation services. While a CFSA contract specialist manages the transportation and mentoring contracts, an education specialist manages and monitors tutoring services.

  OWB has three education specialists prepared to serve the kindergarten to 12th grade population, and to provide consultation on education- related questions (e.g., accessing specialized services, navigating special education, enrolling a child, and what to do with suspended and disengaged children). To ensure timely educational supports, OWB sends an education specialist to every 30-day foster care case planning review in order to determine what referrals, if any, are needed and can be processed on the spot. While this is a new roll out, CFSA is still in the process of developing a checklist for these referrals.

Eventually, the specialist may attend the case planning reviews for re-entries as well.

Challenges

Although CFSA has access to DCPS data, the Agency is currently working on increasing its access to educational data from the DC Public Charter School Board (PCSB). Recently, CFSA representatives reached out to a PCSB deputy general counsel, as well as a data and policy specialist, to introduce them to the Agency's education strategy and to inquire about gaining greater access to records. As of the submission of this report, CFSA is waiting for PCSB's expressed intention to investigate what they can legitimately provide in the aggregate and what they may require in order to grant access. In addition, CFSA is embarking on discussions with all of its key educational partners (DCPS and OSSE) to identify a means of accessing student disciplinary records in order to more accurately assess which students are in need of services to address behavioral health. At present, identifying disciplinary records has proven difficult in the absence of a sophisticated database system.

Although CFSA has endeavored to link students who have identified learning delays to CFSA's tutoring services and other in-school and community-based supports, the Agency is still looking for ways to integrate educational planning into every aspect of case planning, from initial removal to case closure. To that end, OWB plans to have the educational specialists attend more RED team meetings for removals and more 30-day reviews. OWB expects that such participation will help the educational specialists to identify and address educational issues earlier in a case's development. Additional challenges are related to human resources. OWB currently has three educational specialists to address the needs of every child in foster care. OWB advertises their services to all social workers, and those who have children on their caseload requiring support will connect with OWB but this strains the capacity of only three staff.

Additional challenges were expressed by CFSA's Education Supervisor in the Office of Well-Being.

- FACES.NET educational screens are not always utilized to their full capacity, and even so, there are modest design gaps that don't allow for some important educational information to be entered by practitioners. OWB has overcome

these limitations by developing a standalone database to track educational information for children in care, and it validates this information against OSSE's State Longitudinal Education Database (SLED) that has enrollment information for charter and DCPS schools and is a little more up to date. SLED allows CFSA to validate school enrollment information with the state's more current information. CFSA conducts a reconciliation bi-monthly. When CFSA notes discrepancies, there is follow-up with the social worker and the education specialist, who continues to check until the data is reconciled with the state's information.

- Data Sharing: Data sharing is critical with education partners. CFSA signed an agreement with Prince George's County to get their education data; however, the Prince George's County attendance information and grades have not been received. Further, the data that has been shared is not captured in CFSA's database in a comprehensive manner and OWB must rely on the social worker to provide the education specialist with the information. OWB conducts the tuition verification for OSSE and is responsible for processing tuition contracts. As this is a manual process, CFSA is working with OSSE to see if there is a way for data to automatically feed into FACES.NET in order to have current information to share with all partners. The OWB staff is endeavoring to better manage all of these processes and utilize the information and resources to bring to the table to help social workers creatively problem solve.

- It is imperative that CFSA improve its child care subsidy payment system. Providing timely payments would aid in increasing outcomes, prevent complaints, and allow providers to continue to serve CFSA's children and renew their contracts.

- As more children are not successful in performing on grade level, CFSA needs to expand and offer more services, including making a greater investment in tutoring services. Some children go unnoticed and there are not enough remedial providers.

- OWB desires to provide more direct support to children in high school during the school year and do more targeting, informed planning and individualized services for youth.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 17: Did the agency address the physical health needs of children, including dental health needs?

Response: *The Agency continues to address the physical health, including dental, needs of children in foster care and have exceeded the benchmarks for dental evaluations while nearing the benchmark for medical evaluations within 30 days of entering care.*

Policy

Pursuant to CFSA's *Initial Evaluation of Children's Health* policy, each child entering foster care receives a medical screening prior to or within 24 hours of placement. The purpose of this screening is to gather information to identify health problems (if any) and needs for immediate care. In an effort to provide support for the completion and follow-up for these assessments, the CFSA's Health Services Administration (HSA) either schedules the examinations for the child or helps the foster parent schedule it within the required timeframe. An initial dental assessment must be conducted within 30 days of placement (or 14 calendar days if placed in a residential facility).

To obtain a full understanding of the child's health, a comprehensive medical evaluation takes place within 30 days of the child's initial entry into out-of-home care. To help achieve optimum preventive healthcare, each child must have periodic comprehensive medical assessments, also known as well child visits, on an ongoing basis (per EPSDT requirements).

Comprehensive dental care for children in foster care includes routine restorative care and ongoing dental examinations, preventive services and treatment as recommended by the dentist. Follow-up care for all conditions identified in the initial dental assessment is required.

In addition to the requirements above, CFSA provides guidance to social workers for ensuring proper healthcare throughout the life a case for all ages of clients via the following policies: *Healthcare Coordination, Healthy Horizons Assessment Center and Nurse Care Manager Program, HIV and AIDS, HIV & Sexual & Reproductive Health Services, Medical Consents, Medication Administration and Management*, and

Preventative and Ongoing Healthcare. Like all CFSA policies, these healthcare policies are available online for both staff and the public.

Practice

Pursuant to policy, each child receives a medical screening prior to entering, re-entering, or exiting foster care, or when changing placement while in foster care (including within the same agency). As cited earlier under these *Well-Being Outcomes*, HHAC conducts these initial screenings. Results of the screening are provided to the child's social worker and are considered in the placement process. The screenings are intended to identify immediate medical needs such as signs of trauma, mental health or psychiatric needs, medications, durable medical equipment (i.e., eyewear or hearing aids), sexually transmitted infections (STI), or substance use.

Medical Assessments

Medical assessments occur within 30 days of a child's initial placement in foster care and build on the information and outcomes obtained from the initial medical screening. These assessments comply with prescribed federal and District requirements.

- Complete recording of child's medical and developmental history
- Physical examination by a qualified health care practitioner
- Age-appropriate screening tests, including identification of risks and conditions
- Preventative services such as immunizations, health education, and health and reproductive education as appropriate
- Development of a current and previous diagnosis list
- Development of health care treatment plan that includes treatment objectives and methods, interventions, services that address the child's individual needs, and an array of specialized health care practitioners

CFSA employs various strategies to support timely medical assessments, joint collaboration, and communications (e.g., weekly face-to-face meetings, phone calls, emails) with the Permanency administration staff to address the specific needs of children who have not received medical or dental evaluations. These strategies include participation in social worker unit meetings, direct marketing to supervisors and managers to remind their staff of HHAC's operating hours, and the availability of the mobile dental van (described below), articles in the quarterly FAPAC newsletter, and publication of an HHAC checklist for foster parents to alert them of any potential service gaps and needs.

CFSA established the Nurse Care Manager Program (NCMP) to provide case management and supportive services for children with significant medical, physical, or mental health needs. Specifically, NCMP integrates health and social services planning to intensify the potential for positive well-being and permanency outcomes. This integration includes an individual NCM assigned to a child and conscious collaboration with the child's assigned ongoing social worker to develop the necessary comprehensive health plan to adequately address the child's specialized needs. NCMs also ensure timely completion of clinical recommendations as they engage caregivers and social workers to bridge health-related knowledge gaps. NCMs further perform the following specific activities and services:

- Completing comprehensive assessments on medical, dental, and mental health care
- Developing and maintaining care plans to address medical, mental health, and other unique needs
- Coordinating, facilitating, and implementing physical, mental, and behavioral health services
- Educating clients, providers, and social workers about activities that support health, including any related social and educational outcomes (otherwise known as health promotion)
- Monitoring and evaluating service outcomes and the progress of client patients
- Advocating for options within the service array to meet individual medical, dental, mental health, and other needs

Dental Assessments

A DC Medicaid dental provider or HHAC nurse practitioner conducts the dental screening within 30 days of a child's placement (or 14 calendar days if placed in a residential facility). To meet federal EPSDT guidelines, infants in foster care are referred to a dentist after the first tooth erupts or by 12 months of age (whichever comes first). Once a dental provider is established, it is recommended that every child be enrolled in Medicaid so that dental examinations can occur every six months. The social worker and NCM (if assigned) ensure that the child receives ongoing dental care as prescribed in the District of Columbia Dental Periodicity Schedule.[49]

[49] The DC Medicaid HealthCheck Dental Periodicity Schedule follows the American Academy of Pediatrics Dentistry Periodicity Schedule for oral health recommendations in consultation with the local dental community. This schedule is designed for the care of children who have no contributing medical conditions and who are developing normally. The DC HealthCheck Dental Periodicity

To improve the scheduling of timely dental evaluations, CFSA has partnered with the following community providers to ensure that clients are receiving the necessary dental services in a timely fashion: Small Smiles, Kool Smiles, and Adventure Dental. CFSA also utilizes the Children's National Medical Center at the ARC Mobile dental van. Further supporting HHAC efforts is the development and dissemination of the HHAC policy.

Performance

The Agency is nearing the 95 percent target for children and youth receiving an initial and re-entry health screening before a foster care placement; performance for FY 2015 was 94 percent. In addition, nearing the 90 percent benchmark, the Agency performed at 88 percent for increasing the number of children receiving a medical evaluation within 30 days of entering care. Exceeding the 58 percent benchmark, the Agency performed at 68 percent for increasing the number of children receiving a dental evaluation within 30 days of entering care. The Agency performed at 86 percent, which is under the 95 percent benchmark, for increasing your age 11 and older who received a pre-placement substance abuse screening.

In regards to developmental screenings the Agency dipped in performance for FY 2015 (79 percent) compared to FY 2014 (85 percent) but is making efforts to meet the benchmark once again.

Medical Evaluations

In FY 2015, of the 388 children requiring a medical evaluation, 330 (85 percent) received a medical evaluation within 30 days of placement. An additional 36 children received an evaluation within 60 days of placement, i.e., 94 percent of children received medical evaluations within 60 days of entering care.

In FY 2016 to date, of the 84 children requiring a medical evaluation, 68 (81 percent) received a medical evaluation within 30 days of placement. An additional 12 children received an evaluation within 60 days of placement, i.e., 95 percent of children received medical evaluations within 60 days of entering care.

Dental Evaluations

In FY 2015, of the 326 children requiring a dental evaluation, 115 (35 percent) received a dental evaluation within 30 days of placement. An additional 25 children received an evaluation within 60 days of placement, i.e., 43 percent of children received dental evaluations within 60 days of entering care.

Schedule is modified for children with special health care needs or if disease or trauma manifests variations from normal.

In FY 2016 to date, of the 54 children requiring a dental evaluation, 16 (30 percent) received a dental evaluation within 30 days of placement. An additional 13 children received an evaluation within 60 days of placement, i.e., 54 percent of children received dental evaluations within 60 days of entering care.

Progress towards the 85 percent benchmark for children receiving full medical evaluations within 30 days of entering care has been steady over the last seven fiscal quarters of performance data. For example, in the last quarter of FY 2013, 76-86 percent of the children received a replacement screening. The second quarter of FY 2014 indicated between 86-89 percent of the screenings occurred. CFSA anticipates that between FY 2015 and 2017, the Agency will increase the number of screenings to 90 percent and beyond. To reinforce the importance of screenings for child health, the HHAC supervisory nurse practitioner addresses social workers and supervisors at CFSA and private agency unit/departmental meetings and in weekly meetings with the Permanency administration. The importance of screenings is also communicated to foster parents during training conducted by FAPAC and the Agency's Child Welfare Training Academy.

Goal #3: Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.				
Outcome 3.1: Children and youth in foster care get quality services for good health.				
Key to Status: On Track Nearing Target[50] Needs Improvement	**% FY14 Baseline**	**% National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**% Current Performance as of FY15**	
Objective 3.1b: Increase the percentage of children ages 0-5 receiving developmental	85	85	79[51]	

[50] For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.
[51] Manual data captured represents FY15 reported on the Agency's *Four Pillars* Scorecard.

screenings upon entering care. (IB) (Data source: Four Pillars Scorecard, Health Services Administration data manual data) **Intervention**: Universal screening, focus on children 0-5				

Strengths
The Agency continues to meet and in some months exceed the benchmarks for ensuring that every child has a dental evaluation within 30 days of entering care.

Challenges
The Agency's performance on medical evaluations dropped slightly this year, so a renewed focus on medical evaluations will be necessary.

Qualitative Feedback
In a randomly distributed 2016 survey, a total of 21 out-of-home staff (including supervisors, social workers, and recovery specialists) provided a critique of the effectiveness of the Agency to address children's physical health needs. Approximately 61.9 percent of respondents stated that a child's physical health needs was "always" addressed during visits with the social worker; 23.8 percent responded "often" and 14.2 percent responded "sometimes".

Item 18: Did the agency address the mental/behavioral health needs of children?

Response: *The Agency continues to track the mental and behavioral health needs of children in foster care while exceeding some internal benchmarks related to mental health and trauma needs of children.*

Policy
CFSA's *HHAC and NCM* policy requires the initial mental/behavioral health screening to occur within 30 days of the child coming into care. The HHAC medical assistant schedules the mental/behavioral health screening, and the NCM coordinates activities with the screening and follow-up, if required. All children ages one year and older will receive a standardized mental health screening administered by the DBH health specialist co-located at CFSA. Depending on the age of the child, participation

by the birth parents or legal guardians will be required. A mental health and psychiatric history is obtained by interviewing the child youth and whenever possible, the family and current and previous caregivers

Practice

The DC HealthCheck guidelines require mental and behavioral health screenings for all Medicaid-eligible children. These screenings help to identify any initial indicators of emotional and behavioral needs, issues or problems, or risk arising from a child's unique situation. On the basis of the initial screening, children may be referred to a selected mental health care practitioner who provides specific diagnostic information and develops treatment plans that include objectives, methods, interventions, and services. Psychiatric and psychological services, including medication management, are also made available according to the child's needs.

CFSA ensures the initial mental and behavioral health screening occurs within 30 days of entry into care. The co-located staff from DBH is tasked with coordinating all mental health screenings that can be conducted at HHAC, at the child's school, or at any other location where both the caregivers and child feel safe. Once the mental health screening is conducted, the DBH staff provides the assessment results to the social worker.

As noted earlier, CFSA and DBH co-located staff also administers the following additional assessments:

- ***Ages and Stages Questionnaire (ASQ-SE)***
  DBH co-located staff administers the ASQ-SE within 28 days of removal or reentry. The questionnaire screens children between the ages of 3 months and 5 years old for social and emotional delays, self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people. It also determines if further assessment is needed.
- ***Strengths Difficulty Questionnaire (SDQ)***
  DBH co-located staff also administers the SDQ within 28 days of removal or reentry. The questionnaire screens children between the ages of 6 and 10 years old for early behavioral problems, such as emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems, and pro-social behavior. It also determines if further assessment is needed.
- ***Global Appraisal of Individual Needs – Short Screener (GAIN-SS)***
  The HHAC nurse practitioner administers the GAIN-SS at a child's entry, reentry, or change in placement. This instrument screens for mental health and

substance use, internalizing disorders, externalizing disorders, and crime/violence. It also determines if further assessment is needed.

CFSA has partnered with DBH to jointly create the program, *Families First*, an evidenced-based initiative to expand the range of mental health services for families and children. Through a contract signed with DBH, *Families First* oversees nine evidenced-based practices. Some examples of the treatment modalities include Parent-Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), and Trauma-Focus Cognitive Behavior Therapy. These practices are proven to strengthen family life; to meet the needs of children who may experience depression, anxiety, and acting out behaviors in reaction to trauma and violence; and to help avoid more complex, long-term challenges. In addition, CFSA and DBH partnered to develop a Choice Provider Network that includes a cohort of six providers who agreed to specialize in meeting the unique needs of the children and families being served by CFSA. The majority of the children and families in need of mental health services are referred to this group of Choice Providers.

CFSA has strengthened its approach to mental health care through the co-location of DBH mental health specialists at all five sites of CFSA's contracted Collaboratives. The specialists screen and assess families for mental health, co-occurring disorders, and trauma. They also refer children or families to the appropriate mental health and substance use services, based on the findings of the assessment. The mental health specialists engage and assist families with accessing the most appropriate services. The co-location of DBH staff greatly complements the co-location of CFSA's 10 in-home units. These staff members are able to provide the community with easy access to assistance and service referral.

Performance

In FY 2015 CFSA started tracking mental health screening differently by focusing on the completion rate of screenings within two months of a child entering care. The Agency performed at 92 percent compliance, exceeding the 90 percent benchmark for children receiving a mental health and trauma screening within 60 days of entering care. Another new measure on the *Four Pillar Scorecard* for FY 2015 included increasing the number of children entering foster care who are linked (if needed) to a mental health provider within seven days of receiving a mental health and trauma screening. The benchmark for this measure was set at 80 percent. This is a new benchmark and an emerging practice, so the Agency has the challenge of increasing its current performance of 39 percent.

Goal #3: Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.				
Outcome 3.1: Children and youth in foster care get quality services for good health.				
Key to Status: On Track / Nearing Target[52] / Needs Improvement	**FY14 Baseline**	**National Standard (NS) or FY 2015 Internal Benchmark (IB)**	**Current Performance as of FY15**	
Objective 3.1a: Increase the percentage of children/youth receiving mental health *and* trauma screenings within 60 days of entering care.[53] (IB) (Data source: Four Pillars Scorecard, Clinical and Health Services Administration manual data) **Intervention**: Universal screening, trauma-informed practice	Not measured in FY14	90	92[54]	

In FY 2015, CFSA referred 266 children and youth for mental health assessments and treatment. DBH staff co-located at CFSA connects those children directly with mostly DBH Core Service Agency Choice Providers. Of the 266 referrals, 225 (85 percent) were referred to a Choice Provider/Core Service Agency. Linkage (first face-to-face meeting) with the provider occurred within an average of 1.8 days.

[52] For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.
[53] Objective expanded to include trauma screening with the implementation of trauma-informed practice.
[54] Manual data captured represents FY 2015 reported on the Agency's *Four Pillars* Scorecard.

In FY 2015, 85 percent of children who entered foster care received a mental health screening within 30 days of entry. For the first quarter of FY 2016, 89 percent of children who entered foster care received a mental health screening within 30 days of entry

To provide historical context, in FY 2013, 50 percent of children eligible for mental health screenings received mental health screenings within 30 days of entry, which fell far below the performance benchmark of 90 percent. In FY 2014, however, there was a dramatic increase of the percentage of children receiving screens, 76 percent of children received mental health screenings within the 30-day time frame. Continuing the trend for the first quarter of FY 2015, 80 percent of children who entered foster care received a mental health screening within 30 days of entry. Although this is a remarkable improvement, the Agency is still reviewing and analyzing cross-system data to identify the remaining families and to encourage them to connect to services.

In FY 2015, 279 social workers received training to administer the CSDC-DC assessment. Of these social workers, 252 were from CFSA and private agencies, and 27 were therapists from DBH. During FY 2015, 127 children and youth were screened for trauma using the CSDC-DC.

Strengths

CFSA has focused specific resources on parents with young children by co-locating infant and maternal health specialists (nurses contracted through HHAC) at the Collaborative sites in order to address gaps in services for these vulnerable populations and to complement the supports available to families involved with waiver-funded services. The nurse specialists provide health and trauma screening and coordinate comprehensive nursing care and case management to young mothers with at least one child under the age of 6. They identify needs, develop a care plan, and provide direct care or refer the mother to other community-based services. Currently, nurse specialists are co-located at two of the Collaborative sites.

A child's removal from his or her home and subsequent placement in foster care is undoubtedly another layer of trauma associated with children who have already been traumatized by neglect and abuse. To address trauma, CFSA has initiated implementation of a Trauma Systems Therapy (TST) is a model of care that addresses a traumatized child's emotional needs as well as triggering factors in his or her social environment.

While CFSA is still in the early stages of TST implementation, the Agency has already provided the public, staff, and resource parents with initial trainings on the impact of trauma.

CFSA provides the following assessments to support trauma-informed case planning integration:

a. Child Stress Disorders Checklist (CSDC) Trauma Assessment
   Social workers administer the CSDC assessment within 20-28 days of a child's removal from the home. This assessment screens for acute stress and post-traumatic symptoms, re-experiencing, avoidance, numbing and dissociation, increased arousal, and impairment in functioning. It also determines if a child should receive TST.
b. Child & Adolescent Functional Assessment Scale (CAFAS)/ Preschool and Early Childhood Assessment Scale (PECFAS)
   Social workers administer the CAFAS/PECFAS scales within 28 days of removal. As noted earlier, these functional assessments provide social workers with a valid and reliable measure of a child's functioning and progress over time. They are administered to every child in foster care approximately every 90 days for the duration of their home removal episode.

Trauma-informed practice has been integrated fully into the Agency's integrated planning process through FACES.NET.

Challenges

With respect to the range and availability of mental health services for children, CFSA and DBH continue to build local clinical capacity. This effort is purposeful to mitigating the need for distant out-of-state placements in specialized facilities.

An area of challenge includes a need for a more profound understanding of how a family is truly functioning. CFSA and the Collaboratives have partnered on the development of one comprehensive and universal family functional assessment tool, in consultation with the Children's Research Center (CRC). By using a common tool, CFSA and the Collaboratives hope to enhance the capacity of both entities to come together in a coordinated manner and to team on cases to jointly address the needs of the family. Implementation of the common tool is underway.

Direct service supervisors have flagged another area for consideration regarding monitoring of the completion of family functioning, safety, and risk assessments. Monitoring is purposeful to more accurately gleaning the subtleties of family functioning so that social workers can ensure that proper supports and resources are put in place. Supervisors meet with social workers on a weekly basis to discuss

practical steps to address the families' needs alongside the progress of individual families, including any challenges they may be experiencing. Weekly supervision also serves as an opportunity to review progress on the case management tasks and to ensure that the social worker has met time frames for required assessments and case plan goals, as well as addressing other items that may be outstanding.

One of the major challenges to ensuring positive well-being outcomes is not just timely screening but also being able to verify whether or not children are receiving mental health services in a timely manner. CFSA is working closely with DBH, the Choice Providers, and the Core Service Agencies to ensure the provision of timely mental health services to children. For example, CFSA representatives attend monthly meetings of the Choice Providers and DBH to discuss concerns or barriers in accessing mental health services for children in care. DBH co-located staff works with the individual Core Service Agencies to ensure timely coordination of services. In order to verify the coordination and access to services, CFSA and DBH partner to track data received as well as linkages and intake dates from the Removal Red Teams and screenings.

Qualitative Feedback
In a 2016 survey randomly distributed out-of-home staff, a total of 21 respondents provided a critique of the effectiveness of how well the Agency is addressing a child's mental health needs. Approximately 61.9 percent of respondents stated that a child's mental health needs were "always" addressed during visits with the social worker; 23.8 percent responded "sometimes" and 14.2 percent responded "often".

Systemic Factor #1 Information Systems

Item 19: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement (four statewide data elements) of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Response: *Based on user feedback and continuous quality improvement data, CFSA's statewide information system is functioning well, including recent District-wide information exchanges that are increasing the Agency's capacity to ensure that*

information in FACES.NET provides accurate information on the four statewide data elements of each child who has involvement with the Agency.

The District's Statewide Automated Child Welfare Information System (SACWIS): FACES.NET

CFSA's internal Child Information Systems Administration (CISA) administers the District's web-based SACWIS, known locally as FACES.NET. As the central repository for all child welfare client-level information, FACES.NET is deployed across every geographic area and political subdivision throughout the District. This includes access by every private agency under contract with CFSA to provide case management. CISA's central FACES.NET Helpdesk is available to every user.

Every user, whether he or she is a CFSA or private agency employee, receives system training in the use of FACES.NET prior to receiving access to it. Program managers and manager and case-carrying CFSA and private agency social workers from across the entire child welfare system receive comprehensive training on each FACES.NET case management module.

Based on the data entry of users, FACES.NET readily identifies the status, demographic characteristics, location of placement, and permanency goal for every child who is (or has been within the immediately preceding 12 months) in foster care. The system further performs functions related to recordkeeping, practice support, and data reporting within the following federally required SACWIS domains:

- Intake management
- Case management
- Foster care provider resource management and licensure
- IV-E eligibility determinations and re-determinations
- Court tracking
- Financial management (for client-specific services and expenses)
- Administration and quality assurance
- Federal reporting, including AFCARS,[55] NCANDS,[56] Monthly Visitation, and NYTD[57]

[55] *Adoption and Foster Care Analysis and Reporting System*
[56] *National Child Abuse and Neglect Data System*
[57] National Youth in Transition Database

Policy Requirements

Child-specific information in FACES.NET is the basis for the formal case record for every child in foster care. Every CFSA and private agency social worker with case management responsibility is required to use FACES.NET as the primary case management tool.[58] Within FACES.NET, there are specific core data fields, including the four statewide data elements, which are "required" fields. These fields are identified with a yellow background, triggering the social worker to complete them. A FACES system data check prompts the social worker to update the case management data entry and precludes any further data entry activity on that specific case or client until he or she does so.

As of December 31, 2015, approximately 48 percent of all children and youth in the District foster care system were under the primary case management responsibility of private agency social workers. All private agency social workers have access.

The specific timeframes required for direct care staff and other users of the FACES.NET system to update child information in the system vary according to the urgency, sensitivity, and nature of the activity being documented. Certain time-sensitive activities, such as CPS investigation updates, Family Team Meeting action plans, or placement changes must be entered within 24 hours of their occurrence. Others such as contact notes (detailing such case management activities as home visits, collateral contacts, and assessments) are to be entered within 72 hours of the service being rendered.

Data Quality

Continuous Quality Improvement (CQI)

CFSA leverages a series of FACES.NET-supported programmatic and administrative activities to provide real-time data quality checks and to make real-time corrections to ensure that the four statewide data elements are accurately depicted for the District's foster care population.

[58] It is not uncommon for private agency partners to employ custom systems, forms and practice tools, in addition to FACES.NET, to support their own case management functions. However, CFSA requires partners to utilize the core case management modules and tools that are built into FACES.NET. As of December 31, 2015, approximately 48 percent of all children and youth in the District foster care system were under the primary case management responsibility of private agency social workers

Title IV-E Foster Care Eligibility Determinations and Medicaid Enrollment
Every time a child is removed from his or her home and placed into foster care, Title IV-E and Medicaid eligibility technicians from CFSA's Business Service Administration (BSA) perform a quality check to ensure that the assigned social worker has accurately entered the basic demographic information of each child. BSA determines the child's Title IV-E eligibility and enrolls the child in the District's Medicaid fee-for-service foster care insurance program. A key facet of the eligibility determination and enrollment process involves the reconciliation of FACES.NET demographic data with the same information entered in the District's Department of Human Services' (DHS) Automated Client Eligibility Determination System (ACEDS). Through a Memorandum of Agreement with the Department of Human Services (DHS), which administers the District's Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance (SNAP) programs, CFSA's Title IV-E eligibility technicians have access to the ACEDS client portal to determine whether every child entering the foster care system has a family history of TANF, SNAP, or receipt of DC Medicaid coverage. This involves a manual client-level record check.

If and when the eligibility technicians determine that any of the FACES.NET demographic data elements fails to match its counterpart in ACEDS, a standard course of corrective action begins. The eligibility technician documents the issue in an email to the assigned social worker (and supervisor), and gives him or her one of the following two options to rectify the situation:

1. Provide official documentation (such as a birth certificate or Social Security card) to verify that the demographic data in FACES.NET data is correct.[59]
2. Log into FACES.NET to correct the issue to ensure that the data in FACES.NET matches the data in the ACEDS record.

In the rare instances when the eligibility technicians find no record of the child or family in the ACEDS system, the assigned social worker is required to provide BSA with copies of the child's birth certificate, Social Security card, and any other official identification (such as passport or immigration documentation) that verifies the child's identity. The eligibility technician then uses the source documentation to verify the FACES.NET data and to complete the eligibility determination and

[59] In such a case, the Title IV-E eligibility technician then sends official correspondence to the DC DHS to notify them of the data error in the ACEDS system.

Medicaid enrollment process. How are data quality checks completed on unaccompanied minors? Is this a significant problem that the District has identified? BSA eligibility technicians are required to ensure that any such data issues are rectified *before* they complete their eligibility determinations and enrollment tasks. Every child who receives a DC Medicaid card through the Medicaid fee-for-service program has been vetted through this data quality check. At any given time over 99 percent of youth in foster care are enrolled in DC Medicaid, with the remainder pending until the vetting process can be completed and the client data verified.

Foster Care Placement Reconciliation

In order to verify the accuracy of FACES.NET information regarding the location of every child in foster care, CFSA leverages the foster care placement reconciliation process that is performed by its Placement Services Administration's Placement Reconciliation Unit (PRU). This reconciliation process is completed on every placement entry and on every placement change for every child in foster care; it is not a sample-based process. While it is the responsibility of the assigned social worker to enter placement changes into FACES.NET, CFSA's Placement Reconciliation Unit performs a secondary verification and approval of every system transaction before it becomes official in the client's FACES.NET record, and before the issuance of a foster care maintenance payment can be halted for the old foster care provider and initiated for the new one.

A historic barrier to timely placement verification is delayed data entry of placement changes by program staff. Agency policy calls for placement entries and changes to be documented in FACES.NET within 24 hours of its occurrence. However, back in early 2014, approximately 25% of all such placement transactions were entered into FACES.NET more than a week after the fact.

In order to address the specific data entry barriers causing the ongoing delays, CFSA developed a daily management report that tracks the data entry date of placement transactions relative to the actual placement events themselves. The report depicts provider-level detail and allows the PRU to trace and follow-up on any instance of significant or even minor delay in the timely entry of placement data. Aggregately, it highlights trends among staff or providers that require specific attention or corrective action.

The report rolled out in during the first quarter of FY 2015, and its deployment has steadily improved the timeliness of data entry of placement events.

- During December of 2014, of 223 placement transactions that occurred, less than 40% were entered into FACES.NET within two days of having transpired. More than 27% weren't entered for more than a week.
- In December of 2015, of 132 placement transactions, 50% were entered within two days and 21% were entered more than a week later.

The PRU continues to work with program staff to troubleshoot delay factors .

Case Management, 'Case Timeline' and Progress Monitoring

In FY 2012, CFSA developed a case management and progress monitoring Case Timeline dashboard that displays for social workers a custom real-time FACES.NET snapshot of key case progress milestones, including legal status, permanency goal, and placement location, for every foster care client on their caseload. The Case Timeline dashboard was part of a larger system enhancement aimed at giving social workers and their supervisors better and easier access to key information, in addition to assisting them with case-level scheduling and decision-making. The dashboard allows supervisors and social workers to access caseload data in a concise, actionable, and interactive format.

The Case Timeline dashboard provides social workers with readily available access to client specific information along eight important milestones:

- Investigation Completion Date
- Case Status (open and close dates)
- Home Removal Episode (start and end dates)
- Legal Status (creation date for initial status and each subsequent change)
- Permanency Goal (creation date for initial goal and each subsequent goal change)
- Placement Status (start and end for each placement that occurred during home removal)
- Court Activity (hearing dates)
- Well Being Activity (medical and dental screening dates)

Accompanying the case specific Case Timeline dashboard is the FACES.NET *Birst Data Visualization* "dashboard" for supervisors and program managers to observe the

Agency's status on performance indicators, as well as to gauge unit and individual social worker progress and compliance with key case progress measures on their case-load. Together, the Case Timeline and these dashboards serve an important quality control purpose by highlighting incongruous case status information (such as inappropriate permanency goal with respect to the length of time the child has been in foster care) and by providing supervisors with ready access to the client information and case management activities of their case-managing team members. The dashboard also promotes practice accountability among case management staff by providing supervisors and managers with performance-level data for staffing and resource allocation decisions. Because these are web-based applications, widespread system accessibility to users is its strength. The applications are compatible with most Internet web browsers, and can be accessed wherever users have Internet connection using their security credentials.

Quality Assurance Review and Audit

In addition to the real-time CQI processes that support data quality, the Agency employs a series of post data- entry review processes to identify, analyze, troubleshoot, and resolve data quality issues involving the four statewide data elements, among others. These processes are described in the following sections.

Management Reporting on Acute Data Issues

Most data quality issues emanate from user issues, which require development of management reports to assist Agency leadership to analyze and trouble-shoot data quality issues that impact progress and outcomes reporting. The aforementioned ad hoc report on the timeliness of data entry of placement data is a recent example of custom reporting that CISA is capable of producing. Another recent report was created to quickly identify "duplicate clients" so that a record merge could occur in a timely manner. The report displays the existing client and demographic information along with the potential duplicate client and demographic information, including the name of the staff person who created the potential duplicate.

As necessary, CISA's reports and application developers produce reports to assist management in the monitoring of data quality.

Annual Public Report Data Reconciliation

Each February, CFSA publishes its Annual Public Report (APR) for the Mayor, the DC Council, and the public. The APR addresses a series of fiscal year reporting

requirements outlined in District statute regarding entries into and exits from foster care. The APR also involves an analysis of children in foster care by age, permanency goal, legal status, reason for entry (or exit, as appropriate), placement type, and length of stay in care, among other data elements.

During the development of the APR, analysts from CFSA's Office of Planning, Policy, and Program Support (OPPPS) partner with CISA to troubleshoot "incompatible" pairings of key data elements and to conduct manual research into the FACES.NET system to discern apparent issues. The following troubleshooting activities are typically included:

- Analyzing case records where the child's legal status following entry into or preceding exit from foster care is reflected as "No Status" or "Protective Supervision", both of which are incompatible in instances of a home removal[60]
- Investigating legal statuses that are inappropriate with respect to the child's length of stay in foster care
- Researching permanency goals that are unlisted altogether, or are inappropriate given the child's age or length of stay in foster care

Over the course of the 10 years of producing the report and conducting data reconciliation has resulted in a steady reduction in data anomalies. During the preparation of the FY 2015 APR, the following data discrepancies were identified:

- As of the end of FY 2015, there were 1,061 children in foster care. Of these, there were two children (.002 percent) whose FACES.NET legal status was entered as "No Status" despite the existence of court orders indicating that both children were in CFSA's custody under a "commitment" order.
- Of 457 initial entries into foster care, there were eight children (1.8 percent of all entries) whose FACES.NET legal status upon entry into the system was incongruous with foster care status. In each instance, the issue involved a data entry issue where the start date of the child's home removal preceded (by one to two days on average) the legal status start date in the system.
- Of 486 exits from foster care, there were seven children (1.4 percent of all exits) whose FACES.NET legal status upon exit was incongruous with foster

[60] Youth in foster care should have a legal status of "Administrative Hold", "Shelter Care", or "Commitment" depending on the circumstances surrounding the home removal and their length of stay in care.

care status. Again, the issue involved the timing of end dates in FACES.NET for the home removal and the legal status end date.When either OPPPS or Agency Performance[61] identifies data quality issues, staff communicates these issues to CISA and to individual social workers as appropriate for follow-up and corrective action.

Agency Performance System and Program Evaluations

CFSA's Agency Performance (AP) unit is comprised of researchers; quality assurance experts and data analysts who dissect process and outcomes data and perform detailed analyses of Agency performance on the numerous benchmarks of the LaShawn Implementation and Exit Plan (IEP). Their focus is on practice and outcomes, but out of necessity their work frequently entails data quality checking and follow-up across the four statewide data elements. Since the Summer of 2014, AP has conducted more than 20 program-specific case reviews and process evaluations across the entire service continuum, including the following domains: timely investigations; in-home and out-of-home safety assessments; case practice requirements within the first four weeks following a home removal; teaming and decision-making across multiple axes; qualitative in-home practice reviews; and, Hotline screening and appropriate response. While the practice areas across reviews vary widely, a common action step within each case review is data quality research and validation. When AP staff find issues or discrepancies within the case data, they conduct real-time follow-up with practitioners to correct such issues, and they track data issues and trends aggregately for management notice an d intervention.

Quality Assurance (QA) on Race and Ethnicity Data Checks

Per federal requirements, state agencies must have less than 10 percent missing documentation for race and ethnicity of the children in out-of-home care. To ensure ongoing compliance with this requirement, CFSA conducts extensive tracking by QA staff, including personal notifications to social workers and their supervisors regarding entry of this information. In addition, all new hires automatically receive training on cultural competency, along with emphasis on data entry into FACES.NET. This training is reinforced for direct service staff being offered cultural competence training on an ongoing basis.

[61] In January 2016, the two divisions merged with the aims of a focus continuous quality improvement and enhanced The configuration is now under one unit, Agency Performance located within the Office of Policy, Planning and Program Support

As of FY 2015, 97.9 percent of children had their race documented in FACES.NET. This number dropped slightly to 96.7 percent at the end of CY 2015. Ethnicity data were documented for 96.8 percent of children in foster care as of the end of FY 2015; this number dropped slightly to 95.9 percent at the end of CY 2015. In both the fiscal and calendar periods, CFSA is exceeding the federal benchmark for reporting race and ethnicity.

Collaborative AFCARS Assessment Review Improvement Planning
Since 2005, CFSA and the Children's Bureau have been collaborating on an AFCARS Assessment Review Improvement Plan regarding a range of AFCARS data elements, including those that constitute the demographic characteristics of the statewide data elements. With guidance from the CB, CFSA has enhanced system code, modified and clarified mapping, developed system alerts, and rolled out user-focused training and technical resources to improve entry for AFCARS data items #8 through #16.

CFSA and the CB have documented ongoing dialogue of the various issues that have been resolved during the 10+ years of Assessment Review Improvement Planning. Concurrently, ACF approved all of the District's action plans related to the findings of its 2007 Statewide Assessment Review Report (SARR) in April 2015. The SARR assesses a state's SACWIS across 88 distinct measures and system functions. While the initial 2007 report found FACES.NET to be compliant with 68 of those measures, the successful deployment of various enhancements has resulted in the District satisfying a total of 83 system requirements, with the remaining five functions scheduled for deployment over the next 18 months:

- Interface with DC Department of Human Services for client-level data exchange for the Temporary Assistance for Needy Families (TANF) program
- Interface with DC Department of Health for client-level data exchange for the Medicaid program
- Interface with DC Child Support Services Division for client-level data exchange for child support enforcement efforts
- Reconciliation process for overpayments of contracted providers
- Screen level support for FACES.NET fields

Programmatic Response to the Effectiveness of FACES.NET

Quantitative Feedback

In February 2016, a survey was randomly distributed to 44 out-of-home staff, with a total of 18 respondents providing their observations on the effectiveness of FACES.NET. Respondents included out-of-home supervisors (5.5 percent), out-of-home social workers (27.7 percent) and family support workers (61.1 percent). An overwhelming majority of respondents (94.4 percent) felt that FACES.NET provided them access to the legal status, demographic characteristic, placement location, and permanency goals for every child on their caseload. Respondents indicated that they verify the accuracy and quality of information by following up with the birth family and the social worker that entered the data and collaterals. In regards to determining or confirming a child's race and ethnicity, 5.5 percent said they ask the child, 38.8 percent said they ask the parent, and 27.7 percent said they check the birth certificate. Another 27.7 percent indicated they would, again, check with the social worker or read the client's social and case history.

Feedback also included challenges related to duplicate clients in FACES.NET, which can cause confusion in practice and follow-up, generally during the intake and investigation stages of a case. For example, if a Hotline worker inaccurately captures a name on the Hotline intake, this may create a duplicate client and subsequent linkage of cases that do not belong together. This can pose a challenge to a social worker if he or she is trying to close a case but then recognizes that the client was inappropriately linked. Moreover, the "merging" of duplicate clients may be complex in the event that the records in question were being actively and concurrently updated. Issues around duplicate client entry were the primary reason for the development of the aforementioned Duplicate Client management report to quickly identify and pre-empt adverse impact on practice when such data entry issues occur. Nonetheless, 88.8 percent of respondents felt that there were no problems or limitations with FACES.NET and the data entered.

Qualitative Feedback

In a focus group conducted in February 2016, nine staff from In-Home, CPS Investigations, and CPS Family Assessment, participants reported that FACES.NET as an operating system has technically worked well and they would consider it an operational 'strength', and issues that tend to arise are the result of human error as opposed to gaps in functionality or design. The following additional challenges were noted:

- *Incomplete or Inaccurate Information During Early Stages of Client Enrollment*: Reports to the Hotline frequently come from sources who are unfamiliar not only with the child welfare system as a whole, but also with the subject youth or family itself. While Hotline social workers are trained to elicit as much important demographic information as possible from reporters, it is often incomplete, or inaccurate information. Nonetheless, calls must be screened and responses assigned with the information on hand. Over time and with follow-up during investigation or family assessment (and with assistance from aforementioned management reports) demographic data become clear, but focus group participants lamented the occasional early confusion that occurs when they use incomplete FACES.NET information as they commence their family-centered work.
- *Case Name vs Child Name*: CFSA's case-labelling convention occasionally conflicts with a child client's actual last name, which can cause some degree of confusion around maternity/paternity and overall family construct for investigators and family assessment workers seeking to make initial contact with a subject family. It is not uncommon for children in a household to have different surnames. CFSA's case-naming convention is to assign the mother's last name to any foster care case involving her child, even though the child may have the last name of the father. The convention holds true even in instances where the child's mother is deceased or completely uninvolved in the case. Social workers have observed this issue in cases where the child was living with the father and removed from his care, but the father's last name was not used. Other instances include cases where a mother is deceased.

Other Evidence of FACES.NET Effectiveness

Partnership with the District's Office of the Chief Technology Officer (OCTO)

CISA works with OCTO to ensure that services are running well, e.g., guaranteeing service availability to the users, looking at each business process within the Agency, and mapping and developing solutions that give value to end users utilizing CFSA's network.[62]

The CFSA/OCTO partnership also includes joint responsibility for testing and maintaining the Agency's disaster recovery plan. Although CFSA has a carefully

[62] Please see the attached *Continuing Quality Improvement Plan* for additional information.

detailed continuing operations plan in place, it is OCTO that maintains a complete backup, i.e., a secondary environment of FACES.NET at an alternate location. This secondary environment is readily accessible in the event that the primary environment is unavailable or disrupted. CFSA and OCTO staff also conducts annual failover testing to ensure that the secondary environment functions within the necessary parameters and that the experience for an end-user is seamless.

Collaboration with the District of Columbia Court Improvement Project (CIP)
CFSA has completed several data exchange projects in collaboration with the District's Family Court Division in order to improve communication and timeliness of joint activities. These projects include an electronic case initiation process that requires the creation of an online complaint form in FACES.NET, as well as electronic submission of court reports and electronic receipt of court orders. Importantly, these data projects also serve as "checks and balances" for data integrity with respect to all case domains over which the court has purview, including permanency goals. Additionally, CIP has been awarded a technology grant that will allow an interface with the Family Court and the Department of Behavioral Health's Addiction Prevention and Recovery Administration's DATA system.[63] Such enhancements allow for increased quality assurance, efficient review and identification of performance measures, and the monitoring of treatment outcomes. In particular, this interface will directly benefit clients receiving services for substance abuse, and who currently involved with the Family Treatment Court and CFSA.[64]

Centralized HelpDesk for FACES.NET User Support
CISA administers the central FACES.NET HelpDesk to provide technical support for users across the system. The HelpDesk catalogues the requests it receives throughout the system, documents and resolves issues when possible, and advises senior leadership about important issues or barriers that it finds with respect to FACES.NET data storage, management and reporting. The HelpDesk utilizes a number of management tools to track its activities and progress on issue resolution.

[63] District Automated Treatment Accounting system.
[64] The Family Treatment Court (FTC) program is an effective partnership among the Family Court of the DC Superior Court, CFSA, the Office of the Attorney General, and the District's Department of Behavioral Health's Addiction Prevention and Recovery Administration. Although the program began as an intensive inpatient program for substance abusing mothers at-risk of having their children removed from their care, it has evolved over time to include service delivery to mothers and fathers who are working toward reunification.

Systemic Factor #2 Case Review System

Item 20: Written Case Plan – How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

Response: *CFSA has made steady improvements to the case review system, including a system-based case plan infrastructure and written case plan template, a change in execution of the case plan review, and careful ongoing examination of policy, practice, and performance outcomes. As of the end of FY 2015, 90 percent of all foster care case plans (both initial case plans and semiannual updated) were current and documented in FACES.NET. The FACES.NET measures are indicators that measure timeliness and case plan content, but the system does not capture the extent to which the child or parent was involved in the process. CFSA gauges the levels of parent engagement via qualitative assessment processes outlined below.*

Case Planning Policy

Pursuant to CFSA's *Permanency Planning* policy, every age-appropriate child and his or her biological parents are considered to be the key drivers of the child's case planning team. Family preference is instrumental in determining the make-up of the case management team, which in addition to the social worker, may include extended biological or fictive kin, informal support networks or service providers, foster parents, a guardian ad litem (GAL), a parent's attorney, or any other individuals who play a distinctive role in the child's life. Collectively, the child's team is responsible for creating and signing off on a child-centric and family-focused case plan that outlines the necessary steps for the child to attain the specified permanency goal. All case plans must be documented in FACES.NET.

High level contents of a case plan include the following:[65]

In-Home Case Plan: (1) overall family assessment (including nature and quality of family relationships, parent capability, specific services, and behaviors that need modification, etc.), and (2) assessments of the needs of each adult and child in the household.

Out-of-Home Case Plan: (1) assessments of the child's needs, (2) permanency goal, (3) sibling-specific information, (4) visitation plan, (5) reasons for entering foster

[65] Additional details on case plan contents are outlined in the *Permanency Planning policy*, Procedure L: Case Plan Contents.

care, (6) service plan [including mental health and educational services], (7) healthcare plan, (8) time table for achieving permanency.

In the District's child welfare system, a case formally "opens" with the Agency when there is a clinical decision at the completion of a CPS investigation to remove a child from the parent or caregiver, or to open an ongoing in-home case (in which case no removal occurs, but in-home services and interventions are put in place).

- The day following a child's removal from the home occurs, a RED team meeting takes place.[66] During this meeting and prior to transferring the case, the CPS social worker (or in-home worker, because removals occasionally occur when safety concerns are present in an already opened in-home case) informs the receiving social worker of the reasons for the removal, any particular safety and risk issues that preceded the removal, overt or underlying trauma experiences, any related criminal matters, any active services, and any service gaps that the children and family have experienced. Together the staff members involved in the RED team process determines next steps for a smooth transition of the child and family to either a CFSA or a private agency foster care social worker.
- If an investigation or family assessment leads to an in-home case, the FACES.NET entry automatically generates a case number and posts the new case for staffing. Within five days of the posting, a supervisory social worker is assigned and a transfer staffing occurs. The in-home case is officially opened after this transfer from CPS to the ongoing case management unit.

The initial case-planning meeting must take place as soon as possible, but in all instances must occur within 7 calendar days of the case transfer. Typically, the case planning begins at the Family Team Meeting, which occurs within 72 hours of a removal. The ongoing social worker must meet with the child's parents (and the age-appropriate child him or herself) and any other individuals as necessary to initiate the case planning process. The written case plan, signed by the social worker and the parent, is to be completed within 30 days of the case opening.

After the initial case plan is created, the social worker convenes the family and the child's case management team on a quarterly basis to review the case plan. A case plan can be updated any time, as needed. Further, any team member can call a team meeting to discuss a case plan at any time. Interim team reviews assess a child's status and progress toward short- and long-term goals. They also evaluate the

[66] The RED team process is described in more detail under Safety Outcomes.

appropriateness, effectiveness, comprehensiveness, responsiveness, and timeliness of interventions. At a minimum, the Family Court reviews case plans and permanency goals every six months.

CFSA's existing practice around case planning very much aligns with the new federal case planning requirements outlined in the Preventing Sex Trafficking and Strengthening Families Act of 2014, empowering youth age 14 years or older to choose up to two participants (not including the caseworker or foster parent) for the youth's team. As noted, CFSA currently requires social workers to encourage age-appropriate children and older youth to drive their own case planning teams. During FY 2016, CFSA will also review and align policy explicitly with the federal empowerment language, and will engage in training to reinforce its importance.

Case Planning Practice

Every CFSA and private agency case-carrying social worker has access to FACES.NET, and therein completes the necessary system transactions to create, update, and maintain client case plans. Every case plan in the FACES.NET system requires supervisory review and approval before it is formalized.

FACES.NET informs and populates a report style document that social workers print and review with their clients. Various data fields within this system, including the child's permanency goal, placement location, legal status, and key demographics are programmed as "mandatory" and require the social worker to enter the values before FACES.NET creates the case plan for supervisory review and approval. The "mandatory" field formula is a key real-time quality assurance mechanism to ensure that important content is included in each and every written case plan.

Within the last two years, CFSA has modified the FACES.NET case plan template to include the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-school and Early Childhood Functional Assessment Scale (PECFAS) as well as the Caregiver Strengths and Barriers Assessment (CSBA) assessments. These assessments and the updated case plan was implemented on July 1, 2015. The functional assessments were integrated into the system through the Agency's grant-funded *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence Informed Mental and Behavioral Health Services in Child Welfare*.[67] Any issues, needs, or strengths that come to light from these assessments drive the services outlined in a case plan.

[67] The grant was awarded in 2012. It is a five-year cooperative agreement with the Administration for Children and Families.

Narrative fields within the case plan module also capture the social worker's clinical interpretation of assessment results and promote connections to needed services.

Performance

Every 90 days, the child's assigned social worker completes aforementioned caregiver and child functional assessments. The assessments require social worker dialogue with every member of the case management team, especially the child and his or her parents, in order to gather a comprehensive picture of the child's current functioning. The social worker discusses the results of the assessments with the clients and the case plan is modified or maintained accordingly. The following chart illustrates FACES.NET case plan status as of FY 2015 (September 30, 2015) for children in the foster care population:

Case Plan Status	Children in Foster Care	% of Foster Care Population
Current	944	90
Expired	70	7
No Case Plans	36	3
Total	**1050**	**100**

Case plans are reflected as current in the chart if they have been developed and approved by the assigned supervisory social worker within 30 days of the child's entry into foster care or if they have been updated and approved within six months of the date of the last approved plan. Expired plans are those that have not been updated within that required six month time period since the last approved plan. Those children who have "no case plans" have been in care for more than 30 days, but have no record of an initial approved case plan in the FACES.NET system.

Stakeholder Feedback

CFSA hosted a series focus groups and interviews, and also received written feedback from internal and external stakeholders on the functionality of the case review system. Stakeholders included CFSA and private agency social workers in addition to

AAGs and attorneys representing a branch of the District Court, the Counsel on Child Abuse and Neglect (CCAN)[68].

In the focus group of three CCAN attorneys, participants believed that the written case plans are not developed with the parent and the child. Their perspective indicated that social workers may develop a case plan with the child but the parents are brought in later for their signature. Internal CFSA stakeholders reinforced this perspective that case plans are rarely developed jointly. Conversely, 14 AAGs (three of whom are section chiefs) stated that they were not familiar enough with case plan development practice in the field to opine. One AAG reported rarely seeing the written case plan, while two felt that they never saw the case plan. The remaining eleven participants felt they sometimes saw the written case plan. With regard to how often case plans were developed jointly with the birth family, most of the AAGs were unsure, indicating that they were rarely involved at that point. The AAGs also indicated that if the social worker does not file the plan, they do not see the case plan. The CCAN attorneys shared a similar perspective, i.e., a level of unfamiliarity with the case plan is due to the social workers not filing the plan.

When CFSA social workers (n=11) were surveyed on case planning practice, five indicated that they themselves often engage the parent in joint case planning and another five indicated that they always did so. When asked about their overall perceptions of case planning across the system: three respondents agreed that joint planning "sometimes" (about 50% of the time) occurred; three believed that it "frequently" (about 70% of the time) occurred; and four stated that it "usually" (90%) occurred. Only one respondent indicated that it always occurred.

Strengths

The major systemic strengths are case planning infrastructure, informed decision-making, and practice monitoring. CFSA made several important modifications to its FACES.NET case plan module. Following its roll out in July 2015, case plans became more behavior-based, trauma-informed, and assessment-driven than in the past, and they are more useful tools of practice and family engagement. The CAFAS and PECFAS, as well as the CSBA are prime drivers for case planning. Quarterly use of these assessments highlights urgent issues and impairments and allows the case management team, including child and parent, to prioritize action steps for overcoming them.

[68] CCAN attorneys represent indigent parents and act as guardians ad litem for children who are the subject of child abuse and neglect cases in Family Court.

With regard to the written case plan, external stakeholder feedback shared that initial case plans are usually developed within 30 days. Other positive feedback included FACES.NET functioning well with regard to case plan creation, especially the dashboard that informs SWs when a case plan is due. This notification provides social workers with enough notice to complete and enter the case plan in FACES.NET in a timely manner.

Additional internal stakeholder feedback shared that there was a time when consensus among social workers was that the FACES Case Plans were perfunctory check-list tasks, but since the Case Plan Redesign in July 2015, the behavior-based framework of the plans makes it more useful in the field. Written case plans now serve as agendas for meaningful conversations around a few key priorities that will help the family along toward their goal.

Challenges

During CY 2015, the CFSA Quality Service Review (QSR) staff reviewed 125 cases from different Agency program areas with case management responsibility. Of these cases, 105 were out-of-home cases and 20 were in-home cases. The QSR *Engagement* indicator assesses the relationship between the social worker and the client, including the efforts that were made to locate and involve the person in case planning and the accommodations that were made to sustain their involvement.

Although CFSA policies and practice guides promote family engagement in the case planning process, QSR ratings for involving the mother and father in case planning have both declined compared to previous years. For example, ratings in 2013 were 69 percent acceptable for mothers and 57 percent for fathers. In 2015, these ratings were 52 percent acceptable for mothers and 26 percent for fathers.

While 52 percent of parents' attorneys indicated via survey that their clients were often or always involved in case planning for their clients, only 36 percent felt that their clients were often or always involved in the case planning process. Only 40 percent of the participants acknowledged their own moderate or extreme awareness that clients have a written case plan. They also shared anecdotal feedback that they generally do not observe the use of written case plans as key elements or tools of case practice. This anecdotal feedback had been corroborated by social workers in previous surveys and focus groups (that occurred in *July 2014, made up of four*

supervisors and three ongoing social workers). It was subsequently instrumental in the case plan redevelopment and roll out that occurred in July of 2015.

Additional internal stakeholder feedback from CFSA program managers in February 2016 indicated that the case planning process could be better, specifically building greater trust between the social worker and the family, which takes time. It takes real clinical skill to overcome the trust issues. There is a natural tension that occurs during the earliest stages of teaming and case planning (within 30 days of removal). Parents, on the advice of their counsel, tend to rebuff Agency case planning overtures before the court case has reached disposition and stipulation. Additionally, incarcerated parents remain hard to reach. Yet, it was reported that incarceration is more of a perceived barrier than a real one. It just takes more in the way of planning and scheduling.

AAGs cited a challenge related to joint case planning with the non-offending parent, who is almost always father. The social worker's efforts are focused toward reunification with mother, and there appears little effort to involve fathers in case planning. Although social workers may say they are involving fathers, it is seldom reflected in the case plan.

In a focus group sponsored by the Foster and Adoptive Parent Advocacy Center (FAPAC), respondents indicated that many foster parents were unaware of case plans. This focus group included one adoptive parent, one birth parent who has been reunified with her children (and employed at one of the Collaboratives), three current foster parents, and one staff member from FAPAC. Overall there was a big question about case planning, particularly the lack of familiarity with it.

Item 21: Periodic Reviews – How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Response: *The District's case review system is a collaborative effort with the Family Court that continues to successfully review the majority of cases within the required time frame, including disposition hearings in 86 percent of cases involving a home removal in 2015 and fact-finding hearings for 92 percent of those same cases.*

Policy

At the end of 2012, following a comprehensive review of how Agency resources were being deployed with respect to practice needs, CFSA discontinued the practice of holding discrete semiannual Structured Progress Reviews, which had served as its administrative review process. A number of factors influenced the final decision but among them was the fact that the Family Court of the Superior Court of the District of Columbia held status review and permanency hearings with such frequency, that the review activities at the SPR became superfluous. Under District regulation and Family Court rules, such hearings are to occur at least every 6 months, but in practice they often occur more frequently.

The Family Court has jurisdiction over children alleged to be neglected and abused. The Family Court makes the final decision on permanency for a child in foster care but it does so with the input of CFSA, parents attorneys, guardians ad-litem, foster parents, other parties to the case, in certain cases CASA and the family members themselves.

Pursuant to CFSA policy, DC regulations, and Family Court rules, status review hearings must occur at least once every six months while the child is in an out-of-home placement, unless there was a permanency hearing in the previous six months. If the child is receiving in-home services, review hearings must occur at least once a year. Hearings often occur more frequently at the request of the court.

The ongoing social worker is responsible for providing the Family Court with information necessary to approve the permanency plan that CFSA has presented, based on a clinical determination for the child's best interests, why that plan is best, and how the Agency will put the plan into effect. Decisions about permanency are made by the Family Court at three hearings that occur along the foster care case continuum:

(1) The *disposition hearing* occurs within 105 days of the child's entry into foster care, and by this hearing the Family Court decides whether the child should remain in CFSA's custody. At this hearing the judge rules on the child's permanency goal (and concurrent permanency goal, if appropriate), and the timeline or schedule for the first permanency hearing is established. Also discussed and adjudicated is the extent to which returning home is contrary to the child's welfare, and also whether the Agency has made reasonable efforts since the child's removal to reunify him/her with his/her caretaker(s).

(2) A *review of disposition hearing* occurs periodically following the disposition hearing, but within the child's first year in foster care. At these hearings, the parties recap the original disposition, and the judge adjudicates on the need for continued out of home placement, the ongoing safety and appropriateness of the child's placement, and the Agency (and clients') progress toward achieving the child's permanency goal.

(3) The *permanency hearing* for every child occurs within 12 months of the child's entry into foster care and at least every six months thereafter, for as long as the child remains in an out-of-home placement.[69] At this hearing, the judge determines the child's permanency goal and outlines the anticipated date for its achievement.

During hearings, the Court reviews the child's circumstances to determine the following issues:

- The child's safety
- Whether the current placement is necessary and appropriate
- Whether the permanency goal is appropriate
- Compliance with the case plan and timely implementation of appropriate services
- Progress towards lessening the conditions that lead to the foster care placement
- Identifying a likely date by which the child may be either returned home safely or placed for adoption or permanent guardianship.

An assigned assistant attorney general (AAG) attends all hearings to represent CFSA. Before the end of every hearing, the presiding judge consults with the attorneys and parties to the case to establish the date of the next hearing. For post-disposition cases, the subsequent hearing is scheduled not more than six months later. Commonly, and depending on the merits of the case, the parties agree to hold a hearing within a more immediate timeframe. The date of the next hearing is entered onto the court order of the current hearing and distributed to all parties. It is also listed on the publicly available calendar in the court room.

[69] DC Code '16-2323(a)(4), a part of District of Columbia Law 13-136, passed in 2000 to implement the federal Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89). "Entry into foster care" is considered to be 60 days from the date of removal from the home or the day a child is adjudicated neglected, whichever is earlier.

The social worker is required to submit a report to the court at least 10 days prior to the hearing. If the child is in the custody of anyone other than a parent, the report must include the estimated time until the child can be returned to the home and whether the Agency has initiated or intends to initiate the filing of a motion by the AAG requesting the termination of parental rights and, if not, any reasons why it does not intend to initiate the filing of the motion. The social worker is responsible for providing the court with accurate and up-to-date information on the child and family. The report should make clear to the court the efforts made to implement the permanency plan and any problems or issues that have been identified that may hinder the child's achievement of that plan. CFSA tracks compliance with the requirement via a FACES.NET management report. In March 2016, 69% of court reports were approved and submitted to the court within the required timeframe. The remaining court reports were submitted within ten days of the hearing.

Practice

In 2013, the Abuse and Neglect Subcommittee of the Family Court Implementation Committee revised the Family Court's hearing order templates to ensure that the structure and content of dispositional hearings and permanency hearings orders were aligned with the required federal provisions for periodic case reviews and permanency hearings, respectively.[70] The updated orders are consistent with best practices and the *Adoption and Safe Families Act* (ASFA), as well as the case review and permanency hearing requirements under Title IV-E. The orders are also in compliance with the requirements of the *Fostering Connections to Success and Increasing Adoptions Act of 2008* (PL 110-351), the Safe and *Timely Interstate Placement of Foster Children Act of 2006* (PL 109-239), and the *Indian Child Welfare Act*.

These order templates are now used in every courtroom in the District for every family that is involved with CFSA. The uniform orders serve as a tool to guide discourse and inquiries throughout the proceedings. They also ensure that judges cover all necessary topics to be in compliance with local and federal laws and regulations.

With respect to scheduling, the review hearings regularly occur at more frequent intervals than is statutorily required.

[70] The Abuse and Neglect Subcommittee comprises judicial officers, court staff, attorneys, social workers, psychologists and other child welfare experts. It periodically revisits court order structure and content to ensure alignment with federal and local laws.

Performance

While CFSA and the Family Court conduct extensive tracking and reporting on permanency hearings, neither entity explicitly tracks the frequency of status or review of disposition hearings. A reasonable proxy for determining the extent of the District's compliance with the required time frames is the measure of compliance with the local statutory requirements around the timing of disposition hearings for children entering care. Within 105 days of a child's entry into foster care, the Family Court is required to hold a disposition hearing as to the allegations of abuse or neglect, the child's placement, ongoing legal status, service needs, and goals. The Family Court does indeed track the occurrence and timeliness of these hearings.

In its 2014 Annual Report (published March 2015), the Family Court reports that in 86 percent of cases involving a home removal, the child's disposition hearing occurred within the required timeframe. Furthermore, in 92 percent of these cases, the Family Court held a fact-finding hearing within the prescribed dispositional timeframe. With respect to the critical first months following removal, and prior to the commencement of formal permanency hearings, the cases of children in foster care are being consistently and comprehensively reviewed in the Family Court. For validation, in a March 2015 survey, 100 percent of child welfare attorneys indicated that review hearings took place at least every 6 months.

Strengths

During a focus group in 2014, Agency social workers shared that they and their clients were more likely to abide court orders and directives from the bench when making (or complying with) service referrals than they are to abide by the written case plan. Because social workers appear in Family Court so frequently (often two times or more within a single six-month case plan period), the court's directives tended to be more relevant, current, and appropriate than the accompanying case plan. Further, in contrast to a case plan, court reports reflected progress on the court's orders, whereas the case plan itself is rarely referenced in proceedings. Social workers agreed that the court orders, which emanate from the periodic hearings, tend to be the documents that most inform practice and permanency outcomes.

Internal stakeholder feedback shared that periodic reviews are generally effective, because of their frequency and because the judges generally take their time to make comprehensive status inquiries on every facet of the case. While periodic review hearings bring focus and accountability to practice, the Agency also used this valuable feedback to enhance its case planning tools and practice in July 2015, with an eye toward improving case plans as case management and engagement tools and

reducing the onus of responsibility of the Family Court for driving practice. See the narrative in Item 20.

Additional internal stakeholder feedback indicated that the review hearing process is strong. The judges adhere to a goal-oriented line of inquiry in which they press the clinical professionals in the case to make the key determinations around the child's permanency plan as soon as possible, and before disposition if applicable. Delays may happen, but they result in hearings happening four months apart instead of three months apart, as evidenced by the high percentage of hearings that occur within the mandated six-month timeframes.

External stakeholders indicated that the period review system functions very well insofar the Family Court does successfully hold permanency review hearings are held at least every six months. Additionally, permanency FTMs, Multi-Disciplinary Treatment team, and RED team meetings are utilized to review each child at critical points in the case, such as the 90-day and 180 day case plan intervals. These are not formal periodic reviews per federal guidelines and requirements, but they are team meetings intended to occur at key points in a case in order to set action steps for the child, family, and case management team to move toward stability and permanency for the child.

Challenges

An external stakeholder highlighted that FACES notifies the social worker of upcoming court hearings and sometimes the court hearings are not updated in FACES.NET. It was shared that those times are rare, and moreover all parties to the case are informed of ensuing hearings on the order from the previous hearing that the court distributes to them.

Item 22: Permanency Hearings – How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Response: *DC Family Court data since 2009 reveals consistent compliance of permanency reviews occurring within the 12-month windows, with a completion rate between 96 and 99 percent.*

Statute, Regulation, and Policy Governing Permanency Hearings

Per CFSA policy, there are two circumstances that require holding a permanency hearing. First, a permanency hearing must be held within 12 months after the child's entry into foster care[71] and at least every six months thereafter, for as long as the child remains in an out-of-home placement. Second, if the Agency has determined that reasonable efforts to reunify the family are not possible or appropriate, a permanency hearing must be held within 30 days of the determination.

As with the dispositional and post-dispositional review hearings, the social worker is required to submit a court report at least 10 days prior to the hearing. February 2016 data indicates that CFSA met this requirement for 69% of the hearings that were scheduled during that review month. These reports detail and justify the Agency's decision for submitting the specific permanency plan deemed to be in the child's best interests. Reports also outline the Agency's strategy for implementing that permanency plan.

The Family Court is guided by the District of Columbia Code § 16-2323(c) which requires that the following items be addressed during each permanency hearing:

- The safety of the child
- The continuing necessity for and appropriateness of the placement
- The appropriateness of the permanency goal
- The extent of compliance with the case plan
- The extent of progress being made toward alleviating or mitigating the causes necessitating placement in foster care, including service delivery
- A date by which the child may be returned to and safely maintained in the home or placed for adoption or other permanent placement

Depending on the identified permanency goal, the hearings also consider the following goal options and time frames for review:

- When or if the child is expected to reunify with the parent
- Whether or not it is appropriate for the District to file a motion for termination of parental rights in order to pursue adoption, or whether an adoption petition has already been filed, in which case the District can be joined as a party to the filed petition
- Whether the child's placement provider is pursuing an award of legal custody or guardianship

[71] Entry into foster care is considered to be 60 days from the date of removal from the home or the day a child is adjudicated neglected, whichever is earlier.

- Consideration for independent living or an alternative planned permanent living arrangement, based on compelling circumstances[72]

Scheduling of Hearings
Rule 30(c) of the District of Columbia Superior Court Rules Governing Neglect and Abuse Proceedings requires the court, at each review or permanency hearing, to set the time and date of the next hearing and specify the type of hearing to be held.

Practice
Practice around the discussion and content of hearings and scheduling of hearings generally aligns with the aforementioned governance.

Uniform Court Orders
As noted under Item 21, the District's Family Court revised court order templates in 2013. The template serves as an agenda for the judge and ensures that key topics (including and especially federally required topics), issues, and decisions are addressed during proceedings. Throughout 2015, the following additional revisions have been made to the orders to comply with federal requirements and will be implemented in FY 2016:

- A separate section is included in the disposition and permanency hearing order for alternative planned permanent living arrangements (APPLA). This section includes more detail on the reasons why other goals are not appropriate for the youth and the reasons why APPLA is in the youth's best interests.
- New language is incorporated in the permanency hearing order that asks whether youth aged 14 and over or youth with a goal of APPLA took part in the case planning process.
- New language was added for documenting whether the court communicated with the child concerning the desired permanency outcome, and how that opinion was communicated.
- New language asks whether the Agency met its obligation to ensure adherence to the reasonable and prudent parent standard for the Agency and foster parents. Additionally, the language seeks assurance that the child has regular ongoing opportunities to engage in age or developmentally appropriate enrichment, cultural, extracurricular, and social activities.

[72] APPLA is the permanency goal of last resort after all other permanency avenues have been investigated and ruled out as viable options.

- New language was added under the *Reasonable Efforts* section to ensure that efforts meet standards required by PL 113-183.

For scheduling, it is common practice that the parties to the case consult with the judge at every hearing to determine the date of the next, which is to be scheduled no more than six months later. The next scheduled hearing is then printed on the court order and distributed to the parties to the case.

Performance

One of CFSA's Exit Standards for the LaShawn Implementation and Exit Plan calls for a case review or permanency hearing to be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement. CFSA must maintain an ongoing compliance score of 90% for this measure. In its December 2015 report to the court monitor, CFSA reported that 96% of children in care for six months or more had the requisite hearing within the reporting period. The report catalogues the date of occurrence of the last hearing as well as the date of the next scheduled hearing for every child in foster care. The average length of time between the most recent hearing and the next scheduled hearing is approximately 3.5 months.

In its *2014 Annual Report,* the Family Court indicates the number and percentage of cases in which children received a permanency hearing no later than 14 months after being removed from their homes and entering foster care[73]. The Family Court reported that in 2013 (the most recently completed ASFA timeframe for this entry cohort), it held timely initial permanency hearings for 98 percent of children in foster care. Annually since 2009, this statistic has hovered between 96 percent and 99 percent. Moreover, no orders were missing documentation of the child's permanency goal.

Recent data from FACES.NET corroborates that which the Family Court published in the 2014 Annual Report. For the 168 children who entered foster care within the 18 months leading up to September 30, 2015, and who had been in care for at least 14 months (and were therefore subject to ASFA permanency hearing requirements), FACES reports that 165 or 98 percent had a permanency hearing within the ASFA timelines.

[73] The measure is calculated from the date the child is considered to have entered foster care, which can be no later than 60 days from the date the child was removed from the home.

The Family Court also reported to CFSA that between January 1, 2015 and November 30, 2015, 1266 permanency hearing orders were reviewed. Of that number, 1259 (99 percent) had a documented achievement date for the permanency goal.

Stakeholder Feedback

In March 2015, CFSA surveyed 25 attorneys from the Council for Child Abuse and Neglect (CCAN). One hundred percent of the attorneys indicated that permanency hearings took place at least every six months. Eighty percent of respondents either agreed or strongly agreed that court hearings are scheduled on time and are not postponed. Additionally, 78 percent of respondents indicated that in their experience, hearings are only occasionally or rarely continued. When asked about the degree of usefulness of permanency hearings in determining the permanency plan for the child, 56 percent of surveyed attorneys indicated that they were very useful and an additional 32 percent indicated that the hearings had at least some impact on permanency planning.

Internal stakeholder feedback cited that the frequency of hearings heightens accountability among the case management team and promotes movement and progress toward permanency goals. External stakeholders shared similar sentiments, finding the permanency hearing process to be sound and timely being held within 12 months, often more frequently than less frequently.

Strengths

The overall frequency of hearings is a systemic strength. In between hearings, judges expect the case management team (including the clients) to be work together toward permanency for the youth in question, and each hearing involves judicial inquiry into progress and explanation of barriers. The more frequent hearings create heightened accountability for the case management team and all parties to the case. Aforementioned feedback corroborates the positive impact that this scheduling has on permanency planning.

Challenges

No significant challenges were identified.

Item 23: Termination of Parental Rights – How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Response: *While it is the Agency's stated policy to abide the guidelines of the Adoption and Safe Families Act with respect to the timeliness of TPR proceedings, in practice, CFSA and the Family Court meet these timeliness infrequently. CFSA typically Terminates Parental Rights (TPRs) on a case only after a child's permanency goal changes to adoption, irrespective of the youth's length of stay in care.*

Policy and Legislation

The Office of the Attorney General for the District of Columbia (OAG) represents the District in matters before Family Court, including TPR proceedings. DC Code and CFSA's *Permanency Planning* policy aligns with federal ASFA requirements on the timelines for filing a TPR motion:

- The child has been in court-ordered custody under the responsibility of CFSA for 15 of the most recent 22 months, unless there are compelling reasons documented in the order as to why it is not in the child's best interest to file for a TPR.
- The Family Court has determined the child to be abandoned.
- A court of competent jurisdiction has determined that the child's parent has committed one or more particularly egregious crimes against another child.
- The Family Court has determined that the child's parent has subjected the child to intentional and severe mental abuse.
- Within 45 days of the child's permanency goal becoming adoption, unless the parent has consented to the adoption, the parent has relinquished their rights, or if the prospective adoptive parent has filed an adoption petition.

The DC Code also provides the following governance on procedural safeguards to revisit reasons as to why a case has not had a TPR filed along ASFA timelines:

- For a child that has been in care for more than 18 months, without having a hearing on a TPR motion within the preceding 12 months, the court will determine, during a review hearing, why a TPR motion has not been filed.
- For a child who remains in custody for three years or more, the court will, at each review hearing, determine why a TPR has not been filed [74]

Practice

[74] DC Code § 16-2355 (a)(b)

CFSA's compliance with IV-E requirements is impacted by several characteristics that are unique to the District's foster care population. For example, CFSA has a relatively large population of older children in foster care who effectively advocate for their own wishes and play an integral part in their own case planning. These youth often do not wish to legally sever their existing relationship with their parents. They exercise their right to participate in their own case planning and may opt out of choosing the goal of adoption. Commensurately, the Family Court does not wish to make children "legal orphans" by terminating parental rights when there is no chance of an adoption in the future due to the youth's wishes. The Family Court, on the court order itself, typically documents the reasons for not requiring a petition for TPR to be filed.

Despite a Family Court Administrative Order from 2009 requiring 90 percent of TPR petitions to be heard within 12 months of filing, the District does not regularly hold termination hearings, rather the process is to go forward with an adoption hearing. The District does not wish to dissolve relationships when there is not another family available to adopt the child. As a result, most TPR motions are disposed of by way of a dismissal or withdrawal of the motion after the adoption has been finalized.

Performance

CFSA does not formally track the number of youth who have been in care for 15 out of 22 months for the purposes of initiating TPR proceedings. The Family Court does maintain some statistics, but only on the number of TPRs that have actually been filed and not on the number that *should have been* filed according to ASFA requirements. Per the Family Court's *2014 Annual Report*, nearly two-thirds of TPR motions that were indeed processed were filed within 22 months of the youth's entry into foster care. In several cases, the TPR motion was filed after the case had been open for more than three years. In most cases where the TPR is filed after the 22-month timeline, a goal of adoption has been set late in the case, and the motion is filed within the 45-day timeframe.

The Family Court's *2014 Annual Report* indicates the number of TPR motions that were actually granted by the court. By the end of 2014, of the 52 TPR motions that were filed, 18 were disposed of, 12 were withdrawn, and none were granted, leaving 22 motions pending resolution.

Where appropriate, the Agency looks to the Family Court to utilize its discretion to apply compelling reasons not to terminate parental rights. Based on the relative frequency with which such discretion is being applied, the Agency has been very

thorough in documenting recommendations and the reasons behind them. When completing the March 2015 survey described above in this section, 42 percent of child welfare attorneys agreed that the Agency makes appropriate exceptions for not filing, and an additional 42 percent of respondents stated that the Agency sometimes makes appropriate exceptions.

Only 28 percent of surveyed child welfare attorneys felt that the Agency and Family Court often filed for TPRs in a timely manner (i.e., according to ASFA timelines). Alternatively, 64 percent of the respondents said that only sometimes or rarely were TPRs filed in a timely manner.

In addition to the factors described above, compliance with TPR timelines has been impacted by the following factors:

- Competing adoption petitions, which can cause delays in permanency and adoption.
- The Court's deference to placing children with family, and the unlikelihood of terminating rights until an adoption is about to be finalized
- The late identification and engagement of paternal kin to be vetted as potential placement resources
- The Agency's preference of kinship placement, and the time taken to work with the new family members to see if adoption is possible.

Internal program managers provided feedback that TPRs are generally not timely and this causes significant issues with recruitment of pre-adoptive families. In effect, those looking to adopt want to know that the children coming into their care are free for adoption. As a result, a potential adoptive parent may have to confront the reality of a reversed permanency plan whereby the child may still be reunified.

Item 24: Notice of Hearings and Reviews to Caregivers – How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Response: *The agency has implemented a functional and effective process to notify foster parents of the right to be heard at Family Court proceedings involving children/youth in their care.*

Court Rules and District Legislation

The DC Superior Court Rules for Neglect and Abuse Proceedings guide the Agency in the notification, inclusion, and participation of parties in child welfare proceedings. Rule 10 mandates that the current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys be provided notice of, and an opportunity to be heard in, neglect or termination proceedings.[75] The rule applies to any neglect or termination proceeding irrespective of how long the child has been in care, or how long the foster parent or relative caregiver has cared for the child.

District of Columbia Superior Court Administrative Order 07-22 requires CFSA provide written notice of post-disposition hearings to foster, pre-adoptive parents, and relative caregivers. Written notice must be confirmed by the judicial officer, and the courtroom clerk makes an entry on the docket confirming that the written notice is consistent with the above-mentioned order.

DC Code §16-2304 allows resource parents to become parties in the case, although requirements for doing so vary depending on the length of time the resource parent has been caring for the child in question. If it has been 12 months or more, the resource parent may become party to the proceedings simply through a formal request or notification to the court. If it has been less than 12 months, upon the resource parent's request, the judge has the discretion to grant the resource parent a party to the proceedings or to refuse the request. Additionally, if the resource parent is financially unable to obtain adequate representation, counsel shall be appointed.

DC Code §16-2357 dictates that notification be given to all parties involved in the case once a motion to terminate parental rights is filed. The same provision requires the presiding judge to direct issuance of a summons and copy of the motion to the affected parent, or other appropriate persons, either directly or constructively. As general practice, proceedings to terminate parental rights do not advance unless proper notice has been issued.

[75] In the District, family-based foster care providers, including kinship caregivers, are commonly referred to as resource parents.

Practice

Notice of Court Proceedings

CFSA takes many steps to ensure that resource parents are notified of court proceedings and are made aware of their party status. Although formal responsibility of notification falls to the Family Court, CFSA has provided notice to foster, pre-adoptive, and kinship caregivers of hearings and reviews since March 2004. Forty-five days before a hearing, FACES.NET generates notification letters for the foster caregiver associated with each case to ensure that caregiver rights regarding notice of hearings and reviews are protected. The letters are prepared and mailed manually by CFSA staff. Each letter includes the name of the child and the type, date, and time of hearing scheduled, and the name and contact information for the assigned social worker and supervisor (should the foster parent have any questions).

To further ensure that caregivers are properly notified and in order to answer any questions, an additional letter from the CFSA Deputy Director for Program Operations accompanies each notification letter. This second letter provides further instruction to the resource parent to contact the DC Superior Court Clerk one day prior to the court hearing for information on room assignment, cancellations, or rescheduling.

In rare instances when letters are returned as undeliverable, the point of contact immediately notifies CFSA's Office of the Deputy Director for Program Operations, or the Agency's liaison to the private agencies, to ensure that the addresses are corrected.

As of June 2015, foster parents are receiving letters stating they have the right to be heard in the same letter that provides notice of the hearing.

Performance

Monitoring of compliance with *Notice and Opportunity to Be Heard* requirements occurs at the judicial hearings and proceedings themselves, where disposition orders, review of disposition orders, and permanency orders all contain sections soliciting judicial recognition of whether the foster parent or relative caregiver received written notice of the hearing.

In April of 2015, CFSA conducted a written survey of 34 foster and adoptive parents who had recently (within the past 12 months) obtained permanent custody of a child in foster care. When asked how foster and adoptive parents were notified of court proceedings, 23 responded that they received written notification and an additional 10

responded that they receive notice via phone calls from either the child's social worker or the attorney. In regards to the question as to whether they feel that their voice is heard in the Family Court, 17 replied "always" and an additional 13 replied "sometimes". Four respondents reported they never felt heard during court proceedings.

In February of 2016, CFSA convened a focus group of current and former foster parents through the Foster and Adoptive Parent Advisory Center (FAPAC) to discuss a number of CFSR child welfare outcomes and systemic factors, including the Case Review systemic factor. Consensus among the six participants was that they regularly received notification letters from CFSA informing them of upcoming hearings, and they often received phone calls from the assigned social worker as follow-up reminders. Moreover, participants acknowledged that FAPAC engages in outreach and messaging to inform foster parents of their rights with respect to court proceedings and to encourage them to attend and participate in such proceedings.

Strengths

CFSA has clear protocols and backup plans to ensure that resource parents are notified of pending proceedings in a timely fashion, and are able to access current logistical information. In addition to providing basic details, the notification protocols encourage resource parents to contact the Agency to learn more about the nature of the proceedings and the importance of the resource parent's role. CFSA's partnership with FAPAC and the advocacy community also enhances messaging and promotes active participation in proceedings.

DC Council passed legislation to give resource parents "party" status in court proceedings. Among other considerations, this secures legal counsel for resource parents who request it but might not otherwise have financial resources for it. Having legal representation for resource parents provides engagement opportunities and participation.

Challenges

While OAG participants shared that parents often have the right to be heard, there is a valid concern regarding the level of awareness that parents have regarding this right. There may also be challenges ensuring that parents fully understand court proceedings. Another challenged noted is the lack of an automated system to send these notifications. Despite the fact that the letters are generated electronically, they still need to be printed out manually and placed in envelopes, stamped, etc.

Additional internal stakeholder feedback reinforced the importance of educating foster parents with regards to their rights. CFSA is currently partnering with foster parents to draft the upcoming Foster Parent Bill of Rights. This document will be well promulgated and the right to notification will be prominent therein.

Systemic Factor #3 Quality Assurance

Item 25: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Response: *CFSA has a robust quality assurance system that functions uniformly across the District of Columbia. CFSA's continuous quality improvement professionals conduct several types of quality and quantitative based case reviews, data analysis and ensures that key performance measures and outcomes for children and families are met. The continuous quality improvement professionals work closely with programs on improvement planning based on the case reviews and data analysis.*

CFSA's Office of Agency Performance (AP) serves several functions, all of which provide valuable qualitative and quantitative data to evaluate the quality of services, identify strengths and needs of the service delivery system and provide reports that includes information about program and performance measure improvement. AP's functions include: being the liaison between CFSA and the Center for the Study of Social Policy (CSSP)[76], completing different types of case reviews (Quality Services Reviews, reviews as required under the *LaShawn* IEP, special reviews based on request by the Deputies or Agency Director, child fatality reviews), providing performance support through discussing practice and process improvements identified from reviews to management and staff working towards the common goal of improving child welfare performance, preparing performance reports under the Four Pillars strategic performance framework, and providing performance reports required

[76] CSSP is the Court Monitor for Agency compliance with the standards set forth by the *LaShawn* Implementation and Exit Plan (IEP).

by the Mayor's Office.[77] In addition, AP conducts data analysis independent of case reviews per request and for the various reporting requirements. AP's Continuous Quality Improvement (CQI) professionals[78], who provide quality assurance and improvement reviews, operate under the following principles and goals: create a continuous learning environment to use data in a consistent process to improve agency processes, procedures and functions to for improvement planning.

CFSA's Four Pillars strategic performance framework includes: (1) Narrowing the Front Door, (2) Providing a Temporary Safe Haven for Children, (3) Well Being for Children, and lastly (4) Exiting to Positive Permanence. Based on the framework, qualitative and quantitative outcome measures were established by internal agency leadership and external stakeholders. These outcomes measures are reported on a quarterly basis and includes performance from both CFSA and the private agency contracted providers.

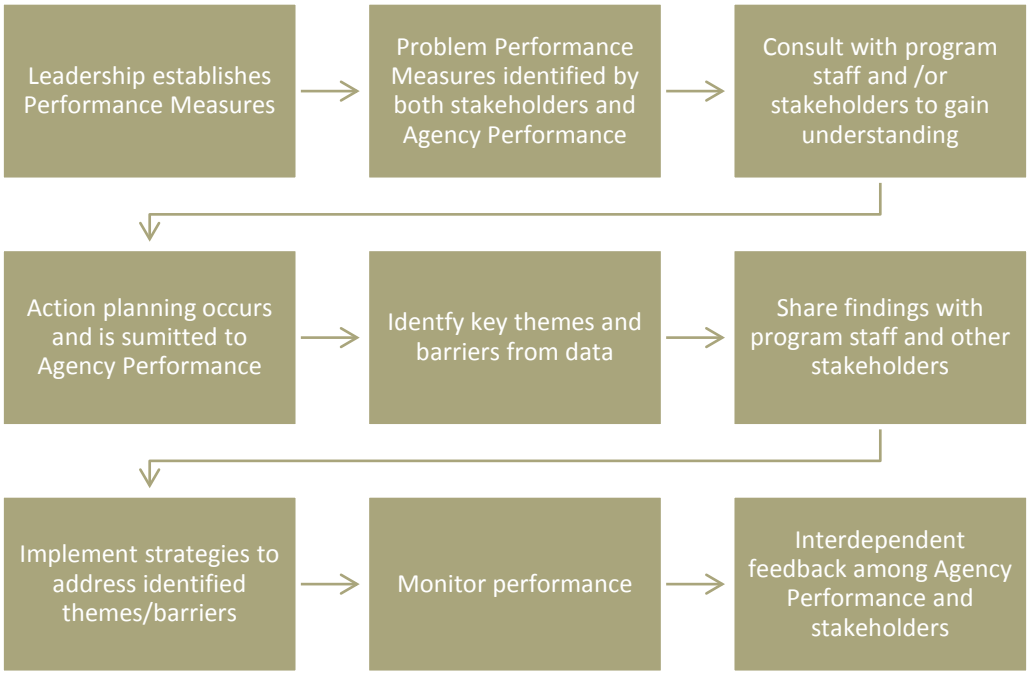
Under the federal *LaShawn* Consent Decree, the Agency has 88 exit standards to achieve. CFSA has achieved 73 out of 88 or 83% of the federal exit standards as of this writing. CFSA also incorporated core performance measures from the federal Child and Family Services Reviews (CFSR) requirements as well as the *LaShawn* federal lawsuit into the Four Pillars child welfare framework. The Agency utilizes the continuous quality assurance process as noted in the flowchart. The Four Pillars framework was also incorporated into the agency's performance plan for the Mayor's Office to ensure continuity of performance measures.

The AP staff utilizes the CQI flow chart in partnership with program areas such as Entry Services (CPS-Investigations and Family Assessments), Community Partnerships (In-Home) and Operations (Placement and Permanency) through identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. In other words, Plan, Do, Study, Act and monitor along changes in performance.

[77] DC Child and Family Services Agency Commitment to Positive Outcomes CFSR Four Pillars Scorecard

[78] AP has nineteen CQI professionals that are engaged in various CQI activities. Additionally there are five manager positions to include the Director of the Agency Performance. There are four administrative assistants to support the work of the division.

CQI Flow Chart



Additionally, the Director hosts quarterly performance meetings with every program area. The performance review includes a review and discussion of key *LaShawn* measures as well as the Four Pillars performance standards. The agency also sponsors monthly management team meetings with CFSA, provider agency and collaborative managers. An overview of key program performances is shared at these meetings that include quality service review result.

Data Validation and Data Auditing

Background

Data integrity is a widely used term to reference one of the major components of an information security environment. Data integrity is concerned with maintaining the accuracy of data, which can be compromised by modifications that are unauthorized, unanticipated, or unintentional. Organizations across the globe in every industrial sector are constantly under increasing pressure and scrutiny to maintain the accuracy, consistency, and reliability of data that is stored in their respective databases. CFSA

is no exception, especially when it comes to reporting data to the federal and local government agencies on the clients that are served.

In previous Court Monitor's Reports, CSSP has expressed concern about "a lack of a protocol that routinely addresses the accuracy of information entered into FACES".[79] CSSP has recommended that CFSA institute "periodic internal audits to ensure the accuracy of the data produced".[80] In late 2014, to address CSSP and CFSA's own concerns about a lack of a planned approach to data monitoring, CFSA developed a process to institute a protocol that will regularly assess and diagnose potential errors and inaccuracies that exist in FACES data and reports. In addition, CFSA also reached out to the National Resource Center for Child Welfare Data & Technology (NRCCWDT) for assistance related to data management. The resource center staff provided technical assistance and feedback into the data auditing approach and processes.

Goals

CFSA developed a process (monthly or quarterly, depending on the measure) so that all staff (including frontline as well as other administrative staff) are actively engaged and invested in ensuring the highest quality data possible. The data auditing process included the prevention, detection, and correction of data errors in the FACES database.

The audits focused on the validity and reliability of the data. Validity is concerned with ensuring that data actually reflect true practice, or that the FACES screens and core management reports are capturing the information it was intended to capture. Reliability determines if data fields are consistently collecting the same information across cases and data reports are consistently reporting the same information.

The following phases were implemented into the process:

Phase 1: Assessment

Goal: To gather information from a variety of sources to determine potential for errors in FACES data.

Phase 2: Identification

Goal: To review applicable *LaShawn* measures and information from key staff to determine level of priority (high, mid, or low) for auditing. AP staff worked with program staff to develop priorities for the remaining *LaShawn* exit standards.

[79] *LaShawn* A vs. Gray Progress Report for the Period July 1- December 31, 2010, page 9.
[80] *LaShawn* A Vs. Gray Progress Report for the Period July 1- December 31, 2012, page 161.

- Identify new or revised FACES reports that were created or have been changed within the last 12 months, as high priority. For example the following reports were noted as areas of focus either because they were new or revised: reports related to visits, closed Investigations referred to Collaboratives for services, timeliness and efforts made for Initiation of closed investigations, review of extensive history of prior reports or four plus, medical and dental evaluations for children who had a placement activity.

Phase 3: Auditing

Goal: To develop a collaborative process with CISA, Program Operations, and Agency Performance that will catch potential data errors and validate existing data. Data errors may include missing or incomplete data, as well as inconsistent or incorrect data entry.

For example, FACES Report INV133 reports the number of Four Plus staffings that have occurred for cases referred to CFSA four or more times, with the last referral in the previous 12 months. Currently, AP staff review a listing of all eligible cases per month, to validate the data in FACES to ensure that the staffings that have been reported actually occurred and are adequately documented. After this validation process, AP produces an amended report which is sent as supplemental information to CSSP.

For example, FACES Reports CMT 012 Parent-Child visits and CMT 267 Parent-Worker visits were amended to include missed visits efforts as a credit to the compliance for the visits 85% and 80% respectively. Currently, AP staff review a listing of all eligible missed visits efforts documentation per month, to validate the data in FACES to ensure that the missed visits efforts actually occurred and the documentation is accurate.

For example, FACES Reports HTH 004 and 005 are related initial health care screening, medical and dental evaluation of foster care children after entry into foster care. Currently, AP staff conducts a monthly analysis of the accuracy of the data entry and identifies and exceptions that can bolster the performance. This information is shared with the program staff and private agencies administrators on a monthly basis.

Phase 4: Feedback Loop

Goal: To develop an iterative process to share lessons learned from auditing with all staff.

For example, during the calendar year of 2013, the performance range for FACES Report INV133 or Four Plus staffing was 30% to 94%. The performance benchmark is 95%. AP staff conducts a 100% monthly audit of the FACES data to ensure accuracy and validation of the FACES report. The findings of the audit are shared with the senior leadership in CPS investigations on a monthly basis. The analysis report includes a breakdown of performance by supervisor and worker. The performance information is shared to include examples of excellent work and examples of documentation that need areas of improvement. As of calendar year 2015, the performance for Four Plus Staffings range from 86% to 97%. The program area has consistently met the benchmark over the last year.

For example, AP staff reviews the missed visits efforts documentation monthly. Social workers within CFSA and the private agencies typically do not pass the audit of missed visit efforts documentation due to a lack of follow-up and engagement with parents or lack of evidence showing efforts to locate parents when they are missing. CFSA will continue to work with social workers and supervisors in all administrations to make sure they understand the missed visit entry submission process, and to ensure that they understand the necessary documentation for missed visit efforts to be approved. CFSA will also perform check-ins with staff at unit meetings and QA drill sessions to reinforce requirements.

As noted earlier, CSSP has expressed concern about "a lack of a protocol that routinely addresses the accuracy of information entered into FACES". However, the Court Monitor acknowledged the tremendous strides that the agency has made in serving as a self-correcting organization. Of note "CFSA continues to aspire to be a high performing and self-correcting organization and performance data has demonstrated that CFSA has achieved this capacity in several areas. For example, the three *LaShawn* exit standards that have been newly achieved over the past 12 months have all been related to health and dental care for children and youth. In achieving these standards, CFSA used performance data to determine the deficiencies and barriers to timely completion of health assessments and evaluations and developed effective improvement strategies"[81].

Data Analysis

The Office of Agency Performance provides agency leaders and supervisors with a consistent, reliable resource for evaluating performance. The AP also assists in data based decision making and sharing lessons learned and best practices across the

[81] *LaShawn vs. Bowser*, Progress Report for the Period of January through July 2015, page 5.

offices through monthly management team meetings and other agency forums. AP's data analysis is on-going. The AP produces a monthly older youth scorecard, permanency scorecard, a daily CPS snapshot (CPS investigations performance), a daily snapshot that includes a census of the number of children served by CFSA and the number that exit to positive permanency. The team utilizes a variety of reports for the completion of the work from Management Reports to the Data Visualization Dashboard.

One example of data analysis was the Removal and Exit Analysis Report. The Director of CFSA commissioned AP to do in depth research and analysis around a recent increase in removals by CFSA. It included an analysis of all removals made by CFSA during Fiscal Year 2014 (FY14) as well as a comprehensive comparative analysis of removals that occurred between the first half (Quarters 1 and 2 or October through March) of FY14 and the same period in Fiscal Year 2015 (FY1). The comparative analysis is a meaningful approach to gauge the year-on-year picture around the characteristics of CFSA removals; whether indicative of neglect or abuse patterns, or those concerning organizational responses or decision-making connected to the removal. Both initial entries and re-entries were eligible for comparative analysis which includes children and youth with no previous CFSA involvement as well as current in-home cases, and prior out of home or in-home cases. This study revealed that of the 401 removals in FY14, 322 (80%) were initial entries and that the majority of removals in FY14 and in the first half of FY15 were initial entries so, as the number of removals increases, so does the number of initial entries. Additionally, the study showed that children under the age of one incurred the most removals and that neglect was by far the most prevalent removal reason in FY14. The findings of the study were shared with program managers from CFSA and the private agencies in May 2015. There were programmatic discussions regarding the short stays (children who remained in care for less than 90 days after removal). There were also programmatic discussions regarding the older youth and the reason for their removal. A significant number of older youth were removed due to being disconnected from a parent (parent abandonment, death, incarceration). A follow up study was prepared for the permanency manager to inform their decision making process for older youth permanency options.

AP is presently in the process of writing a follow-up report to continue exploring concerns about increases in the number of removals at CFSA. The report will include an analysis of all removals made by CFSA from December 1, 2015 – February 29, 2016. The data and analyses presented in this report should further the discussions

surrounding fluctuating numbers in removals that can perhaps inform future clinical decision-making and the development of long-term performance management strategies.

A truly engaged CQI system would include the use of data not just by the AP staff, but also program managers, supervisors and other front line staff. To that end, CFSA launched the Data Visualization Dashboard. The system was first launched with the mangers in Entry Services or CPS. Between February and May 2015 multiple 'Managing with Data' training events were held for both frontline CPS workers and Managers and Supervisors on the Data Visualization Dashboard, a data visualization system that uses data in some of the existing management reports to easily identify efforts to initiate investigations and safety and risk assessment results that can be automatically forwarded from the system to the supervisory and frontline staff. Additionally, the dashboard allows quick calculations of other benchmarks such as closures, caseload compliance, and initiations. The planning, delivery, and support provided for these events were the result of collaboration between three key areas within CFSA, Entry Services, Child Information Systems Administration and Agency Performance. Each session followed a standard format to ensure quality for all supervisors, and included information on the advantages and benefits of managing with data and its role in successful performance management; along with specific dialogue around implementing this approach in the Entry Services work environment and practical demonstrations and hands-on experience of using the new system. The sessions were dynamic and the interaction between trainers, facilitators and attendees generated healthy discussion about how to optimize and get the most from using technology for management purposes.

Since that time the Data Visualization Dashboard is now available to all case-carrying program areas across CFSA and its private agency partners. The system includes reports related to case plans, visitation and exits to permanency. Managers are utilizing the management reports and the Data Visualization Dashboard to manage the work; however, supervisory use of the Data Visualization Dashboard has been inconsistent and proficiency is not yet optimal. Thus, CFSA and the private agency CQI professionals in conjunction with CISA and AP will develop and provide refresher training and application component for managing by data with expectations of closer oversight by the direct services managers to impact supervisory performance improvement.

Reporting on the Four Pillars Benchmarks

CFSA is now in its fourth year following implementation of the comprehensive Four Pillars strategic performance framework, emphasizing a commitment to *Narrowing the Front Door,* providing *Temporary Safe Haven,* enhancing the *Well-Being of Children and Youth,* and advancing *Exits to Positive Permanency.* The framework includes child and youth outcomes measures across the District's child welfare continuum. It also includes key measures from the *LaShawn* exit standards and some that are aligned with federal child welfare National Standards. The Four Pillars Scorecard is distributed on a quarterly basis to CFSA staff and the private agencies. Additionally, the scorecard is posted on CFSA's website for the general public review.

CFSA monitors and evaluates changes in practice and program improvement over time. Although CFSA did not meet all of its aggressive and ambitious targets in FY15, the Agency made year-on-year improvements on 17 separate measures, most notably eight *Temporary Safe Haven* measures and six *Well-Being* measures. For example, CFSA had a nine percent improvement in visits between parents and foster care children from FY 2014 to 2015. The agency works extensively with the Permanency and Private Agencies administrators on visits and services to parents and their children. The nine percent increase signals that CFSA is doing better to promote reunification and preserve family connections.

Please see the attached Four Pillars Scorecard for FY 15.

Each year in December, the Agency celebrates its staff and teams and gives special recognition to top performers at the Four Pillars Awards Ceremony. This important end-of-year event reinforces the purpose of the strategic framework and serves as a focal point to unify staff around the mission of the Agency. There is public recognition of program areas that meet or exceed Four Pillar performance measure. Additionally, the overall Agency's Four Pillars performance is shared at the all staff meeting.

Partnerships with the Private Agencies

CFSA has a collaborative relationship with the private agencies. The private agencies serve through case management approximately half of the District's foster care population. The senior leadership from CFSA and the private agencies meet monthly to discuss their shared responsibility for these children. Additionally, CFSA through the Office of Agency Performance partner with the private agencies CQI

professionals to review data, discuss strategies for improving performance on a monthly basis. Each month a management analyst for AP facilitates a group meeting with all private agency quality assurance staff to 'drill' into their performance data for the preceding month and quarter, and to celebrate great work while acknowledging and discussing strategies to address challenges and barriers to a successful process and outcomes. The concept for the monthly DRILL sessions was discussed and endorsed by the program leadership for CFSA and the private agencies over two years ago.

CFSA is dedicated to ensuring performance accountability while providing supports and technical assistance to its partners when it comes to the pursuit of target compliance with key performance metrics. Most notably these include,

- Three visitation exit standards (Parent-Child, Parent-Social worker, Sibling Visits),
- Performance around positive permanency outcomes – reunification, guardianship and adoption,
- Re-entries into foster care,
- Youth transition planning.

DRILL sessions continue to be a great space for private agency representatives to share information and learn about new innovations and supports along with CFSA. In 2015 CFSA launched the Data Visualization Dashboard as an effective real-time management tool, and in support of its implementation for all CFSA staff and private agency partners a full demonstration and managing with data discussion was held during the August 2015 DRILL meeting. The goal is for the private agencies CQI professionals to access the Data Visualization Dashboard. They will use the data in real time to monitor performance, provide feedback to the program managers, develop strategies for improvement and make appropriate correction and monitor the data for the following months for program improvements. CFSA monitors and evaluates the implementation of these strategies and assess whether there is an improvement in the performance measures. As noted earlier, CFSA noted a nine percent increase in parent child visits for FY2015. Three private providers (out of seven) also consistently exceeded the parent-child visitation benchmark of 85% during FY16 Q1. The overall FY16 Q1 visitation performance for CFSA is outlined below:

	October	November	December
Parent-Child Visits	87%	83%	87%

Parent-Worker Visits	83%	84%	91%

Positive exits to permanency are defined as reunification, guardianships and adoptions, and permanency measures and strategies related to such exits are discussed at the monthly DRILL sessions. There were 126 total positive exits in FY2016, Q1. Of those exits, 51 youth were assigned to private agencies.

In addition to AP's work with the private agencies, each private agency is required to have its own CQI system. CFSA contract monitors are tasked with ensuring contract compliance through conducting quarterly reviews. When a contract is found not to be incompliance, CFSA will provide technical assistance and the private agency will complete a correction action plan.

Case Reviews and Analysis

AP staff conducts a variety of case reviews and analysis at the request of the deputy directors. The purposes of the case reviews are to provide timely feedback to the managers in order to inform and improve child welfare practice. Some of the case reviews are not related to the *LaShawn* litigation. CFSA utilizes quantitative data in order to assist with additional deeper analysis to look beyond the data. Every case review includes the creation of the case review tool with input from the program managers, training and technical assistance on the review tool. Additionally, AP staff requires a mandatory quality assurance system to include at a minimum at least every reviewer's case having a secondary review and statistically relevant secondary review thereafter.

Placement Changes and Disruptions

Beginning in March 2016, CFSA is tracking placement changes monthly. As of March 17, 2016, CFSA is slightly below FY16 projections for family-based kinship placements and slightly above projections for traditional and pre-adoptive placements. Additionally, CFSA is below projections in the number of teen parent placements and group home placements but are above projections for residential treatment facilities. In contracted family-based placements, CFSA is above projected totals for placements in traditional foster home settings and specialized placements, but are below FY16 projections in therapeutic foster home placements.

Each month, CFSA tracks the performance on timely completion of assessments for children who experience a placement disruption. A placement disruption is defined as an unplanned placement. Each child in foster care should receive a full assessment

of his or her needs to make the best possible placement. Performance range for timely completion during the July – December 2015 monitoring period was a low of 81% in November to a high of 100% in October. CFSA fell below the 90% benchmark in four out of the six months for FY 2015. CFSA undertake an effort to explore the rationale for the placement disruptions and whether the youth is placed in the least restrictive environment. In March of 2016, a team of reviewers to include AP, Program experts from the Office of Well-Being and external stakeholders undertook the review. The review consisted of a FACES.Net review, court orders, assessments tied to placement options and interviews with social workers for some cases. There were 102 children in the sample. Fourteen children had some level of specialize placement in either a hospital or residential treatment facility setting.

The preliminary findings were shared with the key internal leadership. There were several strengths noted from the review to include detailed assessment of the needs of the children by the nurse care management staff and sufficient progress in the implementation of the child's needs assessment or the Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS). A full report will be developed and shared with key areas within CFSA. The systematic themes will be identified and improvement plans will be developed.

CFSA consistently tracks, as a part of the Four Pillars Scorecard, the number of children in open in-home cases who are removed within 12 months of their case opening. The goal through this analysis is to discern common trends and characteristics among these home removals so as to prevent them going forward. In January 2016, a case review was conducted on all in-home families assigned to the Community Partnerships Administration at CFSA where a child was removed and placed in foster care in FY2015. The total number of cases reviewed is 54 families. The reviews were completed using a Survey Monkey tool that had been developed and tested in conjunction with practitioners. The review was completed during a one week period. The review was done in partnership with representatives from Community Partnerships, the Office of Well-Being, AP, and the Healthy Families/Thriving Communities Collaboratives. There were a total of 13 reviewers. There are additional plans to include input from front line staff in the form of a focus group. A final report is pending at this time.

Among other questions, reviewers were asked to rate how well services were provided to the mother, the father(s) and the child(ren) to help address the reasons for case opening and guide the case towards case closure. Reviewers were also asked about whether the biological mother and father(s) were involved in the case. In 49 (91%) of the cases the biological mother was involved and in 27 (50%) of the cases at least one of the biological fathers was involved, and in the remaining 50% no biological father was involved. Reviewers were asked about the services provided to mother and father(s) regardless of their answer regarding the involvement in the case.

In 70% of the cases, the reviewer determined that services were fully (20%) or partially (50%) provided to the mother. In the remaining 30%, the reviewer determined that services were not provided at all to the mother.

Since there may be more than one father for a family, there were additional responses to distinguish between all fathers and some fathers. The reviewers were also asked to indicate whether the biological father was involved in the case. In the majority of the cases (66%) of cases, the reviewer determined that services were not at all provided for all of the fathers. Services were fully or partially provided to all of the fathers in 14% of the cases, and they were fully or partially provided to some of the fathers in 15% of the cases.

Quality Services Review (QSR)[82]

Since 2003, CFSA has used the QSR process for collecting and reviewing data on the quality case planning and service delivery for children and families involved with the District's child welfare system. The data from these reviews come from the reviewers' ratings, which are finalized through a supervisory QA process that almost always includes representation from CFSA's partner, CSSP, and often times CFSA's sister agency, the DC Department of Behavioral Health, if the case has involved mental health services. Ratings are specific to indicators on the overall status of the child and the overall practice of the system. Reviewers also submit written narrative summaries that support the rating indicators and provide further details on the child's placement (if an out-of-home case) but always a family's demography, history, and functioning. Details are provided as well on the system's support of the child's permanency goal, alongside support of the child's family to become healthy and self-sufficient. For out-of-home cases, indicators are rated for the support of foster parents as well as birth parents.

Additionally, CFSA is required to conduct quality assurance reviews (QSR) under the agency's *LaShawn* Consent Decree. In 2015, 125 cases were reviewed in partnership with the external stakeholders and the Court Monitor. The review process include a case file review, review of FACES.Net and interviews with key stakeholders such as parents, youth, social workers, caregivers and services providers.

In FY15, 20 in-home cases were selected for review. Twelve of the 20 cases (60%) were rated as acceptable meaning the overall performance indicator was rated as four or above. There were eight cases (40%) rated as unacceptable. The eight cases were rated unacceptable demonstrated the need for improvement in some areas. Some of examples of performance indicators that needed improvement are assessment and engagement of fathers, case planning, monitoring and tracking changes in the family dynamics and circumstances.

The implementation of the CAFAS/PECFAS assessment tool should improve social workers skills in conducting assessment, developing case planning and monitoring and tracking of changes in family dynamics and circumstances. CFSA as a part of our on-going monitoring and evaluation of the effectiveness of strategies to improve performance will assemble a team by May 2016 to assess the effectiveness of the CAFAS/PECFAS implementation. CFSA will analyze available data, determine the

[8282] For more information regarding the Quality Services Review, please see Item #30.

barriers to workers completing the new case plan (including private agency and CFSA front line worker feedback), and develop corresponding solutions and strategies for full implementation. A Quality Assurance and Quality Improvement process will be used to provide feedback on use of the tool and training will be provided to private agency and CFSA workers identified as needing additional support in the fourth quarter of 2016.

In FY15, 105 cases were reviewed for out of home. These cases were distributed proportionally among cases managed by CFSA (49%) and cases managed by the private agencies (51%). As a standard part of the QSR process, children, parents, and caregivers are asked about their experiences with the foster care system, their level of satisfaction with the services received, whether they are listened to and included in the case planning. This information is covered under the Voice and Choice indicator. The findings for this indicator showed that 82% of the cases were rated as acceptable for children and 92% for caregivers. The ratings were not a high for parents. The findings were 45% for fathers and 35% for the mothers for feeling included in the case planning process. [83] The performance was slightly higher for cases with a goal of reunification. There were 38 cases with a goal of reunification. 48% of mothers felt included in the case planning process, while 78% of the father felt included in the case planning process.

The *Planning* indicator rates how well the child welfare system is using the information gathered though investigations and assessments to identify services and interventions needed to support the family or to achieve particular outcomes, such as permanency or preparation for adult living. Its focus is not on the written case plan (although that is taken into account) but whether the agency looking both at addressing immediate needs and at preparing for short-and long-terms issues for the child and family. The specifics vary by case and by goal; planning for an older youth with a goal of adoption will be different than for a toddler with a goal of reunification. The aggregate planning rating CFSA's permanency administration was 74% and had an overall practice rating of 72%.

The QSR identifies the areas of an individual case that needs improvement. There is a debriefing session with the reviewers, case carrying social worker and supervisor to discuss the strengths of the case and areas in need of improvement. The parties jointly

[83] Not all parents were available for interviews.

identify immediate next steps to improve practice. However, CFSA recognizes the need to nimbly and quickly provide themes and trends data to the program area on the findings of the QSRs to the program areas in a different manner. Beginning April 2016, CFSA will engage a consultant to provide technical assistance on analyzing QSR data. The analysis will identify historical trends and provide target areas for improvement in CFSA's case planning and service delivery to children and families. Additionally, the analysis will provide a foundation for quarterly reporting of QSR data findings to the management team. The quarterly reporting will include findings by unit, supervisor, and worker and will be shared with program areas and private agencies to inform and improve practice.

Safety Assessments for Visitation

CFSA has standards to evaluate the quality of services to children to include ensuring that children in foster care are provided quality services that protect their health and safety. CFSA and private agencies front line social workers are required to assess for the safety and well-being of foster care children at every visit. There are required to conduct four visits during the first month in care and twice monthly visits thereafter. The agency assesses this requirement a monthly peer review process by the Permanency supervisors. The sample size is 250 cases every six months, which represent approximately a quarter of the foster care population. During January – March 2015, foster care performance on safety assessments was above the performance range from the previous monitoring period but still below the 90% standard. Additionally, the universe for the safety assessments is fairly small; therefore, fluctuations in performance from month to month are expected. The assessment range for this performance was 48% to 72% for January through April 2015. The supervisors and social workers are utilizing the identified resources to meet visitation benchmarks. The program areas developed the following strategies in response to the findings. The family support workers are assigned at or before the Removal RED Team meeting and develop a visitation plan and schedule in coordination with the social workers within the first 30 days of the case. Social workers have also been able to utilize partners, such as Project Connect social workers and Parent Mentors/Advocates as designees for supervising parent-child visitation. Supervisors are utilizing the social worker's dashboard in FACES to monitor visitation and documentation. Additionally, supervisors and social workers regularly communicate around visits and any support that is needed, and review schedules during supervision where areas of support can be identified. CFSA will

continue on-going monitoring and evaluation of the performance improvement plan and will continue to monitor the performance improvement in this key area of the safety and well-being of children in foster care.

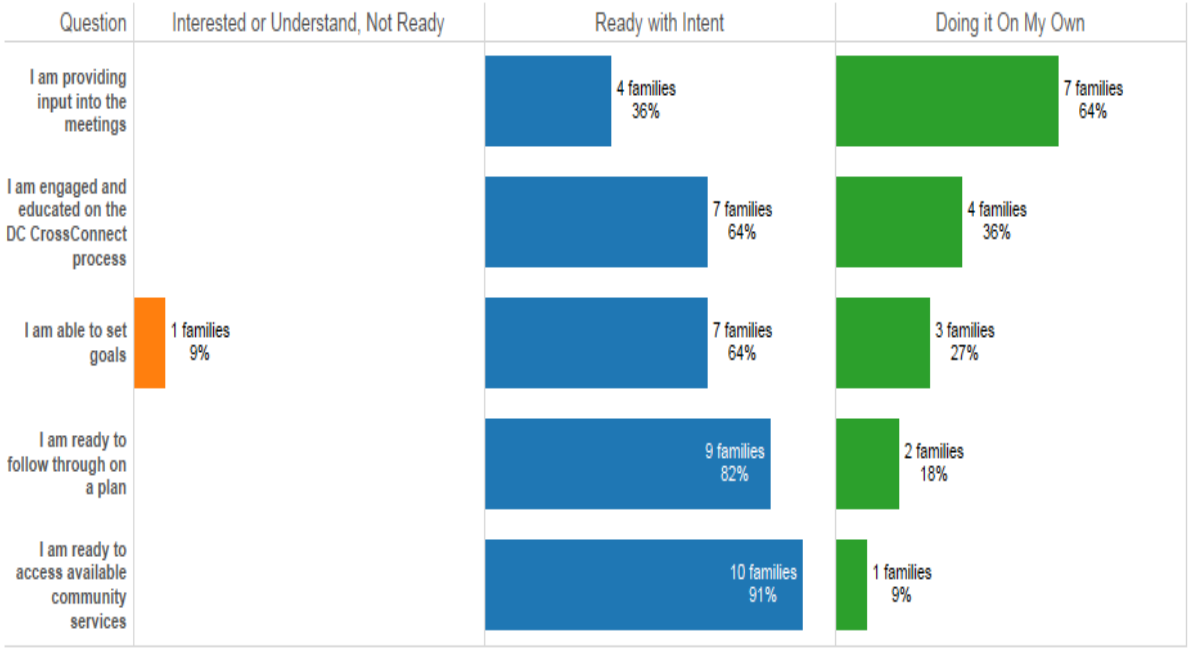
Stakeholder Survey Developed and Administered in FY 16 Q1 and Q2

DC CrossConnect, a multi-agency unified case planning initiative, is a partnership between the Child and Family Services Administration (CFSA), Department of Behavioral Health (DBH), and the Department of Human Services (DHS) to better serve families. Families who are working with three or more service providers, including CFSA, DBH and DHS, are eligible to participate. A Lead Case Coordinator (LCC) are assigned to the family, and will bring together the Direct Service Professionals (DSP, the case manager or service provider from the government agency, for example CFSA Social Worker, DBH Community Support Worker, or DHS Transitional Housing Case Manager) and family members to create one combined service plan. The LCC monitors the family's plan, track the designated tasks for each team member, arrange team meetings and remove agency level barriers.

DC CrossConnect began serving families in February 2016. There are currently four LCC's, with two provided by CFSA and two provided by DHS. DBH is identifying funding to contribute two additional LCC's. There are 19 families currently enrolled in DC CrossConnect. An additional 20 families will be added in April 2016, with 20 additional families being added monthly thereafter. The parents and the direct service professionals (DSPs) involved on the case complete regular surveys regarding the effectiveness of DC CrossConnect. Since the 19 families were enrolled in February 2016, not all surveys are due to have been administered yet. Baseline surveys have been completed with the professionals (DSPs and LCCs), and clients have completed the Caregiver Empowerment and Meeting Feedback survey after each family meeting that has occurred. Ongoing surveys will be completed on a quarterly basis. Surveys are administered electronically through Survey Monkey, and analysis is completed by the DC CrossConnect Evaluation team (consultants from CCNY and CCSI) in conjunction with the DC CrossConnect Oversight team (which includes senior representatives from the three government agencies).

Eleven families completed the Caregiver Empowerment and Meeting Feedback survey with their LCC through March 4, 2016. One family completed the tool at the first and subsequent family meetings. Questions on the survey reflect the family's baseline readiness to participate in the core philosophy and practice of DC

CrossConnect. The tool uses a 5-point scale, with Doing it On My Own (5) as the most desirable. A higher score indicates a higher level of empowerment. Sixty-four percent (64%) of families felt that they are actively providing input into the meetings and 45% of families were ready and intend to provide input, but have not yet made the step to do so. One family was interested or understood the concept of setting goals, but was not ready to do so. Sixty-four percent (64%) of families were ready to set goals, and 27% felt that they are doing it on their own. Most families (82%) were ready with intent to follow through on their plan, while two families (18%) were ready to follow through with their plan on their own. A majority of families (91%) are ready to access community services, but have not yet made the step to do so. This survey is a tracking and practice tool for LCCs to discuss where families are in the DC CrossConnect process and what they can work on to feel more empowered. Given that it is still early in the family meeting process, it is expected that families will shift from "ready with intent" to "doing it on my own" after more meetings occur.

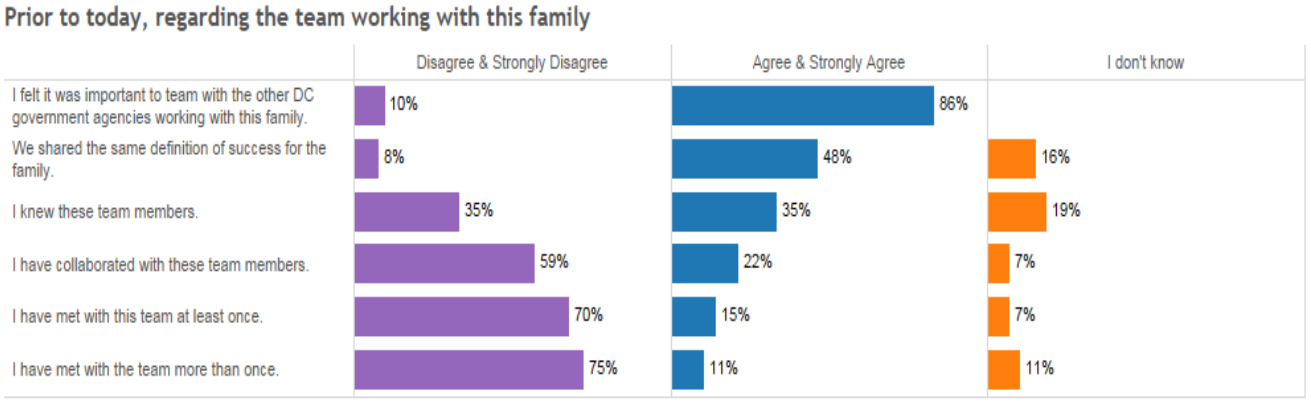


The Caregiver Check-in also inquires about feedback on meeting logistics. Ten families completed this section of the caregiver check-in. All but one family felt that

they received adequate notification of meeting time and place, that the location was convenient, and that the meeting time was convenient.

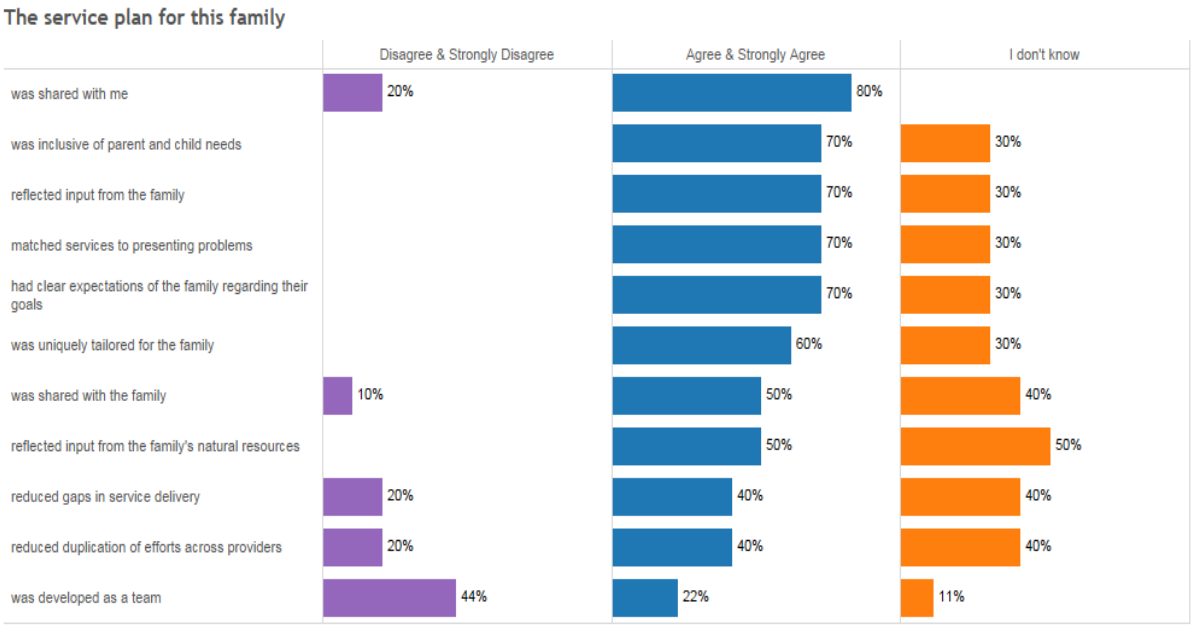
Response	Question	n of Families	% of Families
Yes	Did you have adequate notification of the meeting tim..	10	91%
	Was the location convenient?	10	91%
	Was the meeting time convenient?	10	91%

One DSP Orientation has been held. An orientation survey was developed to assess baseline collaboration, and to inquire about the current service plan. Of the 61 DSPs



that attended the meeting, 30 completed the survey. The 30 survey respondents represented 18 of the 19 families. Although the large majority of DSPs felt that it was important to team with other agencies working with the family, lower percentages of DSPs shared the same definition of success, knew the team members, collaborated with them, or had met with them. Follow-up surveys will revisit these questions and assess for change in these areas.

Forty percent (40%) of DSPs stated that there was a service plan in place, while 47%



did not know. Thirteen percent (13%) responded that a treatment plan was not in place for this family.

The majority of DSPs who reported that a service plan was in place, stated that it was shared with them (80%). 70% of the DSPs felt that the service plan was inclusive of parent and child needs, reflected input from the family (70%), matched services to presenting problems (70%), had clear expectations of families regarding their goals (70%) and was uniquely tailored to the family (60%).

Only half of the DSPs who responded to the survey knew that a service plan was in place stated that the plan was shared with the family and reflected input from the family's natural resources. Less than half of DSPs who stated that a service plan was in place felt that the service plan reduced gaps in service delivery (40%), reduced duplication of efforts across providers (40%), and was developed as a team (22%). The remaining DSPs were neutral, did not know, disagreed, or strongly disagreed.

Finally, LCCs were asked to complete a baseline survey in January 2016, the results of which are highlighted below.

Lead Care Coordinator Baseline Survey Results
January 2016

n = 4

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Comments
I feel ready to implement the DC CrossConnect Model.				100%		• Communication across agencies should have been implemented prior to starting the program.
I feel able to adequately explain DC CrossConnect services so that families can make a decision about their participation in the approach.				25%	75%	
I feel knowledgeable about services and providers available in the community.				75%	25%	• An up-to-date link or resource directory would be valuable. • Many service providers do not have info accessible online.
Overall I believe that DC CrossConnect process is a viable approach to improving outcomes for families.				25%	75%	

Questions Related to Supervision and Coaching:

	Once a Week	Every Other Week	Once a Month
How often do you foresee needing supervision?	25%	50%	25%
How often do you foresee needing clinical coaching/family case review?		75%	25%

The purpose of the survey was to assess for readiness and additional needs to implement DC CrossConnect. All LCCs agreed that they felt ready to implement DC CrossConnect. All LCCs agreed or strongly agreed that they felt able to adequately explain DC CrossConnect services, felt knowledgeable about services and providers, and felt that DC CrossConnect is a viable approach to improving outcomes for families. LCCs provided suggestions to improve readiness (i.e., better communication across agencies prior to implementation, and electronic access to resources or provider information). Further, LCCs reported on their need for supervision, which ranged from once a week to once a month, and for clinical coaching, which ranged from every other week to once a month. These results have been shared with the LCCs and discussed at the weekly Oversight Committee meeting, as well as with supervisors. Open-ended questions that inquired about other needs for LCCs were also included on the surveys. The answers are not provided in this report for the sake of brevity. Follow-up surveys will be offered to LCCs every three months during the first year of implementation to continue to explore and address needs and readiness.

Quality Assurance

Continuous quality assurance is essential to CFSA's practice improvement and system functioning. CFSA's leaders have a strong interest in continuous quality improvement (CQI) and have developed and implemented numerous processes for data collection and analysis. CFSA has extended their internal CQI emphasis to include the private agencies and the Collaboratives with whom they work. For example, CFSA assessed our internal child fatality review process. The assessment included feedback from the staff assigned to complete the reviews, stakeholder interviews, inventory of the review processes from other states. The team developed several recommendations based upon the following themes:

- Strengthening the Continuous Quality Improvement process for child fatality reviews
- Employee well-being (staff who are impacted by a fatality)
- Ensuring an atmosphere that facilitates and supports a learning environment
- A focus on systemic issues to be sure with the City-Wide Child Fatality Committee

CFSA has engaged a consulting group to facilitate a discussion on the Continuous Quality Improvement process and provide recommendations for improving it. Representatives from CFSA and its private agency partners participated in four work sessions beginning on September 30, 2015, and ending on November 17, 2015. The goals of these sessions were to:

- Reaffirm outcome indicators under the Four Pillars strategic agenda that a diverse group of stakeholders helped to develop in 2012 and about which CFSA publishes results quarterly.
- Survey existing major CQI strategies that CFSA and providers are using (such as the Quality Service Reviews, **internal processes performed by supervisory social workers across the system)** and determine how best to communicate relevant findings for the achievement of system-wide performance improvements.
- Establish specific goals for improving the CQI system within CFSA, including (but not limited to) better incorporating findings and stakeholder feedback into program improvement, and setting clear expectations for provider and collaborative reporting of performance data under their contracts. Develop an action plan of specific steps, responsibilities, and time frames for meeting those goals.

- Identify gaps and provide recommendations to promote and support continuous learning for managing with data.
- Assess CFSA's existing CQI and performance monitoring infrastructure and recommend realignments to the leadership team to support a stronger and tighter CQI system.

CFSA has received a draft report from its contracted consultant. In the meantime, CFSA will continue the consultant work to include reinstituting the CQI workgroup along with a charter statement of work, review and revised the agency's CQI plan as applicable, staff development support for the CQI professionals, and tighter feedback loop process, feedback loop to inform practice, policy and training to include any recommendations for systematic changes for the child welfare system.

Systemic Factor #4 Staff and Provider Training

Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Response: *CFSA has successfully ensured that initial training is provided to all staff to deliver services. Additionally, CFSA quantifies this performance through consistent tracking and monitoring of the initial training provided. For example: for the period July 1, 2015 and June 30, 2016, 88.99 percent of CFSA and CFSA-contracted case-carrying direct services staff, have completed at least 80 requisite hours of pre-service training (as of December 31, 2015).CFSA also successfully ensures that training curricula integrates basic skills and knowledge for practitioners to deliver services required of their positions.*

Policy

CFSA currently provides staff with three separate policy documents that outline pre-service and in-service requirements for direct service staff, family support workers, and nurses and nurse care managers[84]. All training is provided by CFSA's Child

[84] CFSA has a complement of nurses and Nurse Care Managers located at its on-site medical screening clinic. For further description, see Item #17.

Welfare Training Academy (CWTA), with the exception of pre-service training for foster parents. Separate from CWTA the Agency incorporates best practice standards in both classroom and applied professional training (APT) or "on-the-job" modalities, which are intended to integrate theory and practice and illustrate best practice to ensure optimal transfer of learning. Applied Professional Training (APT) activities have been devised to provide new hires with a timely opportunity to use the theoretical knowledge and skills taught in the classroom and apply them in simulated practice exercises. This learning format also allows new hires to be mindful of the Practice Model and the delivery of high quality services once they are assigned cases.

Each APT activity is designed according to the learning and practice requirements of each specific pre-service module. Training Supervisors, who serve as Practice Model experts, monitor and assess new hire activities in a safe learning environment. This relationship incorporates direct group supervision and other forms of developmental support for new hires when this is appropriate or required.

APT lasts between 4-6 weeks depending on the new hire's previous experience and learning style. New hires who will be permanently assigned to CPS-I or CPS-FA have different training supervisors from those assigned to OYE, Community Partnerships and Permanency.

For direct service staff, CFSA's policy requires all CFSA and CFSA-contracted private agency social workers to complete the required minimum of 80 hours of pre-service training prior to receiving training on the Agency's statewide automated child welfare information system (SACWIS), known to staff as FACES.NET, and prior to being assigned cases.[85] Further, all components or modules of the pre-service training must be completed within the first three months of hire. Supervisors, program managers, and administrators are required to complete a minimum of 40 hours of pre-service training within eight months of assuming supervisory responsibilities.

Practice

While pre-service classroom learning experience imparts the required knowledge for newly hired social workers to begin supervised hands-on training for carrying cases, field settings also help new staff to appropriate and apply the freshly learned

[85] Private agencies are contractually obligated to ensure that new hires enroll in and attend the pre-service program when they are hired.

classroom concepts. Each pre-service course is intended to function as the base component of a new social worker's training, which then broadens under direct supervision, job shadowing, and other on-the-job training. This training lasts between 4 and 6 weeks depending upon the Social Workers' experience and learning style. All private agency staff must complete CWTA classroom based pre-service training each private agency has the autonomy to develop and offer OJT (on the job training) specific to their programs.

Additionally, new supervisors complete Mastering the Art of Child Welfare Supervision within 8 months of obtaining a new supervisory position. The seven modules are offered over an 8 month period. These modules last between 1 and 3 days each. The modules are: Effective Leadership, Building the Foundation for Unit Performance, Building the Foundation for Staff Performance, Promoting the Grown and Development of Staff, Case Consultation and Clinical Supervision, Managing Effectively in the Organization, Support Supervision.

Beginning January 1, 2015, CFSA moved toward a training model that de-emphasizes the extended classroom training in favor of practical applications in the field, while still driving home the key concepts that are introduced in the streamlined classroom model. Under the new model, training commences immediately after the staff is hired, allowing new hires to generally complete the 80-hour pre-service program in two weeks instead of spending 35 days in pre-service training. All new hires are still benefitting from the core curriculum which continues to address key practice areas along the child welfare continuum, including but not limited to CPS investigations, family preservation and support services, foster care services, adoption services, and independent living services.

Since April 2015, CFSA has extended the two-week timeframe in order to incorporate a new class, *The Life of a Case*, and to ensure additional FACES.NET training. Both additions help to reinforce step-by-step practice procedures for social workers, bringing the pre-service training to a total of 14 days and 101 hours. In a survey of 38 staff who completed training January-August 2015 and conducted six months after receiving pre-service training, 23.6 percent responded to the survey. Of those who responded, 82 percent attending the classroom portion agreed that the training provided them with the necessary skills to perform their job function while 89 percent of the APT agreed with this assessment.

Since July 2015, CWTA also incorporated training on implementation of the CAFAS and PECFAS instruments during pre-service training.[86] The 76 respondents to a survey included new hires between July-December 2015 as well as Collaborative social workers. Of those that responded to the survey, 91 percent agreed or strongly agreed that they were satisfied with the training, 89 percent indicated being prepared to administer the CAFAS/PECFAS instruments and 91 percent felt prepared to fully implement.

Performance

Pre-Service Training for Direct Service Staff
Hired Between July 01, 2015 and June 30, 2016
As of September 30, 2015

	Total # of Workers	Training Hours			
		At least 80 hours		Less than 80 hours	
		#	%	#	%
CFSA	21	15	71.43	6	28.57
Private Agency	15	13	86.67	2	13.33
Total	36	28	77.78	8	22.22

FACES.NET management report TR030 as of 1/15/16
The employees shown below are excluded from the calculations but are included in the details:
Employees hired within the last 90 days without 80 hours of pre-service training = 8
Employees who left the Agency with 80 or more hours of pre-service training = 0
Employees who left the Agency with less than 80 hours of pre-service training = 1

Pre-Service Training for Direct Service Staff
Hired Between July 01, 2015 and June 30, 2016
As of December 31, 2015

	Total # of Workers	Training Hours

[86] Implementation of the Child and Adolescent Functional Assessment Scale (CAFAS) and the related Pre-school and Early Childhood Functional Assessment Scale (PECFAS) support CFSA's five-year trauma grant. CFSA and sister agencies had been working together for almost two years to coordinate resources, align priorities and policies, and implement the tool throughout the District's social services system.

		At least 80 hours		Less than 80 hours	
		#	%	#	%
CFSA	38	33	86.8	5	13.2
Private Agency	34	64	91.18	3	8.8
Total	72	17	88.89	8	11.1

FACES.NET management report TRN030 as of 1/15/16
The employees shown below are excluded from the calculations but are included in the details:
Employees hired within the last 90 days without 80 hours of pre-service training = 5
Employees who left the Agency with 80 or more hours of pre-service training = 0
Employees who left the Agency with less than 80 hours of pre-service training = 1

Feedback on Pre-Service Training

CWTA's evaluation process utilizes the Kirkpatrick model in conjunction with Likert scaling to determine the impact of pre-service training on professional development.[87] The model is incorporated into curricular evaluation. For example, pre-service training participants are provided the opportunity to complete an online survey at the completion of each course. Of 38 training participants who were surveyed in CY 2015, 9 responses were received. Of these responses, 25 percent of pre-service training participants gave their training experience an overall rating of four out of the five-point Likert scale.

The Likert evaluation process is continual and systematic in its assessment of the value or potential value of a training program, course, activity, or event. Results of the evaluation are subsequently used to guide decision-making around various components of training (e.g., instructional design, delivery, and results) in addition to the training's overall continuation, modification, or elimination.
CFSA has also received stakeholder feedback through interviews, focus group conversations, and written feedback on the functionality of staff provider training. Stakeholders included attorneys external to CFSA (representing birth parents, foster parents, adoptive parents and children) as well as CFSA internal assistant attorneys general (AAGs) and CPS section chiefs, and CFSA and Collaborative social workers. External stakeholders indicated confidence that all CWTA trainers are licensed

[87] The *Kirkpatrick Four-Level Training Evaluation* model was first published in 1959 by Donald Kirkpatrick, Professor Emeritus at the University of Wisconsin and past president of the American Society for Training and Development (ASTD).The four levels are (a) reaction, (b) learning, (c) behavior, and (d) results. *Likert scaling* was invented by organizational-behavior psychologist Dr. Rensis Likert. Likert scales ascribe quantitative value to qualitative data and usually include five potential choices: (a) strongly agree, (b) agree, (c) neutral, (d) disagree, and (e) strongly disagree. Final averages represent the overall level of accomplishment or attitude toward the subject matter.

clinical social workers (LICSW) with child welfare experience. Assessment feedback from internal and external stakeholders indicated that there is a very strong evaluation process. Stakeholders are very aware that CWTA is consistently looking at the content of training, as well as participants' reaction and critique of training. External stakeholders also highlighted the frequency of training and the requirement to complete pre-service training prior to case assignment as value-added strength.
An April 2015 focus group consisted of eight direct service social workers that included one Collaborative social worker, seven CFSA social workers, and two supervisors. The supervisors believed that the training provided foundational knowledge and a great overview to social work practice; they would still like to see training revamped to include more practice experiences and hands-on training for social workers. The majority of non-supervisory social workers (67 percent) believed that both the pre-service and in-service training prepared them for their job.
Feedback on training from private providers in February 2016 share that they felt the system was functioning very well, citing the that staff are required to complete in-service training each year and that all licensed professionals are required to complete CEU's in order to maintain a current license. Additional feedback received from private providers shared that pre-service training is very comprehensive.

Challenges

Survey data from the CFSA attorneys (19 out of the 24 CFSA attorneys completed the survey) indicates a need for greater focus on how to conduct an investigation. These attorneys also suggested that there be more cross-training between CPS, In-Home, and court staff for greater efficiency. Two of the attorneys suggested that skill level and the degree to which training is applied depends on the social worker, including whether a social worker is effective or not. These attorneys suggested that training should emphasize critical thinking skills and open communication as well as expectations throughout the court process. Additional stakeholder feedback included the recommendation that CWTA fine tune the feedback loop from supervisory social workers, i.e., ensuring that an evaluation component is folded into the training process for supervisors to be able to reinforce the application of tools and skills through weekly or monthly 1:1 supervision CWTA has developed a mechanism to answer this recommendation. Through the 30/60/90 day evaluations of new hires, the information is being shared between CWTA and the APT staff.

The ability for CWTA to schedule evening and overnight CFSA staff (especially in the CPS unit) continues to be a challenge. While this has improved over the years, it remains a challenge. CWTA has proposed offering training at 3:00 p.m., which is the beginning of the evening shift. CWTA continues to be in discussion of providing training to the overnight staff, including the possibility of contracting this service. Additionally, CWTA offers webinars to ensure that the population receives training. Participants in the April 2015 focus group shared that they desire more "direct" or hands-on training and training topics do not address the challenges social workers experience when case managing older youth.

Private provider feedback received in February 2016 related to training shared that some social workers feel that some trainings do need the amount of time that is allotted for some trainings. Some providers have indicated difficulty enrolling timely and receiving short notice notification of the training before it occurs.

Item 27: How well is the staff and provider training system functioning statewide knowledge needed to ensure that ongoing training is provided for staff that addresses the skills and to carry out their duties with regard to the services included in the CFSP?

Response: CFSA seeks to successfully ensure that staff and provider entities received training to address and enhance skills and the knowledge base needed to provide efficient case management. CFSA has a robust training academy called the Child Welfare Training Academy who develop and deliver social work practice based curriculum for direct care staff and management.

Policy

Pursuant to the policies described above, all CFSA and CFSA-contracted private agency direct service social workers, supervisors, and managers are required to complete annual in-service training between July 1 and June 30. While social workers are required to complete a minimum of 30 hours of annual in-service training, supervisors, program managers, and administrators are required to complete a minimum of 24 hours of annual in-service training. To ensure that direct services staff are given sufficient time to meet in-service training requirements, annual training

requirements for newly-hired direct services staff are pro-rated, based on the date of completion of pre-service training.

CWTA's in-service training program for staff reinforces the fundamental tenets of the Agency's *Practice Model* as well as those practice areas that were initially highlighted in pre-service training. All in-service training is available to CFSA and contracted private agency staff, as well as foster parents[88]. The in-service program also provides some flexibility for staff wishing to receive some or all of their required annual training hours via external means, such as professional conferences, seminars and workshops, or online curricula.

Practice

Unlike the 14-day intensive pre-service training, the in-service training hours are spread out over the course of a year to ensure that direct service staff (and foster parents) have ample opportunity to meet the 30 hour requirements. Offerings are diverse and address current child welfare issues in the District (such as human trafficking), new practice initiatives (such as the Consultation and Information Sharing Framework or RED team process), conventional best practices (such as engaging fathers), and periodic re-certifications (such as CPR and First Aid).

As part of CWTA's teaching model, 95 percent of the in-service curricula involve cross-training that brings together foster parents and direct service staff in a setting that encourages open discussion, sharing of information, and ultimately consistent practice. The cross-training model has been in effect for over five years, promoting the important partnership between foster parent and social worker, and reinforcing its influence on the potential for positive child welfare outcomes. Cross-training also provides a forum outside the construct of an actual case and an actual child. By focusing on the theoretical elements of teaming and the philosophical aspects of child welfare, the cross-training model promotes honesty and candor, and it nurtures professional growth for both the social workers and the foster parents.

[88] For more information on foster parent training, see Item #28.

In-Service & Workshop Training for Direct Service Staff
Between July 01, 2015 and June 30, 2016
As of September 30, 2015

	Total # of Workers	Training Hours			
		At least 30 hours		Less than 30 hours	
		#	%	#	%
CFSA	236	37	16.68	199	84.32
Private Agency	53	4	7.55	49	92.45
Total	289	41	14.19	248	85.81

FACES.NET management report TRN031 as of1/15/16
Employees shown in the totals below are excluded from the calculations but are included in the details:
Employees who left the Agency between July 01, 2015 and June 30, 2016 with at least 30 hours of in-service training = 3
Employees who left the Agency between July 01, 2015 and June 30, 2016 without 30 hours of in-service training = 20

In-Service & Workshop Training for Direct Service Staff
Between July 01, 2015 and June 30, 2016
As of December 31, 2015

	Total # of Workers	Training Hours			
		At least 30 hours		Less than 30 hours	
		#	%	#	%
CFSA	228	54	23.68	174	76.32
Private Agency	49	3	6.12	46	93.88
Total	277	57	20.58	220	79.42

FACES.NET management report TRN031 as of 1/15/16
Employees shown in the totals below are excluded from the calculations but are included in the details:
Employees who left the Agency between July 01, 2015 and June 30, 2016 with at least 30 hours of in-service training = 5
Employees who left the Agency between July 01, 2015 and June 30, 2016 without 30 hours of in-service training = 28

Strengths

As noted above, CWTA uses the Kirkpatrick model of evaluation in conjunction with Likert scaling to determine the impact of pre-service training on professional development. As with other trainings, in-service participants are invited to complete an online survey at the completion of each course. With 439 responses, participants rated the quality of the in-service training. Respondents gave a rating of 4.35 out of a five-point Likert scale, indicating they would be able to immediately apply the training learned to practice.

Training feedback has also included praise of CWTA's responsiveness to stakeholder input. For example, CWTA implemented a specific training on suicidal ideation after receiving stakeholder feedback and subsequently teaming with external subject matter experts on the topic. Other feedback included requests for more skill development coursework. CWTA responded by providing such in addition to looking at the entire training inventory to incorporate training modules as needed. The system is functioning, through requiring current staff to meet both the in-service requirement and their state mandated licensure.

Challenges

Participant feedback indicated that it is not uncommon for the Agency to suddenly prioritize training on a new initiative, but expecting social workers to complete the training within an unrealistic time frame given the social worker's caseload. For example, when CFSA rolled out the new case-planning template in FACES.NET, several social workers were unable to access or complete the training module due to their current caseload. As a result, there was a delay for those social workers updating case plans in FACES.NET (according to the new template).

Feedback received from providers in February 2016 indicated difficulty in timely course enrollment, and receiving short notice notification of the training before it occurs. CFSA's private providers also indicated they wanted more flexibility in providing and deciding what training they wanted for their staff as opposed to all training going through CWTA. Additionally, it was noted that while ongoing training is available through CWTA last year training hours required was overwhelming for all staff. It was shared that this issue has been alleviated.

Item 28: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Response: *CFSA and its Private Agency providers utilize evidence based pre-service training programs for prospective foster parents and offers ongoing training for foster parents to enhance knowledge and skill development. Many training classes are co-trained with foster parents or have both foster parents and social workers as*

participants together. CWTA has incorporated this cross-training model for over 5 years. The model was originally adopted as means to promote a uniform approach to, and understanding of teaming. The purpose was to mutually expose social workers and foster parents to one another in a forum that allowed sharing and free exchange of ideas outside the construct of an actual case and an actual child.

The CWTA in-service program is flexible for foster parents who may not be able to fit regular work-day training sessions into their already busy schedules. They may receive some or all of their required annual training hours through professional conferences, seminars and workshops, or online curricula. All foster parents wishing to exercise this option must first apply for and receive CWTA approval to attend external training. In order to track outside training, CWTA has instituted an External Training Tracking Form, which must be completed for any training completed outside of the Agency. Following the completion of approved external training programs, CWTA places earned credit in the foster parent's Individual Training Record.

CWTA ensures that foster parents are aware of trainings by dissemination of course offerings through various avenues, including online information, monthly private agency meetings, and quarterly hard copy mailings of the CWTA internal newsletter, theSOURCE. The goal is to ensure that relevant information about training courses, events, and sessions are communicated effectively across CFSA and the private agencies.

Adoptive parents participate in the same pre-service and in-service classes as all CFSA and private provider foster parents. Prospective foster parents enter the system first as foster parents which may or may not lead to an adoption.

Policy

CFSA's policy on *Resource Parent Training* complies with and reinforces all regulations outlined by DC's Municipal Regulations (DCMR), including application of the same licensing standards for all CFSA and private agency foster parents. For foster parents caring for District children in need of out-of-home placement, DCMR standards identify certain characteristics and action steps that are required for successful completion of licensure. Per DCMR, a foster parent in the District must be over the age of 21.

CFSA policy states that all prospective resource parents, primary caregivers, spouses, and significant others (i.e., paramours and partners) must complete mandatory pre-

service training using an approved curriculum. The pre-service training curricula provided by CFSA's Family Licensing Division (FLD) or private agencies must follow nationally recognized training modalities. Non-CFSA sponsored training curricula must be approved by FLD in order to be acceptable. Pre-service training consists of a minimum of 30 hours of resource parent training using an approved curriculum. The pre-service training reinforces the basic tenets of the Agency's Practice Model and includes teaming between CFSA or private agencies and the resource parents.

CWTA offers in-service training for all resource parents, whether licensed by CFSA or a private agency. In-service training may also be acquired through online or classroom courses approved by CWTA. In-service training hours for resource parents begin on the date of full licensure. To maintain a current license, all licensed resource parents complete 30 hours of in-service training within a two-year time span. This is true for couples who reside in the same household as well, i.e., each individual of the couple must fulfill the training hour requirements. Foster parents may select from a variety of carefully crafted, relevant topics. While some coursework is required (e.g., CPR/First Aid training), other courses may be selected according to a foster parent's interest in broadening their personal capacity for promoting the safety, permanency, and well-being of children in their care. CWTA offers coursework for this purpose.

Practice

CFSA trains prospective foster parents utilizing the evidence-based pre-service training curriculum, *Trauma Informed Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting* (TIPS-MAPP). Every potential foster or adoptive parent in the District completes TIPS-MAPP training, which guides potential applicants through the complex issues they will face as caregivers of District wards. TIPS-MAPP is a 10-week program that highlights the benefits of strength-based approaches to fostering. It emphasizes the importance of a foster parent's appreciation and understanding of (and appropriate responses to) the traumatic experiences that many children bring with them into the foster home. In-service training also provides teaming opportunities between birth families, foster families, and service providers. These teaming opportunities allow parents to share experiences that can help increase positive case planning and decision-making outcomes. Private agencies license their foster parents and utilize the PRIDE training.

For potential kinship parents who express an interest in caring for younger family members, CFSA employs the *Caring for Our Own* educational and group support pre-service program. The program is a nine-week (27-hour) derivative of the MAPP program, geared specifically toward kinship caregivers. It operates largely as a peer-support group within the framework of a relative caregiver curriculum. Since 2011, elements of trauma-informed practice were infused into the program.

CFSA believes that one of the key elements to enhancing the skills, knowledge base, and abilities of CFSA foster parents is to challenge the foster parents to develop and enhance the skills and abilities that they already possess. To facilitate this personalized professional development, CWTA partnered with internal stakeholders to develop the Individualized Development Plan (IDP) for foster parents. The IDP provides a formal and systematic means of (a) identifying development needs to improve knowledge and skills, and (b) comparing each resource parent's needs and abilities against current training offerings, particularly for determining future training opportunities and fits. In response to 2014 results of Resource Parent IDPs, CWTA and the licensing unit identified a gap in training offerings for resource parents. To address this gap, IDPs are now being completed biannually during licensing visits. Additionally, an initiative of "TableTop" training to provide specialized personal training to Resource Parents in their homes is currently under development with a plan to launch by the end of 2016.

Similar to in-service training for social workers, foster parent in-service training is flexible to accommodate regular work-day schedules. Foster parents may also complete some or all of their required annual training hours through professional conferences, seminars and workshops, or online curricula. CWTA ensures that foster parents are aware of trainings by dissemination of course offerings through various avenues, including online information, monthly private agency meetings, and quarterly hard copy mailings of the CWTA internal newsletter, *the SOURCE*. The goal is to ensure that relevant information about training courses, events, and sessions are communicated effectively across CFSA and the private agencies.

Status of Foster Parent 30+ Pre-Service Training with Initial License for CY2015
As of January 15, 2016

Calendar Year		Licensed During Calendar Year		
		# Foster Homes	# 30+ hours of training	% 30+ Hours of Training
2015	CFSA	107	105	98.1
	Private Agency	77	75	97.4
	Year Total	184	180	97.8

FACES.NET report TRN008 as of 1/15/16

Foster Parent In-Service Training for CY2015
As of January 15, 2016

Calendar Year		Licensed During Calendar Year		
		# Foster Homes	# required hours of training	% required hours of training
2015	CFSA	126	103	81.7
	Private Agency	263	213	81.0
	Year Total	389	316	81.2

FACES.NET management report TRN009 as of 1/15/16

Strengths

In a 2015 testimony to the District of Columbia Council Committee on Human Services, the executive director of CFSA's partner, Foster and Adoptive Parent Advocacy Center (FAPAC), recognized the newly deployed trauma-informed TIPS-MAPP pre-service training as a key positive development in CFSA's overall training program. She also noted that the *Caring for our Own* model had been well-received by her constituency. FAPAC acknowledged that the group-dynamic approach to learning was an important element of the process for relatives struggling with the emotional challenges of caring for their young relatives while simultaneously trying to ensure that relationships are maintained with the family members from whom they were removed.

CFSA surveyed 20 foster parents who ultimately became adoptive parents between 2010 and 2014. Of these 20, eight foster parents finalized adoptions in FY 2014. An additional 10 respondents were members of the leadership of the Foster and Adoptive Parent Association and the Foster and Adoptive Parent Advocacy Center. The 30 responders indicated that their training improved their experience as a foster and adoptive parent. The training was positive, effective, and informative, especially in

regards to understanding licensing regulations, educational requirements for children, and learning how to deal with children with mental health challenges.
During the February 2015 Agency performance oversight hearing, youth affiliated with the Young Women's Project (YWP) testified regarding their experiences. The youth suggested improvements in foster parent training.

Challenges

According to the foster parents who were surveyed (see above), more training is needed on how to provide for children with special needs, how to connect with children who present with difficult behaviors, and what to do when a child no longer wants to be in the foster parent's home. Additional feedback included expanding the times when trainings are offered, including evening and weekend courses for foster families that need to complete their required training.
In preparation for the 2015 Needs Assessment, CFSA reached out to foster and adoptive parents through surveys, focus groups, interviews, and internal quality service reviews. These respondents provided CFSA with recommendations on the foster parent training.

- Foster parents still report a need for assistance handling trauma-based behaviors (such as suicidal behaviors), understanding the seriousness of the fostering job, responding to Agency expectations for the fostering role, etc.
- A social worker, a children's advocate, and a congregate care provider each recommended more training on topics such as trauma and mental health conditions
- Foster parents indicated that training in a classroom setting or training online does not necessarily translate to the immediacy of supporting a child in crisis. Rather, they would benefit from training that specifically provides skill sets for de-escalating behaviors and identifying symptoms of trauma and strategies for ameliorating the effects of trauma
- Foster parents generally requested that trainings be less academic and more experiential, such as role-playing, to allow foster parents to develop skills tailored toward the needs of their foster children.
- Recommendations included online supplemental training for foster parents using external sites, e.g., www.fosterparentcollege.com, which has been reported to help in areas that most of the Agency's training lacks. For example, oftentimes information is presented by the Agency that is useful for

foster parents who are caring for younger children but this site presents information in such a way that the foster parent can easily adapt it to the teen population.

Systemic Factor #5 Service Array and Resource Development

Item 29: Array of Services – How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- **Services that assess the strengths and needs of children and families and determine other service needs**
- **Services that address the needs of families in addition to individual children in order to create a safe home environment**
- **Services that enable children to remain safely with their parents when reasonable**
- **Services that help children in foster and adoptive placements achieve permanency**

Response: *CFSA effectively leverages its numerous and strong partnerships with local government agencies and community-based providers to offer a variety of services that can be accessed from all points in the District of Columbia and the neighboring regions in which District wards are placed. For children committed to foster care, services are evaluated, accessed, and continuously monitored to ensure they effectively assess the strengths and needs of children and families in order to promote safety, well-being, and permanency. For families at risk of having children removed, as well as families working to have their children returned, services are provided to identify risks, assess needs, and promote lasting permanency. For foster care resource providers, services promote safe conditions and well-being for all parties involved, and, where appropriate, support the transition from foster care to a permanent relationship, whether through guardianship or adoption. Having identified and secured connections with a substantial and varied body of providers in the District, the Agency is focusing efforts on educating parties about available services and removing barriers to positive and meaningful service engagement.*

Policy

As noted throughout the document, CFSA policies are fully compliant with local and federal legislation. All policies pertaining to programs apply to CFSA's practice across the District and the contracted case-managing agencies with homes in the state of Maryland. Each policy is on the Agency's website, making it readily available to staff, stakeholders, and the public. The following policies, listed alphabetically, most directly impact CFSA's service array through provision of support in the following domains: education, legal, financial, health and well-being:

- **Adoption Subsidy** – Identifies circumstances and processes for providing financial assistance to make adoption possible for children with special needs that might otherwise remain in long-term foster care.
- **Domestic Violence –** Guides Agency actions and the provision of services and supports that address the immediate and long-term needs of non-offending partners and their children when dealing with issues of domestic violence, while also ensuring that supports are available to the offending partner.
- **Educational Services -** Ensures that all children in CFSA's care and/or custody have access to an educational program that is appropriate to the child's age and abilities, and is designed to meet their unique needs and suitably prepare them for additional education, future employment, self-sufficiency, and independent living.
- **Engaging Incarcerated Parents –** Promotes substantive engagement of incarcerated parents to ensure they are involved in the lives of their children as needed and appropriate to the goal of strengthening family relationships. Social workers are instructed to consult with the parent's assigned case manager to determine if there is a plan for successful reintegration of the parent into the community. The plan should identify available facility and community resources that have been coordinated to address the affected parent's continuing needs.
- **Fair Hearings –** Under Federal and District law, CFSA must ensure that any person aggrieved by the Agency shall receive a Fair Hearing upon request and qualifying circumstances. Service Appeals allow for dispute resolution related to the delivery and/or the quality of services provided and/or referred by CFSA (or CFSA-contracted agencies) to a client or family. In the event that a dispute arises related to delivery and/or quality of a service, the social worker shall review the appeal rights with the client, family, and/or youth during a case planning meeting.

- **Healthcare Coordination –** Guides social workers in the performance of an advocacy role that ensures that children and youth receive all necessary services in a timely manner, including physical, mental, behavioral, and developmental health services.
- **In-Home Services –** Promotes and guides Agency efforts to team directly with families in order to provide a child-centered, family-focused, community-connected, strength-based and solution-focused service array that reinforces safety for children living at home, including biological, adoptive, guardianship, and custodial homes where children have reached permanency within the last six months.
- **Investigations –** Guides social workers in the utilization of assessment results and other criteria to determine which specific referrals for services may be needed to protect the safety and well-being of the children and the stability of the family. Every family with an open investigation shall be offered services that address immediate needs, including but not limited to assistance in obtaining clothing or food and medical or mental health evaluations
- **Older Youth Services –** Describes the provision of services and supports to youth, aged 15 through their 20th year, to help prepare them for their entrance into adulthood. The policy also describes the process of connecting youth with community-based service providers that provide individualized services that can help the youth develop and address their particular strengths and needs. In addition, these services help youth to master an array of skill sets that are essential for the transition from foster care to adulthood.
- **Out-of-Home Services –** As the policy is under revision, Agency efforts are currently guided by the *In-Home and Out-of-Home Procedural Operations Manual*, which sets forth protocols for identifying service needs, facilitating service access, and evaluating service efficacy.
- **Permanency Planning –** Presents the identification of appropriate services as an essential component in case-planning for the safety, well-being, and permanency of children and families that have in-home cases. Additionally, for those cases where removal was deemed necessary, the Agency must make and document reasonable efforts to avoid the need for out-of-home placement. Central to the standard of "reasonable efforts" is the provision of individualized services across a broad spectrum of well-being domains.
- **Permanent Guardianship Subsidy -** Helps children achieve permanency by supporting caregivers who are willing to care for children but are unable to

manage the financial burden or meet their medical needs without a subsidy. A Permanent Guardianship Subsidy may provide financial assistance and medical assistance to permanent guardians of eligible children.

- **Relationship with Resource Parents –** Illustrates the Agency's commitment to actively team with resource parents for the general care, safety, permanence, and well-being of children in the District's foster care system. The policy describes the provision of quality training and service support to CFSA resource parents for this purpose.
- **Services for the Deaf and Hard of Hearing -** Protects the rights of clients who are deaf or hard of hearing to receive auxiliary aids and/or services through CFSA in a timely manner to ensure effective communication and an equal opportunity to participate fully in the benefits, activities, and programs provided by the Agency.
- **Youth Personal Allowance –** Provides youth, aged 15 to 21, in out-of-home placements with a personal allowance of $100 by their resource provider for the purchase of discretionary items and services, and for learning money management skills.

In addition to the policies above, CFSA has a list of administrative issuances that cover services impacting a child's experience in the child welfare system:

- Gift Cards and Vouchers
- Protecting Children in Care from Identify Theft
- Substance Abuse Treatment
- Summer Camp Subsidy Program
- Transition of Youth to the Developmental Disabilities Administration

Services for assessing the needs and strengths of children are outlined in several of the policies listed above (e.g., assessing health needs per the Healthcare Coordination policy, safety needs per the Investigations protocol, or educational assessments per the Educational Services policy). Under *Item 30* following, specific details are provided on one of CFSA's most important assessment vehicles, that is, the child and family functioning, and caregiver assessments. While these are not specifically identified in current policy, the Agency is revising policies to reflect the inclusion of functional assessments and their use in the case planning process.

Services that address the needs of children and families in order to create a safe home are covered by policy as well. For example, the Domestic Violence and In-Home Services policies provide guidance for service referrals that help to stabilize families. For keeping children at home, it is recommended throughout all pertinent CFSA policies that prevention of removal is the first course of action whenever possible.

Items 29 and *30* both outline services that directly support children staying at home (i.e., family stabilization), even though these services are not necessarily identified by name in any given policy (e.g., Title IV-E Waiver Demonstration Project). Policies that specifically support services for achieving permanency follow the lead of the *Permanency Planning* policy. Such supportive policies may address financial efforts (e.g., Adoption Subsidy), or services required by foster parents to support permanency (e.g., Relationship with Resource Parents policy).
In general, all CFSA policies are drafted with a singular focus: how to keep a child and family living together in a safe home and experiencing healthy, nurturing relationships. Detailed narrative on CFSA's practice for services and delivery are continued in this section as well as under *Item 30*.

SERVICES THAT ASSESS THE STRENGTHS AND NEEDS OF CHILDREN AND FAMILIES AND DETERMINE OTHER SERVICE NEEDS

CFSA continuously monitors the implementation and evaluates the efficacy of a variety of child and caregiver assessments intended to promote safety, well-being, and permanency. Among other benefits, assessment data can be used to inform the service referral process, ensuring children, families, and care providers develop the tools they need for success. Below is a list of assessments currently being utilized by Agency specialists:

Child Stress Disorders Checklist – District of Columbia (CSDC-DC)
The CSDC-DC was implemented for all new entries on December 1, 2014, and was implemented for all children and youth currently in care as of April 1, 2015. The tool has been built into FACES.NET.

Strengths and Difficulties Questionnaire (SDQ)
The SDQ was fully implemented into CFSA's Clinical Services unit on December 1, 2014. The tool has been built into FACES.NET.

Global Appraisal of Individual Needs Short Screener (**GAIN-SS)**
The GAIN-SS was fully implemented into CFSA's Healthy Horizons Assessment Center (HHAC) on January 1, 2015. The tool will be built into FACES.NET in the next reporting period.

Ages and Stages Questionnaire, Third Edition (ASQ-3) and Ages and Stages Questionnaire, Social Emotional (ASQ-SE)
Nurse Care Managers in the Healthy Horizons Assessment Center complete this assessment.

Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-school and Early Childhood Functional Assessment Scale (PECFAS)
CFSA has completed the functional assessment system build as of July 1, 2015. The CAFAS/PECFAS assessments have been built and integrated into the FACES.NET management information system. The CAFAS/PECFAS modules reside in the FACES.NET system and are linked via a web services interface to the Multi-Health Systems Incorporated (MHS) FASOutcomes application, which has been customized to receive FACES.NET information from CFSA. Through the web services interface, child-specific assessment data is transmitted safely and securely from FACES.NET to FASOutcomes, where it is scored. The results then flow back through the interface where they are displayed on the FACES.net graphical user interface and stored. System and load testing has been completed and system implementation has now begun.

The Structured Decision Making® (SDM) Caregiver Strengths and Barriers Assessment (CSBA)
The SDM CSBA, developed by the National Council on Crime and Delinquency's (NCCD) Children's Research Center (CRC), is an updated version of the former Caregiver Strength and Needs Assessment and is designed to help measure parent/caregiver functioning over time. It is made up of 13 domains that have been shown to either support or hinder the functioning of parents/caregivers involved in the child welfare system. This tool was identified and developed under the auspices of the Title IV-E Waiver program, Safe and Stable Families (SSF), and like the CAFAS/PECFAS, will be completed every 90 days to inform, and be incorporated into, the case plan.

Early Intervention

CFSA's on-site clinic, the Healthy Horizons Assessment Center (HHAC), serves as the primary vehicle for medical evaluations upon entry and replacements into foster care. In addition to the health screenings performed upon a child's entry into care or change of placement, HHAC clinicians complete developmental screenings and send forward to Early Stages through the District of Columbia Public Schools who determines what further assessments and services are when such needs are presented.[89]

Pre-placement screenings

Of the 457 entries into foster care in FY 2015, 415 required a pre-placement screening. Of these, 392 (94 percent) received a pre-placement screening. Per the LaShawn exit standard, the Agency "on track" for the benchmark of 95 percent.

Medical Evaluations

Of the 388 children requiring a medical evaluation, 330 (85 percent) received a medical evaluation within 30 days of placement. This met the benchmark of 85 percent. An additional 36 children received an evaluation within 60 days of placement, i.e., 94 percent of children received medical evaluations within 60 days of entering care, which is on track for compliance with the 95 percent benchmark.

Mental and behavioral health screenings

The Clinical Administration in the Office of Well being conducts mental and behavioral health screens and facilitates the referrals to the Department of Behavioral Health. In FY 2015, 85 percent of children who entered foster care received a mental health screening within 30 days of entry. In FY 2015, there were 273 placement changes for children in foster care. For these children, 233 of them had Child Needs Assessments completed within 30 days (85 percent).

Dental evaluations

In FY 2015, of the 326 children requiring a dental evaluation, 115 (35 percent) received a dental evaluation within 30 days of placement. An additional 25 children received an evaluation within 60 days of placement, i.e., 43 percent of children

[89] For information about protocols in the case of identified medical or developmental issues, please refer to the following section: *Individualized Services*. For further description of HHAC protocols, objectives, and outcomes, please refer to the *Well-Being Outcomes* section.

received dental evaluations within 60 days of entering care. Both the 30 day and 60 day figures are in compliance with the respective benchmarks of 25 percent and 50 percent.

Mental Health Services

The DC Department of Behavioral Health's (DBH) Choice Provider Network (CPN) is CFSA's clinical provider of choice. DBH is a key partner in developing and expanding the array of District-based evidence based practices (EBP) available to CFSA children and youth. Along with DBH, CFSA is on the District-wide System of Care's (SOC) Reinvestment Committee, through which the District has committed to reinvesting any cost savings achieved through the SOC and the *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence Informed Mental and Behavioral Health Services in Child Welfare* grant into mental and behavioral health and child welfare programming.

The vast majority of child mental health services, including aforementioned EBPs and other community-based services such as counseling, community support, diagnostic assessment, and assertive community treatment are funded through federal Medicaid dollars. CFSA and DBH work closely with the District's Department of Health Care Finance to assess clinical services and if appropriate, to undertake action steps to gain formal approval to obtain Medicaid funding for them.

On its website, DBH lists 17 providers, located across the District, that have been certified to serve children and families. A DBH mental health counselor can be reached, 24/7, via the Access Helpline, to help select the most appropriate provider.

Educational Services

CFSA's Office of Well Being (OWB) collaborates with the DC Office of the State Superintendent for Education (OSSE) and DC Public Schools (DCPS) to ensure that all children in the Agency's care have access to and are enrolled in appropriate educational programs.[90]

Vocational Services

Through the Career Pathways Unit, which is housed in CFSA's Office of Youth Empowerment (OYE), older youth receive vocational assessments, training,

[90] For information about protocols in the case of identified learning issues, please refer to the following section: *Individualized Services*. For further description of OWB protocols, objectives, and outcomes, please refer to the *Well-Being Outcomes* section.

counseling and referrals. Service typically begins with a Career Interest form, wherein the youth describes prior employment experiences, education status, and career goals. Based on the amount of context necessary to truly understand career interests, the next phase of the assessment process involves an interview with a Career Pathways intake specialist. During this session, the youth's eligibility for services is verified (e.g., the youth is old enough for services and is not committed to full-time undergraduate studies). Additionally, the intake specialist further assesses the youth's interests, aptitudes, and professional presentation (as would be done, for example, in a job interview). Within two weeks of acceptance into the program, the youth attends a job readiness training workshop at OYE. More detailed consultation and ongoing support are provided once the youth is assigned to a Career Pathways specialist. For youth that may present financial or motivational barriers to accessing the services, social workers commonly facilitate the process by bringing the youth to OYE. Monthly transportation stipends, which are distributed at OYE, further ensure that engaged youth are able to remain connected with the Career Pathways program, and ultimately transport themselves to and from their vocational pursuits.

In FY 2015, there were 121 youth participating in the Career Pathways program. CFSA youth have received training in a variety of fields, from the following local providers:

- Job Corps
- University of the District of Columbia, Community College
- Prince George's Community College
- Department of Youth Rehabilitative Services (DYRS)
- Community College of Baltimore County
- LAYC Career Academy
- United Planning Organization
- Year Up
- Career Technical Institute
- Bennet Institute (cosmetology)
- VMT Educational Center (nursing assistant/home health aide)
- Med Tech
- CMS Protective Services (security)
- DC Central Kitchen
- FAM Treats (culinary arts and food handling)

- ATSSA Flagger Program

The majority of the vocational providers are located in parts of the District of Columbia that are accessible by public transit. The few remotely located providers have been engaged either based on the youth's place of residence or the provision of unique training opportunities.
In FY 2015, 51 youth were referred to the various vocational training providers listed above. Of that number, 41successfully completed their program, 7 withdrew, 2 were dismissed, and 1 gained employment prior to program completion.

In addition to vocational training, CFSA refers qualified youth for temporary subsidized employment opportunities that are appropriate to the youth's career goals. Ideally, positions are intended to lead to regular ongoing employment with the host employer; however, they are also valuable in providing the youth with on-the-job experience, industry connections, and a more marketable resume. The following employers have hosted CFSA youth in this capacity:

- DC City Council
- DC Office of Human Rights
- DC Department of Employment Services
- CFSA
- DC Department of Public Works
- DC Department of Parks and Recreation
- National Alliance on Mental Illness
- Providence Hospital
- Bennett Career Institute
- Bennett Babies (child development center)
- Marshall's
- TJ Maxx
- Whaler's Creations (catering)
- Brave Heart (youth camp)
- Fan Youth Development Program
- Miller and Long
- Rockville Recreational Center
- Sports IQ Advantage

As with the vocational training facilities, the host employers are predominately located in parts of the District of Columbia that can be accessed by public transportation. Furthermore, in many instances, the employer is capable of being more flexible with subsidized employees than members of the regular payroll. Thus, CFSA youth often have the opportunity to schedule shifts that reflect such circumstances as concurrent education, caring for their children, or simply needing a gradual introduction into the workforce.

In FY 2015 there were 55 CFSA youth receiving subsidized temporary employment and on-the-job training experiences with local public and private employers.

SERVICES ADDRESSING THE NEEDS OF FAMILIES TO CREATE A SAFE ENVIRONMENT AND SERVICES ENABLING CHILDREN TO REMAIN SAFELY AT HOME

Family Assessment

Pursuant to the objective of keeping families together, when abuse and neglect investigations lead to a finding that removal is not necessary, the Agency, where appropriate, utilizes the family assessment model to provide or refer families for services to help with stabilization. Many of these services are provided by agencies or organizations other than CFSA. Providers are listed in brackets for the following Family Assessment services and interventions helping to keep a child safely at home:

- Emergency assistance (rent, utilities, hotel, security deposit, food, furniture, funeral/burial, transportation, prescriptions, infant supplies) [CFSA, Collaboratives][91]
- Partnering Together conference (a face-to-face handoff of families to community partners for case management services [CFSA, Collaboratives, DC Department of Human Services]
- Intervention plans to address service needs, including educational neglect issues (following up with school personnel, parents, and children, plus implementing a plan to address barriers to school attendance) [CFSA]
- For families who accept ongoing services, we make referrals to community partners for case management support to address identified

[91] Located in District wards where many child welfare matters are brought to CFSA's attention, the Healthy Families/Thriving Communities Collaboratives (Collaboratives) house 10 units of co-located in-home social workers to help families in their neighborhoods and communities to access a range of services geared toward mitigating abuse and neglect risk factors.

needs.[Collaboratives, DHS, HOMEBUILDERS®, Project Connect, Sasha Bruce, Victim Services, Mary's Center]

- Legal Support [Neighborhood Legal Services, Children's Law Center]
- Family and Adolescent Support [Parent and Adolescent Support Services (PASS)]
- Mental health [Department of Behavioral Health (DBH)]

For the services listed above, CFSA captures Family Assessment referral data under two categories: "Referred to Agency" and "Referred to Collaborative." In FY 2015, 27 families were referred to an agency and 227 families were referred to the Collaboratives. The following agencies participated in the above service referrals for FY 2015 (additional details follow under *In-Home Services*):

- Catholic Charities
- Children's Law Center
- DC Department of Behavioral Health (DBH)
- DC Department of Human Services (DHS)
- Family Advocacy Center
- HOMEBUILDERS
- Mary's Center
- PASS Victim Services
- Project Connect
- Sasha Bruce

In-Home Services

For families with open CFSA cases, the following in-home services were offered to children and families in 2015:

Service/Intervention	**Provider/Vendor**	**# of families referred in 2015**
HOMEBUILDERS	Catholic Charities of the Archdiocese of Washington, and Progressive Life Center	70
Safe Families for Children	DC 127	28
Co-located DBH Clinicians	DC Department of Behavioral Health	2,204
Infant and maternal health specialists	Total Health Care Solutions	235
Legal Services	Neighborhood Legal Services Program	153
Parent Education and Support	CentroNia, East River Collaborative,	70

	Collaborative Solutions for Communities	
Home visitation	Mary's Center	28
Father-Child Attachment	Mary's Center	1
Teen/Young Parent Empowerment	Healthy Babies Project	20
Parent & Adolescent Support Services	DC Department of Human Services	51

The Collaboratives also provided or connected families with the following services in 2015:

- Family Supportive Services include such supports as emergency assistance, crisis intervention, and parent education.
- The *Fatherhood Education, Empowerment, and Development* program utilizes a comprehensive, strengths-based case management model of interventions and supports that help fathers to successfully reunify with their children.
- Assistance with finding housing, employment, and vocational training, as well as obtaining any benefits or other specialized services for which clients may qualify.
- Community capacity-building efforts strengthen and expand resources available to community residents.
- Housing supports include the following variety of services and resources:
    - Flexible funds provide short-term financial support to help with such expenses as rent deposits, back payments, furniture, clothing, homemaker services, home maintenance, and repairs.
    - *Rapid Housing*, cited earlier, is a program where the DC Housing Authority (DCHA) administers housing payments and the Collaboratives provide case management and support services to families in need of housing or at risk of being homeless.
    - *Family Unification Program* gives priority to families with children younger than eight years old. CFSA and DCHA administer vouchers to help these families participate and reunify.
    - *Hope and a Home* is a transitional housing facility for families with two or more children. Programming strongly emphasizes education for dependents and job training for parents.

- *So Others Might Eat* provides a facility of townhomes where comprehensive case management and clinical services are provided to larger families.

Safe and Stable Families Program (IV-E Waiver Services)

The Title IV-E waiver provides the Agency with more flexibility to use IV-E funds for prevention of removal and keeping children safely at home through in-home services. The waiver has also allowed CFSA to expand its partnerships with both public and private agencies in the District to implement a diverse array of services and resources available to families in all of the District's communities.

- *Collaboratives as Service "Hubs"*
  - CFSA has been able to strengthen its existing contractual partnership with the Collaboratives by facilitating their evolution into true community "hubs" where residents can, in their own neighborhoods, gain access to services, resources, and supports that address all of their needs. CFSA is also providing technical assistance to the Collaboratives to assess their current capacity to develop strategies that enhance skills and desired outcomes. Typically, the Collaboratives are open during regular business hours, but some keep their doors open on evenings and occasionally weekends.
- *Behavioral Health Services*

  CFSA has fostered partnerships between the Collaboratives and DBH to increase the accessibility of behavioral health and pediatric health services. DBH clinicians are now co-located at the Collaboratives in order to conduct substance abuse screenings and mental health assessments, in addition to connecting children and families with services. In FY 2015, co-located DBH clinicians provided services to 1210 children and 1056 parents. The average time between mental health screening and service delivery was 39 days.
- *Capacity Building Awards*

  CFSA has allocated funding to the Collaboratives to award capacity building or mini-grants to community-based providers within their service areas to expand or develop services and resources. Proposals are intended to target families with children (birth to age six) or young parents (ages 17 to 25) and to address a gap in the existing service array. There were an estimated 20 grants. Each of the five

Collaboratives had $200,000 allocated for the CBG within their contracts. CFSA is in the process of preparing another RFP that the Agency hopes to release in April.

- *Family Preservation Models*

  HOMEBUILDERS is an evidence-based model that provides intensive crisis intervention, counseling, and life-skills education in the home for families at imminent risk of having a child placed in foster care. Additionally, *HOMEBUILDERS* provides accesses to resources that address specific needs. For example, child safety is promoted through small caseloads, program intensity, and service availability. HOMEBUILDERS accepts referrals 24/7. Upon approval of the referral and the family's acceptance of services, the HOMEBUILDERS supervisor completes an intake form and assigns a therapist who meets with the CFSA social worker and the family within 24 hours of the accepted referral. HOMEBUILDERS therapists serve families in their homes, and maintain small caseloads to ensure intensive support. Generally, therapists work toward eight to ten face-to-face hours, per week, but are are available 24/7, if needed. In FY 2015, 68 children and 25 families were served.

  Project Connect assists high-risk families that are involved with the child welfare system and are affected by parental substance abuse. The program supports parents in recovery in order to expedite reunification efforts and to prevent a child's re-entry into foster care. *Project Connect* offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services, as needed. Project Connect social workers visit the home at a minimum of twice a week. While circumstances and needs vary, the program serves clients, on average, for around 12 months. In FY 2015, 50 children and 26 families were served.

  Parent Education and Support Project (PESP) promotes sustained engagement of parents in specialized parent education programs in conjunction with the development of ongoing peer supported or post-intervention programs. Its community-based grantees work within

specific neighborhoods and address specific populations with unique needs. In FY 2015, 88 children and 40 families received services.

Safe Families for Children - CFSA has teamed with the faith-based organization, DC127, which comprises a group of churches that work to recruit and support foster parents in the District. Through the *Safe Families for Children* program, families confronting homelessness, unemployment, incarceration of a parent, domestic violence, or other stressors can access the assistance of volunteer families to temporarily care for their children. In addition to providing care, the volunteer families can provide the parent with such supports as coaching, mentoring, and assistance in accessing further resources. In FY 2015, 3 children and 3 families were served.

*Neighborhood Legal Services Program (*NLSP) is a CFSA grantee that provides free legal advice and representation to low income families involved with CFSA or the Collaboratives. Areas of expertise include family law, housing law, and public benefits law. NLSP's services provide the kind of critical early intervention that can decrease the likelihood of formal involvement with the child welfare system. Intake hours for new clients are Mondays, Wednesdays, and Fridays from 10:00 am to 3:00 pm at any of NLSP's three District locations. In FY 2015, 190 children and 94 families received services. In a July 2015 telephone survey, NLSP was able to connect with 15 clients for input on services received and outcomes. 73 percent cited the need for legal support regarding family issues (the majority of which involved custody matters), 33 percent for housing problems, and 20 percent for public benefits. Of those describing family issues, 46 percent indicated NLSP helped keep children in their custody, and 46 percent indicated that NLSP helped keep biologically related children out of foster care. Thirty-one percent of respondents indicated that NLSP helped them provide important supports for their children

DC Child Trust Fund (DCCTF) helps CFSA strengthen families and protect children from abuse and neglect through public education and parent support programs. DCCTF also provides targeted funding and

technical assistance to help local groups build capacity to implement child abuse prevention programs. To address the training needs of parents, DCCTF has established the Center for Excellent Parenting and Communities, which focuses on three broad categories: (1) parent education, (2) parent support, and (3) community awareness. CFSA continues to partner with DCCTF to support expansion of the District's network of coordinated child abuse prevention resources and activities.

- *Parent Advocacy Project (PAP)* mentors provide free consultation for services and referrals, as well as one-on-one support to parents. PAP mentors also facilitate engagement between parents and social workers, and promote a parent's progress toward case goals.

SERVICES THAT HELP CHILDREN IN FOSTER AND ADOPTIVE PLACEMENTS ACHIEVE PERMANENCY

Adoption Promotion and Support Services

CFSA ensures that supportive services are available to families after adoption or guardianship through its partnership with the Post Permanency Family Center (PPFC), administered by Adoptions Together. Prior to the finalization of these permanency goals, the social worker notifies families of the availability of PPFC services, which include information, trainings, resources, and referrals. Additionally, CFSA has implemented an internal post-permanency unit to address the service needs of children after adoption or guardianship finalization.

SERVICE ARRAY – PERFORMANCE

CFSA has contracted with independent evaluators to assess the effectiveness of programs funded under the Title IV-E Waiver. The federal officer approved the evaluation plan in June 2014. The baseline year was 2015 for the evaluation; the initial analysis will begin in 2016.

Stakeholder Feedback

The following results were taken from a survey, conducted by CFSA's Office of Planning, Policy, and Program Support in April 2015:

- Of 15 CFSA clinic and health services staff, 53 percent felt the Agency was very effective in providing community services to prevent removal or re-entry into care.
- Of 19 assistant attorneys general and section chiefs, 55.5 percent felt the Agency was somewhat effective in providing community services to prevent removal or re-entry into care.
- Of 17 in-home and out-of-home social workers, 68.7 percent felt the Agency was very to somewhat effective in providing community services to prevent removal or re-entry into care.
- Of 13 kinship and guardianship providers, 69 percent felt the Agency was very to somewhat effective in providing community services to prevent removal or re-entry into care.
- Of 30 foster and adoptive parents, 46.4 percent felt the Agency was very effective in providing community services to prevent removal or re-entry into care.

When interviewed for CFSA's 2015 Needs Assessment, internal and external stakeholders revealed the desire for more funding and easier access to the following services:

- Transportation
- Childcare or daycare
- Immediate stabilization for crises (in addition to the current provider, ChAMPS)
- Longer-term and more in-depth mental health services
- Respite services that are easily accessible and readily available
- Additional supportive services to help resource parents to better stabilize the children
- More services tailored to the unique needs of older youth
- "Customized service packages" for each child (or youth)

During a February 2016 focus group, ten foster youth, between the ages of 18 and 21, were asked whether they agreed with the statement, "There are services in the District to meet all of my needs (e.g., vocational training, mental health, college prep)." Of the youth that responded, three agreed with the statement, two were unsure, one disagreed, and one strongly disagreed.

Of the youth that responded to the statement, "The services I receive are high quality, and have helped me work toward my goals (e.g, health, education, employment),"one strongly agreed, while three disagreed.

The youth had mixed feedback in response to the statement, "When I have an issue with a service provider, CFSA acts quickly to help me." While one agreed, two were unsure, one disagreed and three strongly disagreed.

Strengths

Congregate care providers have observed that when a youth's goal is reunification, CFSA makes concerted efforts to support the future stability of the youth's parent by providing much-needed services, e.g., looking into housing vouchers and rental assistance on their behalf. For youth aging out of care, the Agency likewise investigates housing opportunities, and also provides material supports, including a transitional care package and matched savings contributions.[92]
Youth living in congregate care facilities indicated that they have benefited from the array of supportive services available to help them prepare for the transition to independence. Among the supports receiving numerous mentions were transportation support and educational/vocational support. Other such supports include rental assistance, financial management programs, furniture assistance, and transitional care packages (e.g., gift cards for home-related purchases). One congregate care provider observes that it has been helpful to have therapists come to the group home when youth refuse to go to therapy.

Challenges

When providing input for the 2015 Needs Assessment, stakeholders noted that the number of children with severe mental health issues seem to be on the rise, and many resource families, even those trained to provide therapeutic foster care, are unequipped to successfully handle these challenges. The diagnosis and treatment of attachment issues was specifically perceived as an essential mental health service that

[92] Most recently, the transitional care package a gift card up to $1,000 (contingent upon need) for household purchases from a local retailer. Matched savings are available to youth who successfully complete a financial literacy program. More information on youth services is available on the CFSA website via the Older Youth Services policy.

is not currently readily available to resource families. Stakeholders also indicated the need for timely community-based mental health interventions. For example, one youth who verbalized suicidal ideations did not receive mental health services for several days. The circumstances were not described in detail however, so it is undetermined as to whether or not it would have been appropriate to take the youth to an emergency room or psychiatric facility.

As noted, mental health resources are also needed for resource families themselves. Foster parents specifically requested grief and loss counseling to help them process feelings related to children leaving their homes due to reunification or a move to another provider.

In the CFSA *Youth Ombudsman Annual Status Report* for 2015, one of the systemic findings led to a recommendation that CFSA do more to connect youth with services, particularly for older youth who are close to transitioning to independence. In particular, the report suggests that information resources be made available to youth during the final transition planning meeting, and stakeholders need to be educated on the benefits still available to youth after achieving permanence. In 2015, the Agency also started providing the $100 transportation to youth on top of what they received. This action was a response to youth feedback.

The above feedback was reinforced when many youth and stakeholders were interviewed for CFSA's *2015 Needs Assessment*. They described a gap between the abundance of available resources and the youths' awareness of them. Several placement providers suggested that a comprehensive and accessible list of available resources in the various service domains would be helpful, as well as a breakdown of who (CFSA or provider) is responsible for accessing a program and assisting the youth toward successful completion.

The Youth Ombudsman's report also indicated that 42 total complaints were reported from foster care youth to the Youth Ombudsman. Of this number, 10 involved Agency delay in providing appropriate services. The report explains that "Agency delay" means that CFSA or a private provider made an attempt to address the youth's concerns, but barriers delayed final resolution. Four of the complaints were classified as placement-related.

Several external stakeholders contributing to the 2015 Needs Assessment indicated that services are available in all areas but what is needed is more regular engagement,

reinforced by teaming and case management. One care provider observed a need for services where youth engagement can be consistently monitored. For example, in the case of certain job-readiness programs that take place offsite, youth tend to go from program to program, and it is very easy for them to "fly under the radar". Without the ability for placement staff to monitor progress, these services are only beneficial to internally motivated youth.

Several youth expressed a need for greater independent living services prior to aging out of the system or prior to entering college, through life skills. One provider stated that issues arise when such a desire is expressed by a youth who demonstrates a need for more supervision and support than an independent facility is designed to offer.

Other providers expressed that a comprehensive and accessible list of available resources in the various service domains would be helpful, as well as a breakdown of who (CFSA or provider) is responsible for accessing a program and assisting the youth toward successful completion. Several providers described a need for tutors and mentors. One provider, in a home for teen males, observed that young men seem to respond more positively to male mentors. Lastly, several youth reported a need for more timely responses from congregate care staff with regard to various communicated concerns, as well as expenses for clothing, high school graduation, personal spending, and travel.

It was recommended that CFSA increase youth engagement in services that help to promote independence. For example, in the case of certain job-readiness programs that take place offsite, youth may begin one program but decide to switch to another program without completing either program. If placement staff could more readily monitor progress, these services could be beneficial to all youth, not just those who are motivated.

CFSA and the private agency foster parents stated during 2015 Needs Assessment interviews that the community-based programs are a resource but they still feel a need for more supportive services to help them provide care for the children in their homes. Among the services cited were transportation, childcare, and respite services that are easily accessible and readily available.

In a May 2015 focus group of five birth fathers, participants stated that they did not have enough of an idea of the services available. Particularly in light of such pressing needs as housing, the birth fathers recommended that the Agency do more outreach to

ensure they are made aware of available supports. One birth father suggested that it would even help to receive instruction on how to effectively search for supports.

In explaining their responses to questions from the February 2016 focus group, almost all of the youth equated "services" to the provision of financial supports. In particular, where youth felt services were lacking, they referred to funding for transportation and clothing. Although indicating that vocational supports, educational programs, and mental health supports exist within the District, most of the youth described inadequate means to successfully access the resources. One of the youth, however, explained to his peers that resources are sufficient for those that commit to employment opportunities. He emphasized that, in a typical working situation, it is up to the youth to budget wages to get to and from work. All parties did agree, however, that in many cases, the cost of local public transit is so high as to adversely impact many working opportunities, especially when youth receive low wages and short work shifts.

Item 30: Individualized Services – How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Response: *CFSA has, over the past year, taken significant steps to not only utilize child and caregiver assessment data to drive the case planning process, but also to streamline the translation of such inputs into clinical practice. Social workers are currently being trained in utilizing case planning software that, among other things, converts assessment data into recommendations for individualized services that meet unique needs. These recommendations are not intended to be a substitute for the social worker's clinical judgment, but will effectively and efficiently supplement the case planning process and help ensure the appropriateness of service referrals. Moreover, the resources available throughout the District will help ensure that recommendations are not made in vain. Regardless of where a child or family resides within or near the District, they will have access to an abundance of service providers; many are dedicated to specialized services, and many others routinely adapt generalized services to unique needs.*

Policies and Legislation

As cited under *Item 29*, CFSA provides overarching policy guidance for service referral across the child welfare continuum. Again, all policies are compliant with local and federal legislation. Individualized services do have specific guidance, for example substance abuse referrals (*CFSA AI-06-20 Substance Abuse Treatment*) or services related to sexual health (*HIV, Sexual and Reproductive Health* policy). The previous listing of such policies in *Item 29* also applies here in *Item 30*.

Sometimes individualized services are legislated and CFSA responds by implementing a new policy. For example, the District had passed legislation for the protection of children's identity but CFSA had not implemented a policy for it. After much vetting, CFSA implemented *CFSA AI-12-12 Protecting Children in Care from Identity Theft.* This issuance provides the protocol for running credit reports on all children under 16 years of age, and for shepherding older youth through the process of checking credit scores on their own. With the 2014 passage of federal Public Law No: 113-183 (*Preventing Sex Trafficking and Strengthening Families Act*), CFSA immediately developed a resource guide for staff to serve youth who may have been victims. In addition, the Agency's Policy Unit is has developed an administrative issuance, which will be implemented in the spring of 2016, to address this nation-wide issue.

Practice/Performance

With regard to understanding the child, adolescent, and caregiver on a level that can truly individualize the service referral process, the Child and Adolescent Functional Assessment Scale (CAFAS), Preschool and Early Childhood Functional Assessment Scale (PECFAS), and Caregiver Strengths and Barriers Assessment (CSBA) have been built and implemented into FACES.NET case planning software.[93] Staff training on the software occurred from April-July 2015. The training was mandatory for current staff during the training period, and is now incorporated into pre-service training for all new staff. In a survey evaluating CAFAS/PECFAS training, 63 of 71 (88.7 percent) of child welfare professionals found were satisfied with the training. The same number indicated they were prepared to administer the assessments with children and youth.

[93] For more details on actual integration into written case plans, please refer to the CAFAS/PECFAS and Caregiver Strengths and Barriers passages of the Written Case Plan section of this report.

Below are examples of many of CFSA's individualized services, as well as specialized approaches to traditional services, to which assessment data and clinical understanding of children and families will facilitate appropriate linkage:

Substance Abuse

When a youth screens positive for substance use or there is suspicion of substance use, the CFSA substance use coordinator refers the youth to the youth mobile assessor (that goes to the youth to engage and assess the youth, Hillcrest Children and Family Center. Upon referral, a Hillcrest life assessment coach engages the youth, his or her social worker, and resource parent to participate in treatment. The coach administers the Global Appraisal of Individual Needs (GAIN-I) assessment to determine the level of care appropriate for the youth's individual treatment as well as the environment most appropriate or requested by the youth. The life assessment coach works directly with the youth and the youth's team to ensure an assessment is completed and treatment connection is made.[94]

In August 2014, CFSA entered into a contract with the Family Recovery Program (FRP) for four recovery specialists and a supervisor. Each of these individuals is a certified addictions counselor. This recovery specialist unit is housed under a CFSA program manager in the Permanency Administration. The purpose of this contract is to engage parents as early as possible after a child is removed. In this manner, the parent can be quickly assessed and enter treatment so that reunification can occur as quickly as possible. Where appropriate, CFSA refers parents to the District's Addiction Prevention and Recovery Administration (APRA).

In FY 2015, 150 youth ages 11 and older came into care. Of those, 70 had a GAIN-SS (short screener) and 27 had a 10-panel urine screen. CFSA is unable to report on the total number of children who were reunified as a result of substance abuse intervention but in the second quarter of FY 2015, five parents reunified with a total of eight children.

[94] This was put in place because the referrals to substance use where so low. We contracted with a substance use expert who works with adolescents to go to the youth and also engage the family in the process to best understand the unique needs of the youth. I believe this was put in place in 2013 but we would have to check.

Also in FY 2015, 117 youth were referred for substance use assessments. Fifty-nine youth completed the assessment. Of those that did not show up or did not complete the assessment, 36 refused. Other factors included non-responsiveness to contact attempts, abscondence, existing enrollment, case closure, private insurance, and participation in a residential treatment program. Of the 59 completed assessments, 49 youth were recommended for treatment. Of these, 29 entered treatment. As of the submission of this report, five youth have completed treatment, 16 did not complete treatment, and eight remain in treatment.

Mental Health

A key outcome indicator on CFSA's *Four Pillars Scorecard* (described in more detail under X) is to expedite the linkage of children, entering foster care, to a mental health provider when it is deemed necessary. In FY 2015, CFSA referred 266 children and youth for mental health assessments and treatment. DBH staff co-located at CFSA connects those children directly with mostly DBH Core Service Agency Choice Providers. Of the 266 referrals, 225 (85 percent) were referred to a Choice Provider/Core Service Agency. Linkage (first face-to-face meeting) with the provider occurred within an average of 1.8 days.

In addition to choice providers, CFSA also utilizes Child and Adolescent Mobile Psychiatric Services (ChAMPS). ChAMPS offers emergency mental health services to CFSA's in-home population, as well as to District wards residing in Maryland foster homes. Program objectives involve the promotion of placement stability. Services can be provided in the home, where appropriate, and are available 24/7 for children ages six to eighteen. In FY 2015 ChAMPS received a total of 1409 calls, of which 894 were deployable.[95] Of the total calls received, 205 calls were related CFSA-involved youth.

The *Mobile Crisis Stabilization* (MCS) program was created to provide comprehensive services for foster families in the District and Maryland. When foster families experience challenges that put a placement at risk of disruption, e.g., acute symptoms of family stress, MCS provides services to help restore the family to optimal pre-crisis levels of functioning. Services are available from 9 am to 1 am, every day, and are available to individuals 18 years of age and older. Services teams

[95] The primary reasons deployment does not occur involve collateral intervention where (1) the child is picked up before the team can be deployed, (2) an appointment is set for a later time outside of the crisis window and is not kept, and/or (3) the crisis is abated by other factors.

respond to adults throughout the District who are experiencing a psychiatric crisis whether in the homes or on the street and who are unable or unwilling to travel to receive mental health services. Clinicians also are available to provide counseling support after traumatic events whether personal or community wide. In FY 2015, a total of 109 referrals were sent. Of that number, 56 were District placements, 52 were in Maryland, and one was in Virginia. In 103 (94 percent) of the cases, the placement was maintained. Replacement was necessary in the remaining six cases. In FY 2015, CFSA began discussions to expand this service to include an after-hours support line for foster parents to begin in FY 2016.

Children Diagnosed as Medically Fragile and Developmentally Delayed

Social workers notify CFSA's Health Services Administration (HSA) of children on their caseload with health or developmental needs, and then gain the expert support from HSA that these cases require. In addition, CFSA nurse care managers are assigned to children with the most serious medical issues and regularly monitor their care, comfort, and safety while supporting the social worker and caregiver.

On January 27, 2015, CFSA released an administrative issuance to improve identification of and service to youth with developmental delays on the child welfare caseload. *CFSA AI-15-01 Transition of Youth to the Developmental Disabilities Administration* (DDA) outlines requirements and procedures for ensuring that youth who have been diagnosed with an intellectual disability are promptly enrolled to receive services from DDA. CFSA has developed a partnership with DDA's umbrella agency, DC Department on Disability Services (DDS) to ensure quality services for children, including medically fragile youth, through systematic, multidisciplinary, multi- agency, and multimodality review of procedures and policies. DDS also identifies housing and incorporates person-centered planning to meet the needs of the individual. CFSA also partners with Health Care For Children with Special Needs (HSCSN) to ensure that the medical needs of those children are met.

Another DDS program is the Rehabilitative Services Administration's Independent Living Services (ILS) program that promotes self-sufficiency despite the presence of one or more significant disabilities. The objective of ILS includes but is not limited to living independently, decreasing dependence on family members, decreasing the need for supervision in activities of daily living, and increasing a self-directed lifestyle. In FY 2015, seven children met the criteria for a diagnosis of being medical fragile, and 16 children met the criteria for a diagnosis of developmental delays.

Educational Needs

When assessments identify particular educational needs, CFSA's Office of Well Being (OWB) reaches out to several unique populations to assist with educational planning and to connect students to services as needed. In particular, OWB reaches out to social workers with 2nd , 3rd , 8th and 9th graders who perform below grade level. OWB provides community resources, connections to school resources, and connections to CFSA's tutoring providers where necessary. OWB also provides connections to summer resources for kindergarteners and 1st graders who test below grade level. For students who demonstrate lack of proficiency on DC-CAS (Comprehensive Assessment System), OWB also notifies social workers and provides resources as needed, including connection to CFSA's contracted tutoring providers. CFSA currently contracts with A Plus Success, LLC and Soul Tree, LLC. These vendors were selected based on their research-based instructional techniques and forms of assessment that enable them to monitor progress on students' academic achievement.

CFSA is able to measure students' progress from tutoring services by comparing pre-service assessment diagnostic test results with post-service assessments (a re-assessment of the student using the same diagnostic tool). The post-service assessments are generally administered every six months. In this first quarter of service, CFSA asked vendors to conduct a post-service assessment on any child or youth who has received tutoring services for three months or more in order to have earlier indicators of student progress.

A comparison of pre- and post-service assessments for 34 of the children and youth who have received tutoring services from one of these two tutoring vendors for three-to-six months (connected to service anytime between July 2015 and September 30, 2015) revealed the following measures of improvement:

Improvement in Reading Skills in the first three-to-six months of tutoring service:

- 5.9 percent (or 2 students) have improved their reading by two or more full grade levels.
- 26.5 percent (or 9 students) have improved their reading by a full grade level or more.
- 32.3 percent (or 11 students) have improved their reading by a ½ grade to full grade level.

- 35.3 percent (or 12 students) have improved their reading by a ½ grade level or less.

Improvement in Math Skills in the first three-six months of tutoring service:

- 6 percent (or 2 students) have improved their math skill by two or more full grade levels.
- 21.2 percent (or 7 students) have improved their math skill by a full grade level or more.
- 36.4 percent (or 12 students) have improved their math skills by a ½ grade to full grade level.
- 36.4 percent (or 12 students) have improved their math skills by ½ grade or less.

Additional educational services are incorporated in mentoring process. CFSA has contracted with Best Kids, Inc. to provide mentoring to youth referred by their social worker. Mentoring services often include academic achievement. CFSA measures a student's progress from mentoring services by comparing the student's reported functioning on two different pre-service assessment tools (a self-evaluation completed by the student and a survey administered to the caregiver). Functioning is then reported again six months post-service delivery. Both tools ask questions that assess the student's functioning in six different domains:

- Cognitive Functioning (including school engagement/attendance and academic performance)
- Emotional and Behavioral Functioning (including pro-social behavior, positive outlook, self-esteem)
- Social Functioning (including relationships with adults, peer relationships, social connections, social competence)
- Risky Behaviors (including reduction/cessation of substance abuse and/or delinquent behaviors)
- Involvement with Caregiver (including following directions and cooperating with home rules)

In FY15, 72 children and youth received mentoring services from Best Kids, Inc. Based on Best Kids, Inc.'s the last quarterly report submitted in January 2016, the students receiving mentoring services reported the following outcomes:

- Cognitive Functioning: 83.33 percent of the surveyed students increased their scholastic competence and educational expectations. 77.78 percent increased their grades.
- Emotional/Behavioral Functioning: 78.26 percent of surveyed caregivers reported that the children and youth in their care increased their feelings of empowerment. 82.61 percent of surveyed caregivers reported that the children and youth in their care increased their self-esteem and self-expectations.
- Social Functioning: 66.67 percent of the surveyed students reported increased feelings of parental trust. 72.22 percent reported increased social acceptance and relationships with their peers.
- Risky Behaviors: 86.11 percent of the surveyed students reported increased feelings of risk avoidance.
- Involvement of Caregiver: Each mentoring pair involves the caregiver in the mentoring plans and keeps them updated on progress made towards goals.

Special Vocational Needs

Through the Office of Youth Empowerment's (OYE) Career Pathways Unit, older youth may be referred to DDS' Rehabilitative Services Administration (RSA) if the youth is in search of vocational training opportunities or employment but presents with cognitive, developmental, or behavioral issues of a nature that may impact employability. In addition to being available during office hours, RSA specialists visit OYE on a weekly basis. During initial meetings, older youth and their teams can complete intake activities, which include assessments and a discussion of goals. During subsequent meetings, the youth's progress and ongoing options are discussed. RSA works with the youth's team to identify training opportunities and specialized employment situations that are, in many cases, more conducive to teachable moments than the typically stressful entry-level employment positions that are generally inappropriate for youth with disabilities, and youth who have a history of transition and trauma. In FY 2015, eight CFSA youth were receiving services through RSA. When CFSA meets with DDS in March 2016, the agencies will discuss a formal process to track all CFSA youth receiving services through DDS.

Pregnant and Parenting Youth

OYE's Generations Unit supports pregnant and parenting youth by providing service referrals and transition planning assistance. As of this report, the Generations Unit is

directly managing 30 pregnant and parenting youth while partnering with the following community resources:

- Metro Teen AIDS: Stable Families
    - At a central, and transit-accessible location in the Disrict, youth aged 13 to 24 can receive free HIV, STI and pregnancy testing during walk-in hours, Monday through Friday from 11 am to 7 pm. Additionally, there are opportunities for peer education and self-expression, at the facility, Monday through Friday, 3:30 to 7:00 during the school year, and from 1 pm to 7 pm during the summer.
- Healthy Babies/Teen Alliance for Prepared Parenting
    - Through a dedicated team of professionals, including nurse-midwives, physicians, nurses, social workers, counselors, youth development specialists and health educators, the program provides a full range of services that promote healthier living and improve the overall well-being of pregnant and parenting youth. Adolescents who are pregnant and aged 18 or younger are eligible to enroll at any time during their pregnancy. Young fathers may enroll if they are expecting a child, or if they have a child under the age of five years. Once enrolled, youth may continue to participate in the program until 23 years of age.
- DC Department of Human Services (DHS)
    - DHS provides services to women to assist them if they are pregnant or want to know if they are pregnant. Men can also receive services to assist them with parenting or pregnancy prevention. Services include free pregnancy testing, free condoms, and family planning counseling and referral. The DHS office is centrally located in the District, accessible by transit, and open from 8:15 am to 4:45 pm, Monday through Friday.
- Fatherhood Empowerment and Educational Development (FEED) Program
    - Utilizing a comprehensive, strengths based case management model, FEED is provides interrelated supports that will help fathers become improve their employment status, increase their financial support to families, and development more positive relationship with the birth mother. Operating out of the five Collaboratives, FEED serves fathers residing in all eight wards of the District of Columbia.
- Women Infant & Children (WIC)

- WIC is a program that provides the following services to pregnant women, new mothers, infants, and children up to age five, by providing nutrition counseling and education, breastfeeding resources and support, nutrient-rich foods, immunization assessment and screening, and referrals to health and social service providers. Eleven WIC clinics are located throughout the District, typically during regular business hours.

- Safe Sleep Program
  - Through the DC Department of Health (DOH) DC residents can get Pack 'n Plays for their infant to ensure infants are sleeping safely. Putting a baby to sleep face up in a crib reduces the chance of death caused by Sudden Infant Death Syndrome (SIDS), suffocation and roll over deaths related to the infant sharing a bed with parents or other children. The Safe Sleep Program provided through Safety Approved Pack ‘n Play, Parent/Caregiver Education, Education for Community Partners and Referrals. Centrally located in the District, office hours are from 8:15 am to 4:45 pm.
- New Heights Program based on high school assignment
  - New Heights is a school-based program that provides support to help teen parents stay in school, further their education, become gainfully employed and contribute to the health and wellness of their children. In collaboration with various government agencies and community-based organizations, New Heights provides help, support and information for teen parents in order to help them transition from adolescence to adulthood and from high school to higher education and/or work.

In the effort to ensure that services for this population are adequate, the Generations Unit has developed its own set of outcomes for pregnant and parenting youth (PPY) in foster care, as outlined below:

Objective	2012	2015
Decrease number PPY in care	73	51
Decrease number of repeat births to PPY in care	14	6
Increase number of PPY in care who complete high school or obtain GED per academic	14	29

year		
Increase number of youth in care who enroll in post-secondary education	College: 2	College: 9
	Vocation: did not track	Vocation: 16

PPY also have access to one of the CFSA nurse care managers (as needed) along with daycare vouchers. In addition, both congregate care and foster home placement providers receive funding in the amount of half the standard board rate to assist with the costs of the youths' children. PPY are also eligible to apply for the special supplemental nutrition program from WIC (Women, Infants, and Children). Daycare vouchers are provided to those who are engaged in employment or educational activities. Car seats and breast pumps from local hospitals are also available to youth at a discounted price. Additionally, the Safe Sleep program provides a free pack-n-play, and the Generations Unit provides referrals to the DC Diaper Bank where PPY can receive diapers, wipes, formula, and other infant needs.
As part of the Safe and Stable Families, Title IV-E Waiver initiative, CFSA nurses are co-located at the Collaboratives in order to support families with young children (birth to age six) who have an identified health need. In FY 2015, 235 children and families received services from infant and maternal health services.

CFSA has contracted with The Mary's Center for Children and Maternal Health to provide home visitation services to CFSA families. The Mary's Center uses a multi-disciplinary approach which includes family support workers, registered nurses, mental health therapists, attorneys and early intervention specialists. These services can begin prenatally or shortly after the birth of a baby (up to three months), and are offered voluntarily, intensively and over the long-term (through the child's 5th birthday).They work with these expectant and new mothers in their homes to address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. The goal of the program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services. In FY 2015, 77 children and 34 families were served.

Non-English Speaking and Refugee Youth
Latin American Youth Center
CFSA commonly refers Spanish-speaking youth, including refugees, for case management services to the Latin American Youth Center (LAYC). In addition to

Spanish-speaking social workers that can identify linguistically appropriate academic opportunities, LAYC links youth with Spanish-speaking family-based foster homes. LAYC also has a congregate care facility that employs Spanish-speaking staff. LAYC's mission is to empower a diverse population of youth to achieve a successful transition to adulthood, through multi-cultural, comprehensive, and innovative programs that address youths' social, academic, and career needs.

Lutheran Social Services (LSS)

CFSA also refers unaccompanied refugee minors (URMs) to Lutheran Social Services for resettlement in the United States, specialized supports (e.g., social programming and URM-specific employment services), and case management by social workers with expertise in resettling URMs. LSS services include foster families and congregate care providers that have experience serving and connecting this population. At the end of calendar year 2015, ten refugee youth were connected to LSS for case management, seven of whom were able to be placed with the LSS immediately upon their entry into care.

Language Access Training

Language Access/Cultural Sensitivity Training is provided at CFSA as mandated by the District of Columbia's Language Access (LA) Program. The LA Program exists to ensure District residents and visitors who are limited English proficient or non-English proficient (LEP/NEP) are afforded equal access to information and services provided by the District. Residents who speak little English must be offered interpretation services and/or translated documents when obtaining government services, as required by the Language Access Act of 2004.

LGBTQ Youth

CFSA has set a target in FY 2016 to procure 15 new beds for youth in foster care who self-identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). Targeted recruitment efforts for these youth will be a continuation of the FY 2015 strategies, and the following additions:[96]

[96] FY 2015 strategies included targeted recruitment of beds specifically for youth self-identifying as LGBTQ; continued community partnerships with the Human Rights Campaign, Mayor's LGBTQ Task Force, DC Concern Provides, Capital Pride, and Rainbow Families; development of audience-specific marketing material; increased recruitment visibility via community presentations and event promotion;

- Enhancing audience-specific marketing collateral and complementary messaging
- Continue focusing social media advertisement toward the LGBTQ community and residents
- Hosting a LGBTQ Youth Resources Fair with LGBTQ-friendly faith-based organizations and providers in the District
- Quarterly focus group with resource parents who self-identify as LGBTQ; the effort will be to strategize on additional recruitment efforts to increase the pool of LGBTQ-friendly resource parents in the District
- New data collection survey to capture an accurate account of the LGBTQ population in child welfare
- LGBTQ coaching and mentoring training will also be offered to resource parents

Human Trafficking

In FY 2015, CFSA developed a Human Trafficking Resource Guide on sex trafficking services and information resources. The guide is intended to provide a central source for direct service social workers.

CFSA Hotline workers will process referrals by using the CFSA Hotline Structured Decision Making (SDM™) Screening and Assessment Tool to determine the pathway of a referral alleging sex trafficking. If the screening suggests sexual exploitation by a parent, guardian, or legal custodian, an investigation will occur.

If the alleged perpetrator is not the parent, guardian, legal custodian, or other adult member of the household, the Hotline worker will enter the report into FACES as an Information and Referral (I&R) labeled "Commercial sexual exploitation of children (sex trafficking of minors)" and immediately referred to MPD. When a child has been brought to CFSA by MPD because of knowledge or suspicion that the child has been engaged in sex trafficking, efforts will be made to conduct a preliminary fact-finding interview to ensure child safety and well-being with a goal of reuniting the youth with their family. Depending on the results of the interview and/or MPD's

and listening forums for the LGBTQ population and foster parents to examine services, barriers to services, and resources needed to better support youth in care.

I conclusions, a referral is made to one of the designated community resources specializing in sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources.

HHAC nurse practitioners conduct initial/re-entry medical pre-placement screenings and routine physical examinations. Based on the answers to questions on the Healthy Horizons Screening Form, nurse practitioners determine the appropriateness of asking specific questions to assess risk of or actual involvement in sex trafficking. In addition, children and youth are administered behavioral health screenings through the Strengths and Difficulty Questionnaire (SDQ) and the GAIN-SS. Social workers also administer the trauma assessment Child Stress Disorder Checklist (CSDC-DC) on all new entry cases within 20-28 days of removal. Additional questions on sex trafficking exposure risk have been added to the CSDC-DC for children and youth aged 11 and older. This modified version of the trauma assessment will be administered to children/youth already in CFSA's care or when returning from abscondence when there are concerns of sex trafficking. This version of the trauma assessment will be integrated into the SACWIS (known to staff as FACES) in FY16. Pending this integration, CFSA's trauma implementation consultant has administered this portion of the CSDC-DC, as deemed appropriate.

CFSA is a member of the DC-Human Trafficking Task Force, the DC Family Court Commercial Sex Exploitation of Children (CSEC) Committee, and the PG - Human Trafficking Task Force. During any of these task force meetings, CFSA staff representatives participate in dialogue to ascertain the capacity of community-based resources and services, to identify gaps in services for this population, and to determine where and how to obtain needed resources. CFSA representatives also seek out those community-based organizations that can provide resources and services to CFSA's client population, and they encourage other organizations to develop services for this population. CFSA is committed, along with sister agencies community partners listed below to spearheading the effort to ensure a comprehensive range of services are available to both identify and provide therapeutic intervention to these particularly vulnerable children and youth:

- FAIR Girls – This local advocacy group provided consultation during the development of CFSA's sex trafficking training, and also provided a data report on their clientele base along with the types of services available to their clients.

- Polaris Project – A national resource center for sex trafficking, Polaris also provided consultation during the development of CFSA's training and also provided information on clinical and information resources, including a donation center that they offer to those victims who have left their trafficking situation. Polaris has also shared a curriculum developed for young girls on self-esteem and awareness.
- Shared Hope International –Shared Hope International collaborated with CFSA and provided resources for an inter-agency training session on sex trafficking.
- National Center for Missing and Exploited Children (NCMEC) – NCMEC provided CFSA with an outline of NCMEC's services, policies, and search procedures; provided resources to determine appropriate legality of posting photos of children in foster care; and discussed types of data collection NCMEC would need from CFSA and a process for information sharing through FACES.NET.
- Courtney's House – A comprehensive advocacy organization, Courtney's House also provided consultation during the development of CFSA's training and shared information on services and supports they can provide to CFSA youth.
- Latin American Youth Center (LAYC) – One of the CFSA's contracted agency partners, LAYC also consulted on development of CFSA's training curricula.
- Melissa Snow – Ms. Snow is an expert in the area of Domestic Minor Sex Trafficking and is providing consultation to CFSA on assessment tools for determining a youth's risk in exposure to sex trafficking.
- Dr. Tricia Bent-Goodley – A professor at Howard University, Dr. Bent-Goodley is collaborating with CFSA's Office of Policy, Planning and Program Support to develop a literature review on the connection between domestic violence and victims of sex trafficking and best practices for survivors. This research may provide a correlation that opens the door to more comprehensive services for victims of sex trafficking.

In FY 2015 CFSA developed a *Human Trafficking Resource Guide* on sex trafficking services and information resources. The guide is intended to provide a central source for direct service social workers. In addition, the Agency's Child Welfare Training Academy developed the *Understanding and Preventing Human Trafficking* course,

which has been mandatory since FY 2015 for new hires as part of their pre-service training. Eighty-nine percent (89 percent) of CFSA staff members have completed the training. In 2015, 159 child welfare professionals were surveyed on the effectiveness of the training. Of this number, 34 percent felt that the materials would be essential for their practice, and 59 percent strongly felt this way. Thirty-five percent agreed that they would be able to immediately apply their training, and fifty-six percent strongly agreed.

Strengths

CFSA has an expansive service array. The depth of services is considered extensive from substance abuse services to older youth services; CFSA covers multiple domains with its service division. CFSA has also enhanced how to better determine the needs of children in care, with the CAFAS/PECFAS and CSBA assessment tools provide detailed insight into the characteristics and needs of children, youth and caregivers. This insight has made the case planning process more refined, as the assessment results will populate the fields in case planning software, in conjunction with observations and recommendations from the child's team. Additionally, the expressed objectives and needs of the age-appropriate child, will help identify the most suitable services based on this assessment. This approach reinforces the element of individualized services for the clients served. Another strength of CFSA's individualized services shared by an external stakeholder during an interview was that the Agency utilizes nine evidence-based practices, and through the best practices a continuum of services are provided to the client served population. From the approach that CFSA takes at assessment, whether through a host of available assessment tools, CFSA and DBH team to complete a 30-day assessment of the child when they come into care. The commitment of co-located staff and the utilization of case conferences to better understand the "why" behind the behavior for children in care is critical. Service needs assessed through this lens CFSA has found to be thorough in scope.

Pregnant and parenting teens in congregate care facilities also acknowledged receiving the supports they need for their own advancement. In particular, one program manager cited the onsite childcare as a service definitely benefitting the parenting youth. Youth corroborated this point of view through their survey responses. The convenience of bringing their children to the onsite facility has permitted many teen moms to pursue academic and vocational interests that may have otherwise appeared impractical or overwhelming.

Challenges

A noted challenge with service array and resource development from the focus group held in February 2016 at CFSA's Office of General Counsel (OGC) found that while CFSA has an expansive service array, many social workers are unaware of the all the services that are available to clients. A recommendation from the OGC focus group included improving communication of the service array to the social workers, thereby encouraging the same information with clients. OGC also recommended "follow-up" reminders of CFSA's service array to reinforce service availability and to encourage full utilization of available services. OGC also pointed out that stress is high at CFSA, as is turnover, so communication is key to keep staff informed of new priorities and new services.

During the 2015 Needs Assessment interviews, CFSA and the private agency foster parents expressed a need for longer-term and more in-depth mental health services as well as immediate stabilization for crises for older youth (in addition to the current provider, ChAMPS). Current mental health crisis providers were seen as "not timely and "not readily available" for youth. Another challenge identified was the need for more in-the-foster-home counseling services that accommodate a foster parent and youth's busy school and work balance.

Systemic Factor #6 Agency Responsiveness to the Community

Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Response: *CFSA has developed extensive partnerships and created internal mechanisms to cultivate improved means of enhancing agency responsiveness to community. CFSA continues to regularly consult with, and solicit feedback from,*

internal and external stakeholders to determine the District's effectiveness in fully engaging the community for serving children and families. There are several processes that help ensure that the Agency is responsive, like the Agency's continuous quality improvement (CQI) process is also fundamentally involved with helping CFSA to self-correct areas where responsiveness to the needs of the community is either falling short of expectations or is simply in need of "tweaking".

Policy

Although CFSA has no specific written policy related to Agency Responsiveness to the Community, it has been CFSA's practice to include stakeholders in updating policies and practices. For example, in 2015-2016, to address CFSA's strengthening all aspects of the placement continuum from recruitment to support services, the Agency held seven stakeholder forums alongside individual meetings with foster parents and advocates, included internal and external stakeholders, as well as older youth to obtain their feedback. In total, there were 20 focus groups, 27 interviews, and 6 forums. Youth respondents (ages 17 to 20) totaled 23 for focus groups. Overall, the response rate to the surveys was 58 percent, i.e., 128 out of 220 respondents.

Practice

The Agency conducts focus groups, interviews and forums to ensure that we capture the concerns of the community. Among the conversations held included Cross-Connect to better coordinate services for families; the four pillars update and budget meeting with the stakeholders inclusive of partnering with the Children's Law Center; quarterly meetings with the Family Court and presiding judge to discuss court-based responsiveness and needs for families and monthly the agency holds private agency partnership meeting with CFSA to address service needs.

CFSA has also conducted an in-depth review of its placement continuum to identify areas of strength and need. The Agency held seven stakeholder forums alongside individual meetings with foster parents and advocates, and it reviewed internal and external organizational support systems impacting placement. Information is consistent with responses from the stakeholder interviews and surveys reported in this assessment. As a result, CFSA has made some immediate changes, discussed further in the document, and is developing longer-range strategies for a more robust sustainable placement continuum.

CFSA has implemented the following enhancements to placement stability:

- Work with licensed foster parents to identify foster homes based on population and care type needs.
- Negotiate contract modifications with current providers to enhance flexibility:
- Fund bed hold stays to allow youth on abscondence to return to same placement.
- Review incentive plans and per diem rates and their impact on recruitment, retention and stability to inform policy and FY2017 contract changes.
- Develop a document to provide clarity on placement options and the pathways to kinship care, foster care, guardianship and adoption.
- Foster parents have access to an after-hours (i.e., evening) foster parent support line, as an expansion of the mobile stabilization services available for placement stability support.
- Develop placement status database.

Based on the needs assessment and forums, CFSA decided that the current system of foster care in the District of Columbia needs to be strengthened in order to better meet the needs of the children and youth we serve. Instead of moving children from one foster home to another, based on the skill sets of foster parents, CFSA believes that a better, more effective model would be to ensure that all foster parents have a basis to understand and respond to grief, loss, and trauma – and that children receive the supports and services they need wherever they are placed, but particularly in family-based settings. When these services are wrapped around children and families, they provide families with the chance to successfully increase stability alongside well-being and safety for children. CFSA believes that incorporating some of these key elements into the District's foster care continuum will strengthen the Agency's ability to provide appropriate placement stability – even for youth with complex needs.

There also needs to be a consistent approach across the continuum of care so that foster parents licensed by CFSA, or by a private provider, have access to the same training, support, and information. CFSA cannot afford to have a two-tiered training and support system if the Agency is to move best practices forward.

CFSA's goal is to provide the best and most effective foster care programming to the District of Columbia's children and youth. To that end, the Foster Care Model

Workgroup was established in October 2015 for the purpose of assisting CFSA in the selection of one or more evidence-informed home-based foster care models to be implemented in 2017 throughout the system. The workgroup is composed of over 40 individuals representing a broad group of stakeholders including CFSA staff, private agency staff, former foster youth, foster parents, foster care advocacy, and support organizations, as well as guardians ad litem and parents' attorneys. Chapin Hall has provided expertise and support to the workgroup by both analyzing data and sharing relevant evidence-based and evidence-informed foster care support models for the group to consider.

The review of foster care models was limited to those already independently reviewed and rated through the California Evidence-Based Clearinghouse for Child Welfare (CEBC). The CEBC is a tool for identifying, selecting, and implementing evidence-based and evidence-informed child welfare practices to improve child safety, increase permanency, increase family and community stability, and promote child and family well-being. The following models were identified:

- Treatment Foster Care Oregon – Adolescents (TFCO-A)
- Treatment Foster Care Oregon – Preschool (TFCO-P)
- Together Facing the Challenge (TFC)
- Keeping Foster and Kinship Parents Trained and Supported (KEEP)
- Teaching Family Model
- Neighbor to Family Sibling Foster Care Model

While each model had particular strengths, no one model was rated as strong in all of the rating categories, nor was one model identified as the sole solution to all the needs identified by the workgroup. Further investigation and due diligence is needed in order to make an informed decision about which model(s) are the best fit for the District (alignment with needs and outcomes to be achieved, affordability, scalability, sustainability, etc.). In order to do this, it is necessary to gather technically specific information (e.g., costs, training requirements, implementation timelines, and processes, fidelity monitoring apparatus) about each of the models, and to have comparisons for consideration. To that end, the recommended models will receive a due diligence inquiry by CFSA (interviews and information gathering with model developers and peer jurisdictions) in the next few months in order to have one or more models implemented in 2017.

CFSA also regularly consults with and solicits feedback from internal and external stakeholders to determine the District's effectiveness in fully responding to and engaging the community for serving children and families. Feedback may come from standard meetings, special focus groups, surveys, interviews for certain documents, and lastly, reports. For example, CFSA holds information sharing meetings with many Stakeholders were including Community Partnerships, the Office of the Attorney General, Foster Care Resource Administration, the Foster and Adoptive Parent Advocacy Center, and the Children's Law Center in order to retrieve list-serves and to collect qualitative feedback that would also be quantifiable from the following external staff and management level stakeholders:

- Collaborative workers
- Judges
- Foster parents (foster and adoptive parents)
- GALs and advocates
- Community service providers

CFSA also partners with the Consortium for Child Welfare (CCW), which represents the private agencies, is one of the Agency's ongoing partners in helping to implement the provisions in the CFSP and to incorporate private agency input for refining and developing the services described in the APSR. In 2014, CFSA staff met in person with CCW to discuss private agency concerns over CFSA's centralization of training through the Agency's Child Welfare Training Academy (CWTA). The private agency representatives stated a clear desire for external trainings to be considered valid by CWTA so that contracted social workers would have greater training flexibility but yet still be in compliance with training hour requirements.

Although the training parameters were not immediately changed, the open discussion between CFSA and the private agencies did result in CWTA's invitation to CCW to participate in CWTA's quarterly Training Advisory Council (TAC) meetings, which are integral to the curricular decision-making process. TAC not only receives evaluative input and feedback from direct and indirect service staff but it also feeds this information straight to the director and deputy directors, who are ultimately the decision-makers for training curricula. It is anticipated that CCW's current involvement with TAC, including joint assessments and evaluations of training, will result in ongoing, productive discussions and mutually satisfactory decision-making

regarding centralization and mandates. CCW is also drafting a proposal to address other training concerns. CFSA will readily respond.

CFSA also receives feedback from foster parents directly, not just through private agency representation. This feedback has traditionally occurred through bi-annual focus groups scheduled to inform the bi-annual *Needs Assessment*. One recent suggestion from the 2015 focus groups was repeated by a number of the foster parents. They requested literature that shares some of the facts and available supports that are described in the foster parent orientation presentation. This suggestion was well received and CFSA responded by contracting out the development of messaging and materials represent the facts of children in care. These marketing materials are now presented to potential partners for educating and gaining further buy-in from across the District's Wards.

Community Partners

CFSA interfaces with many community partners, each of which has a particular focus and all of which are dedicated to the same mission to promote safety, well-being, and permanency for children and families. The following list includes a brief discussion of the partner's relationship with CFSA, ways in which the two interact, and examples of outcomes occurring as a result of the partnership.

Citizens Review Panel (CRP)

Are broadly representatives of the DC community, and include, currently 8 members, with expertise in the prevention intervention and treatment of child abuse and neglect, children's attorneys, child advocates, parents, foster parents, youth and other consumer representatives, social workers, educators, and health and mental health professionals who are familiar with the child welfare system.

CRP Activities:

- Meet once a quarter in DC
- Testify before the DC Council on issues related to at-risk children and families
- Improve child welfare policies in DC
- Investigate and review CFSA policies and practices
- Collaborate with child-serving agencies in DC
- Sponsor public forums in the community on various children's issues

The District's CRP includes members who are appointed by the Mayor or by DC Council, including individuals with expertise in child welfare law, pediatric medicine, social work practice, and community advocacy. March 2015, CRP had its annual meeting and CFSA's grant monitors were in attendance. Through their quarterly meetings and an annual retreat, CRP publishes an annual comprehensive report summarizing its activities and the results of its independent assessment of CFSA's performance. Much of that analysis is based on data that CFSA makes available to the general public via the Agency's *Annual Public Report*.

After Care

The Young Women's Project (YWP) is a DC based non-profit organization that builds the leadership and power of young people so that they can shape DC policies and institutions to expand rights and opportunities. Testimony from Marcia Huff, Director of Young Poverty Programs who is affiliated with YWP states that youth are not being adequately supported and served through the aftercare program. YWP youth and adults testified on the poor quality of CFSA Aftercare Programming over the past ten years. Youth report that aftercare services are often inflexible, unreliable and ineffective. Youth desire more time, assistance and sense of urgency in the delivery of services. Youth staff testified that there were issues with food, clothing, transportation, workers who had no knowledge of community resources and having their aftercare services terminated.

In response, CFSA hired an outside consultant to restructure the aftercare program. YWP was part of the planning of the restructuring planning phase. They were part of a working group who met several times to assess current programming, review best practices and model programs, identify youth benchmarks and identify important program design elements.

Housing

In a 2013 document, CRP reported that many youth who were formerly in foster care struggle to find and stay in affordable housing and maintain healthy relationships with family members and other potential supports. It was further stated that, *recent statistics from the Agency show that of the 128 youth who aged out of foster care during FY 2013, half were not employed at the time they exited the system*. CRP made 10 preliminary recommendations to CFSA regarding how the Agency can improve supports for transitioning older youth and youth who have already existed within the system. CFSA responded with a written acknowledgement to each of the 10

recommendations, and also prepared a detailed data report for the CRP, entitled *CRP/CFSA Aftercare Follow-up Responses*.

In the responses, CFSA describes how the Office of Youth Empowerment (OYE) has assumed responsibility of the Rapid Housing Program (RHP) in order to have more hands-on impact on housing for youth. Rapid Housing, is a service that helps to ensure that a safe environment is maintained for youth (and families) in need of housing, or at risk of becoming homeless. RHP The program is a shared effort among CFSA, the Collaboratives, and the DC Housing Authority (DCHA). DCHA administers the assistance of payments while the Collaboratives provide case management and support services.

In FY15, 95 parents representing 415 children applied for Rapid Housing to keep children out of care. In FY16, 50 parents representing 125 children applied for Rapid Housing to keep children out of care. The number of parents who received Rapid Housing to keep children out of foster care. In FY15, 81 parents representing 389 children received Rapid Housing to keep children out of care. In FY16 to date, 30 parents representing 110 children received Rapid Housing to keep children out of care. The number of reunification cases in which families applied for Rapid Housing. In FY15, 55 reunification cases were presented to the Rapid Housing program for consideration. In FY16 to date, 10 reunification cases were presented to the Rapid Housing program for consideration. In FY15, the Rapid Housing Program assisted 27 families receiving a Rapid Housing subsidy. In FY16 to date, the Rapid Housing Program has assisted 10 receiving Rapid Housing subsidy. In FY15, 43 youth aging out of the foster care system applied for Rapid Housing. In FY16 to date, 11 exiting youth applied for Rapid Housing. In FY15, the Rapid Housing program assisted a total of 28 young adults as they transitioned out of the child welfare system. In FY16, the Rapid Housing Program assisted 6 young adults. The Rapid Housing Program did not run out of funds at any time in FY15. As a result, in FY15, changes to the Rapid Housing Program included the opening of two housing initiatives (Wayne's Place and Project Genesis) to support youth transitioning out of foster care.

CFSA also funded slots for CFSA families at three transitional housing facilities (So Others Might Eat, Hope and a Home, and New Day). These programs provide on-site case management for families facing a housing crisis. The additions came as a result of CFSA's observation that many families experience challenges not only with their

housing, instability, or homelessness, but also with mental health, substance use, domestic violence, and unemployment. Recognizing such complex needs, these housing initiatives support families who may have a history of difficulty complying with the current transitional housing programs. Case management helps to build the capacity of parents to nurture and care for their children.

In FY16, CFSA and Department of Human Services (DHS) are developing a Memorandum of Understanding (MOU) that addresses the housing support needs for CFSA-involved families seeking shelter through DHS due to homelessness. In addition to allowing families to become connected to the DHS network, the MOU would also result in the transitional services described above to be added to the current DHS continuum of providers and will ensure that the services are offered to the families during a joint intake process by CFSA and DHS. In FY15, the average amount of Rapid Housing award per family ranged from $4,051 to $7,138. These figures are based on the total amount of awards distributed, divided by the number of families. FY15-16 157 Type of Case Average per family/client13 (FY15) Preservation $7,138 Reunification $6,176 Guardianship/Kinship $6,844 Youth Aftercare/Exiting Youth $4,051.

One of the concerns expressed by members of the Youth Women's Project and youth who served in a housing experiment about the program management, support services and security issues. CFSA and DBH staff responded with hosting monthly workgroups where agency staff, representatives from the Collaboratives and community stakeholders discuss program progress, operations, resident concerns and plans for future activities.

Education

Also in response to the CRP suggestions, CFSA's OYE team participated in joint contract development work group meetings between CFSA and the Collaboratives in order to develop the FY 2015 Youth After Care (YAC) program. As a result of these meetings on the program's development, OYE recommended the following new outcomes to be monitored by CFSA's Contract Management and Performance Improvement Administration:

- 85 percent of YAC-referred clients are expected to have housing upon successful case closure. (Note for this Outcome OYE is defining housing as stable housing, transitional shelter or residing with others).

- 75 percent of YAC clients are expected to participate in a vocational training and/or education program.
- 65 percent of YAC-referred clients are expected to have employment.

OYE exceeded its own expectations for these outcomes. CFSA offers after-care services to youth who age out of foster care, collecting data directly from the provider (i.e., the Healthy Families/Thriving Communities Collaboratives) for those youth who used the services. The Collaboratives are currently using the Efforts to Outcomes (ETO) ™ system which captures quantitative and qualitative information in a uniform manner to determine outcomes and to track progress. In addition to capturing the total number of youth aftercare clients served, ETO also captures data related to housing, vocational, education, and training and employment links,

CFSA uses a risk assessment to support the decision to refer families to community resources. In addition, we make referrals if we have concerns outside of the risk assessment. For many families, the family assessment process is the intervention they need to remedy identified risks. The Family Assessment social workers can offer immediate tangible services/supports to CFSA families with no need for ongoing community services. Furthermore, many of our families are already connected to community or faith-based services and supports and want to continue those connections rather than accept a referral to another organization. Finally, we also have to respect the families' decisions. Unless CFSA identifies serious safety issues that warrant ongoing CFSA intervention, CFSA cannot force services on families. In those instances, where safety is not an issue, CFSA offers and encourages referrals to community-based services but accepts the family's decision whether to agree. DC CASA provided aftercare services for 30 youth in FY15. The Agency ended the contract with DC CASA in FY16 and 19 of the 30 youth were referred to the Healthy Families/Thriving Communities Collaboratives.

September 2015 results indicated that 61 youth who were engaged by a Collaborative were enrolled in or completed a trade or certification class, a general education diploma (GED), or a high school or college diploma. Twenty-eight youth who were engaged by a Collaborative received full-time employment while 93.3 percent of youth who were engaged by a Collaborative received employment or job training (56 of 60). A hundred percent of the youth engaged by a Collaborative were placed in permanent or temporary housing (83 of 83).

The Voice of Youth

Since older youth are a dominant sector of CFSA's population, the Agency makes sure to solicit and hear their voices in hopes of making sure their needs are well met. These needs are somewhat unique to the District of Columbia insofar as youth remain in the custody of CFSA until they turn 21 years old, unlike other jurisdictions where youth age out at 18 years old. While transition services start much earlier than 18 in the District, these extra years from 18 to 21 are very much centered around preparation for independence, self-sufficiency, service to others, and responsible citizenship with the understanding that there are some youth who will continue to need support after they have reached independence. The Agency has responded to these needs with detailed policy guidelines (e.g., case management, housing assistance, employment guidance, and ongoing life skills development) that were drafted with input from youth for how youth can receive supportive aftercare services through OYE.

Just like other stakeholders, older youth participate in focus groups. One such concern was around the lack of transportation subsidy. An average of 140 youth receive the transportation subsidy each month. Youth ages 18-21 who are participating in education, vocation, or employment activities are eligible to receive funding through the program funded through the DC Council. Prior to December 2015, youth who resided in DC received an unlimited monthly student paper card while youth living in MD and VA received $50 in metro paper cards.

As a result, beginning January 2016, regardless of where they live, all youth receive a $50 a pre-loaded Metro Smart Trip card as Metro will no longer sell or accept paper cards. Aftercare subsidies will be incorporated into the contracts for Healthy Families/Thriving Community Collaboratives (HFTCs) for youth who age out of foster care. Youth who are actively engaged with the HFTCs to complete their aftercare plans will be allocated $100 dollars per month or $1,200 dollars per year. The modifications for these contracts will be completed by the second quarter of 2016.

Youth also provide testimonies for DC Council to help identify needs, gaps in services, and any other concerns to ensure that CFSA is fulfilling its commitments to them, as well to the provisions outlined in both the CFSP and the APSR. When youth do provide Council testimony, it is usually sponsored by CFSA-contracted private

agencies or through independent advocacy organizations like the Young Women's Project (YWP). YWP in particular often works with CFSA to empower youth to improve their lives and communities through education, training, advocacy, and support. In recent years, the Agency has worked with YWP's Foster Care Campaign to improve the current financial support structure for youth in foster care. The campaign has helped to enhance the Agency's youth stipend requirements, structure, and operation.

In 2015, the D.C. Child and Family Services Agency (CFSA) initiated a self-assessment and also sought input from community stakeholders and youth to evaluate and improve aftercare services for young adults who age out of the child welfare system. Throughout the process, community-based partners—particularly the Children's Law Center, Citizen Review Panel, and Young Women's Project—augmented our efforts to analyze data and synthesize stakeholder input. These partners conducted research, submitted reports, and provided public testimony regarding the need to improve support for youth in foster care as they develop life skills and transition to independent adulthood. In addition to identifying ways to improve practice, CFSA also wanted to establish standard outcomes that reflected youth input as well as the collective expertise of professionals.
Based on recommendations stemming from this work, the CFSA Director authorized two improvement strategies in January 2016:

- Creation of a revised aftercare program model that will guide providers in serving young adults, ages 21 to 23, who age out of District foster care and
- Internal coordination at CFSA to establish a transition-to-adulthood planning continuum for youth ages 14 to 21 in foster care and young adults ages 21 to 23 who have exited care.

In fiscal year (FY) 2015, CFSA asked an independent consultant to perform detailed study of aftercare. Results indicated a need to improve outcomes across the aftercare spectrum:

- 39 percent had permanent housing.
- 46 percent had completed an educational benchmark.
- 34 percent had full-time employment.
- 17 percent completed all goals or had all identified family functioning areas addressed.
- 22 percent were unresponsive after engagement or receiving services.

- 16 percent of all referred young adults were engaged in services

During the February 2015 Agency performance oversight hearing, youth affiliated with YWP testified regarding their experiences. Their recommendations included but were not limited to the following areas:

- Consolidating the number of specialists necessary for mental health needs
- Improving foster parent training
- Maintaining one social worker for an appreciable period
- Providing opportunities to meet foster families prior to placement
- Ensuring more deliberate and reasoned approaches to case closure, e.g., making sure that youth really understand what closure entails and likewise, preparing guardians, adoptive parents, or lifelong connections for "life after foster care"

As a result of these testimonies, the chairperson of the Council's Education Committee was inspired to follow up with OYE, also meeting with the youth ombudsman (YO), and learning more about CFSA's services for youth. The councilmember reported that CFSA's approach to youth was impressive, particularly the YO's efforts to plan an "alumni network". CFSA formed a Foster Care Alumni Board that began holding regular meetings in March 2016. The CFSA Director and two CFSA employees formerly in foster care facilitate. The board holds open discussions that encourage participants to share their experiences, observations, needs, and recommendations. Their input is valuable as we work to improve transition planning and aftercare services. Additionally, in a community center on December 9, 2015, the CFSA Director, Principal Deputy Director for Program Operations, and two CFSA employees formerly in foster care met with approximately 30 youth, ages 15 to 20 and currently in foster care. The purpose was to engage them in open dialogue regarding their foster care experience, their needs, and their future. Main topics that emerged during the meeting included:

- Overcoming mental health challenges,
- Building trust with adults,
- Career development, and
- The importance of good decision making.

The YO submits quantitative data to the CFSA director in an annual report, which includes descriptions of concerns expressed by individual youth, along with the

youth's age, where the youth is placed, and the nature of the issue. Recent areas of concern for youth were that of receiving allowances and stipends. Historically, youth have requested that allowance monies go directly to them and not through the foster parent. While there are practical reasons why monies go directly to the foster parent; CFSA also wanted to address these concerns. Resultantly, the CFSA policy unit worked directly with youth and staff to develop the following two policies, which outline how monies should be allocated: (1) Youth Personal Allowance and (2) Youth Clothing Allowance.

As a result CFSA has issued annual back-to-school allowances ($300) since 2013. Foster parents and youth who have been involved with the agency since 2013 are aware of the policy and reach out to social workers and foster parent support workers to inquire about changes and/or updates. The Monthly Clothing Allowance policy was issued in 2013, detailing the foster parent's responsibilities and the amounts allowed for monthly clothing allowances. The policy has been provided to foster parents, foster parent support workers, and social workers. In addition, the policy is posted on the agency website for the public. Social workers discuss the monthly clothing allowance with foster parents and youth during monthly placement visits. Information about the clothing vouchers has also been shared in the agency's Child Welfare Training Academy (CWTA) newsletter for foster parents and social workers (the SOURCE), as well as with CFSA's partner, the Foster and Adoptive Parent Advocacy center (FAPAC). CWTA includes the same information in foster parent pre-service and in-service training

During the meeting, CFSA's Youth Ombudsman and several foster youth decided to start meeting monthly to discuss issues and provide peer-to-peer support. The first of these meetings, which the youth call "Peer Plug Sessions," took place in the community on February 24, 2016.
In a community center on December 9, 2015, the CFSA Director, Principal Deputy Director for Program Operations, and two CFSA employees formerly in foster care met with approximately 30 youth, ages 15 to 20 and currently in foster care. The purpose was to engage them in open dialogue regarding their foster care experience, their needs, and their future. Main topics that emerged during the meeting included:

- Overcoming mental health challenges,
- Building trust with adults,
- Career development, and

- The importance of good decision making.

DC Public Schools (DCPS) and Office of the State Superintendent of Education (OSSE)

Over the past year, CFSA has revamped its academic assessment protocols based on its increased access to educational data obtained directly from some of its key educational partners. While the A+ Assessment tool was used, during the previous reporting period, to provide data related to math and reading performance, CFSA has recently been granted access to educational records from the DC Office of the State Superintendent for Education (OSSE), which now allows the Agency to efficiently obtain school enrollment information. Utilizing the State Longitudinal Education Database (SLED), CFSA social workers and specialists can access the enrollment history and standardized test scores of children in DC Public Schools (DCPS) and in DC Public Charter Schools (DCPCS). CFSA's access to SLED has been announced Agency-wide with several staff members already being trained on how to utilize the system. On a quarterly basis, DCPS is also providing CFSA with complete attendance records and grades for all school-aged children in foster care. In addition to SLED access, CFSA has recently been granted access to OSSE's Education Data System (SEDS). Several CFSA personnel, including the Office of Well Being's (OWB) education specialists, have also been trained on SEDS so that all administrations that provide either direct case management or services relevant to academic well-being now have at least one staff member who can access necessary data and offer in-house training as needed.

The results indicated progress under education with only 4 of the children changing schools in the 2015-16 school year, which is an important achievement considering school transfer negatively impacts education. Further, CFSA increased its access to baseline educational of SEDS and SLED (enrollment and demographic), SEDS (IEP status), Quickbase (attendance and enrollment), and has a data sharing agreement with PGCPS that allows access of data. Also, children and youth in mentoring programs (72) showed promising improvements. Self-evaluations by students and families show an increase of function in several social, academic and emotional areas.

Transportation and School Stability

Interviews with many resource parents indicated that they need a day or two to prepare their home for the arrival of a child, including putting necessary services into

place, such as arranging for a child's transportation to school if they are not able to provide the transportation directly. CFSA placement specialists have also described occasions where communication between social workers and foster parents included some foster parents not fully understanding CFSA's expectations for fostering responsibilities, e.g., receiving emergency placements at a moment's notice or performing certain daily duties like providing school transportation at a distance that might inconvenient to the foster home but important to the child's well-being because the Agency is keeping the child in his or her school of origin.
As a result, providing more training on the availability of the agency's educational services and supports is one of the primary goals of CFSA's Blueprint for Change education strategy. In FY15, as a part of its strategy implementation, OWB began to develop various Education Tip Sheets and FAQs for social workers on different key topics in education. One tip sheet covers School Stability and one covers the School Transportation Services provided by the agency. These tip sheets are available on the newly developed Education Resources Page on CFSA's website at http://cfsa.dc.gov/page/educationresources which is accessible to both internal and private agency social workers. The sheets are also emailed directly to all CFSA and private agency social workers.

In September 2015, CFSA conducted a series of Back to School Brown Bags for CFSA and private agency social workers and family support workers, providing them with key information they may need to support educational goals of children in foster care throughout the year. One of the primary topics covered during the presentation was school-based transportation services and the criteria the agency uses to determine who qualifies for those services. OWB also advertised its school-based transportation and other educational support services at an agency-wide resource fair, which was open to all private agency social workers.

The OWB also provides updates and presentations on its full range of family supportive services to its various stakeholders, including foster parents. These presentations include information on school transportation that is specifically scheduled to support school stability. During FY15, in-service training was provided for each of CFSA's social work units to provide reminders about the availability of school transportation and other educational support services to be shared with foster parents. In the spring of 2015, OWB collaborated with the Foster and Adoptive Parent Advocacy Center (FAPAC) to offer specific education training to foster

parents, including the availability of school transportation. At the removal staffing meetings, which occur within 24 hours following each removal, an OWB staff representative is in attendance and connects the transportation specialist to the assigned social worker to address school stability as an issue. The transportation specialist will also reach out directly to the social worker and resource parents to discuss transportation options.

DC Department of Employment Services (DOES)

DOES officials have worked together with OYE's Career Pathways Unit (CPU) to promote employment opportunities for older youth in foster care. Feedback from DOES encouraged CPU staff to streamline communications. In response, CPU established a weekly "check-in" with a representative from the DOES Office of Youth Programs. In addition, non-urgent questions received by CPU from the foster care population are now bundled into categorized inquiries (versus a constant stream of individual questions over a period of time). In return, CPU receives firsthand updates from DOES regarding program status, activities, and opportunities.

In April 2015, two CPU specialists attended the first of what are intended to be quarterly interagency meetings around employment in the District. In addition to DOES, representatives from the District's Department of Youth Rehabilitative Services, and the Workforce Investment Council convened to discuss how to effectively collaborate around supportive services for employment and training of young adults. Currently, the career pathways supervisor and team maintain regular contact with DOES, often much more frequently than on a quarterly basis. Two staff attended that initial meeting in April 2015, but since then it is the entire CPU that engages with DOES.

CPU also works very closely with DOES promote involvement of youth in foster care with the Marion Berry District's Summer Youth Employment Program (MBSYEP). Serving as a point of contact for both DOES and social workers, CPU monitors MBSYEP orientation activities, and helps ensure that all willing and eligible youth comply with application protocols in order to obtain experience in the most suitable and desirable summer workplace or training program. In summer 2015 there were 543 youth that were eligible for MBSYEP.

14-20 years of age:

Total Number of Youth in care	543

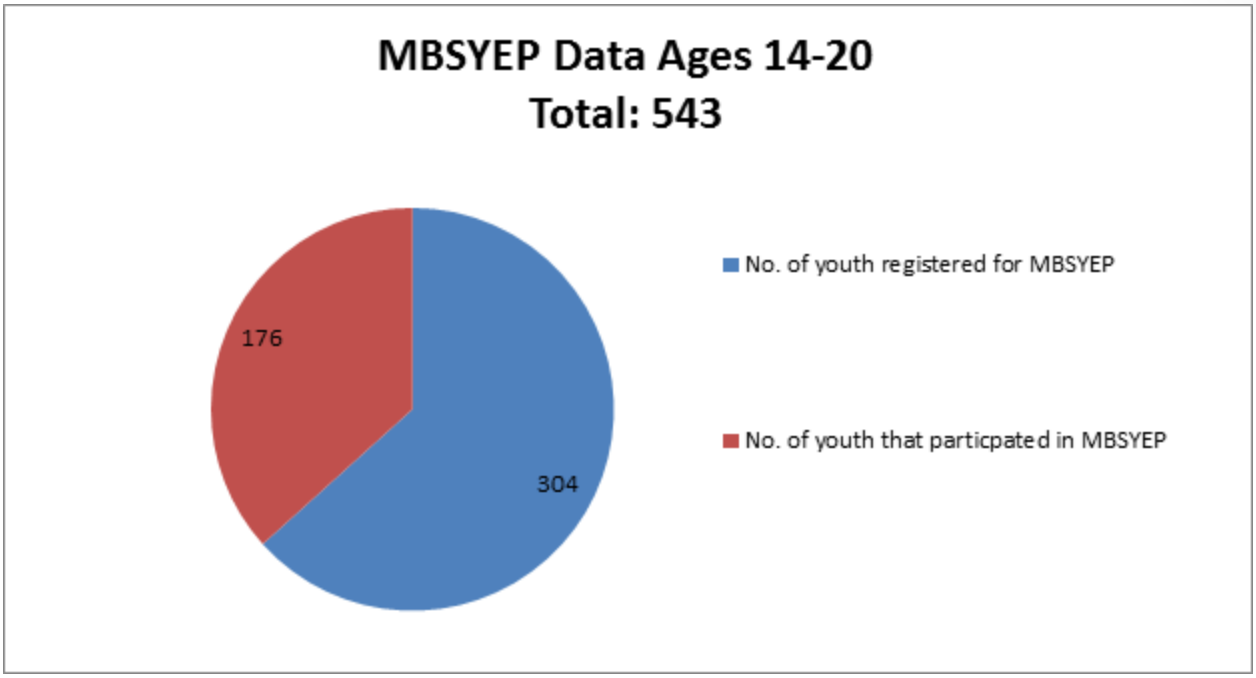
Total number registered for MBSYEP	304
Total number that completed Orientation	184
Total Number of Youth eligible for MBSYEP	184
Total number of youth that participated in MBSYEP	176

14-17 years of age:

Total Number of youth in care (14-17)	**277**
Number of youth registered for MBSYEP (14-17)	153
Number of youth completed orientation (14-17)	81
Number of youth eligible for MBSYEP (14-17)	81
Number of youth that participated in MBSYEP	**81**

18-20 years of age:

Number of youth in care (18-20)	266
Number of youth registered for MBSYEP (18-20)	151
Number of youth completed orientation (18-20)	103
Number of youth eligible for MBSYEP (18-20)	103
Number of youth that participated in MBSYEP	95



Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN)
The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) is a multi-disciplinary advisory board that has been in existence since the CFSA Establishment Act of 2001. The Committee's purpose is to offer advice on the prevention and treatment of child abuse and neglect, and to offer advice on the continuum of child welfare services, early intervention, and sources of permanency. The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) has held bi-monthly meetings 10:30am to noon on the last Tuesday of the month beginning January 28, 2014. While meetings are open to the public, meetings for members of the committee are closed, as needed. In 2013, MACCAN began convening bi-monthly meetings to review and analyze the District's child welfare system and to make recommendations to the Mayor on policy and legislation that would lead to improved overall functioning. Toward that end, MACCAN agreed to partner with CFSA to review drafted documents and to provide input to the development of the 2015-2019 CFSP as well as the current APSR. MACCAN serves as a collaborative, advisory body for all activities of child abuse and neglect in DC, including commissioned members of the highest standing who are appointed by the Mayor and who represent governmental agencies, community agencies, and the public. Public

meetings include scheduled in-depth presentations on cross-cutting and collaborative issues to increase opportunities for partnership to advance the work of MAACAN.

On January, 2016, Cheryl Anne Boyce, Ph.D. Vice Chair, MACCAN sent notification stating that the committee was pleased to see the outstanding efforts and progress in the report specifically those on cross-cutting goals that require multiple agency collaborations. Cross-agency partnerships and collaborations may not only yield successful and improved outcomes, but may also guide cost-effective resource allocation for children involved with multiple human service agencies. Also worthy of note were the innovative programs implemented by the agency based on best practices, evidence based research as well as implementation. MACCAN has applauded the programs that focus on parental strengths, increased access to resources and supports, and connecting government agencies to provide a continuum of care (i.e. Section D). Shared parenting models such as DC Family Link developed and implemented through the longstanding partnership between CFSA and the Foster and Adoptive Parent Advocacy Center (FAPAC) demonstrate the role of parental strengths and resilience. As the data is clear that the population will continue to have an increasingly aging population, programs and strategic planning involving elders is wise and necessary. The "Generations of Hope" program which combines elders and families to strengthen support and wisdom is an example of leveraging elders and multiple generations to benefit family strengthening.

In April 2015, at MACCAN's invitation, CFSA was invited to attend MACCAN's April 2015 bi-monthly meeting, which was held at CFSA headquarters. During the discussion, MACCAN requested for CFSA to create even greater open communication lines among all District agencies devoted to the welfare of children, but specifically between the District of Columbia Public Schools (DCPS) and the District's Department of Youth Rehabilitation Services (DYRS). Members suggested that CFSA needed to develop a strategy to keep DCPS social workers more engaged and informed on new practice approaches, and making sure the two systems are regularly interfacing the two systems for the best interest of the children, including DCPS awareness of students in foster care. This suggestion extends beyond educational neglect reports to partnering in such a manner as to ensure that DCPS is aware when a student has a CFSA social worker. Additionally, DCPS social workers can benefit from CFSA's can help to link them school social workers to mental health counselors in the community.

CFSA noted that the Agency has established a Memorandum of Understanding with DCPS and the Office of the State Superintendent of Education (OSSE) to develop communication strategies within the District and with surrounding jurisdictions. In addition, MACCAN also recommended that CFSA the Agency strengthen its the relationship with between CFSA and DYRS, re-instituting an earlier formalized process to address the particular needs of dual-jacketed youth, including implementation of trauma-informed practices.

On January, 2016, Cheryl Anne Boyce, Ph.D. Vice Chair, MACCAN sent a notification stating that the committee was pleased to see the outstanding efforts and progress in the report specifically those on cross-cutting goals that require multiple agency collaborations. Cross-agency partnerships and collaborations may not only yield successful and improved outcomes, but may also guide cost-effective resource allocation for children involved with multiple human service agencies. Also worthy of note were the innovative programs implemented by the agency based on best practices, evidence based research as well as implementation.

DC Department of Youth Rehabilitative Services (DYRS)
At the end of the first quarter of fiscal year 2015, there were 53 "dual-jacketed" youth. In order to address the particular needs of these youth, both the child welfare and juvenile justice systems coordinate to determine which agency will have the lead on a dual-jacket case. When there are no concerns or issues from the Family Court, CFSA becomes the lead agency, and is thus in charge of placement. If DYRS has the lead, youth may be placed in locked facilities (based on the court's concern for public safety). The specific services provided to youth by both agencies in the shared case plan include referrals to substance abuse programs, mental health services, employment services, and parent educational classes.

Based on need as well as MACCAN's suggestions noted above, During FY15, CFSA completed the functional assessment system build out which included integration of the Child and Adolescent Functional Assessment Scale (CAFAS)®, the Pre-school and Early Childhood Functional Assessment Scale (PECFAS)®, and the Structured Decision Making (SDM) Caregiver Strengths and Barriers Assessment (CSBA) into the FACES management information system. In April 2015, CFSA began a system-wide user training of the functional assessments and case plan integrations, which

occurred through the end of June of 2015. These now continue during pre-service training for new social workers from both CFSA and the private agencies. This tool also allows DYRS and CFSA the ability to determine the most appropriate direction for youth. Since CFSA and DYRS already share case plans and other relevant documentation, results from the CAFAS will directly inform how the agencies can jointly coordinate for a youth's potential to overcome barriers to successful and productive citizenship. Currently both agencies attend Family Team Meetings and all court hearings, either pertaining to the neglect case or juvenile matters. CFSA is also committed to attending the ongoing meetings that DYRS has with committed youth for discharge planning.

CFSA has worked collaboratively with DHS, DBH, DYRS and OSSE to ensure that each agency has adopted the CAFAS/PECFAS tools. The agencies are continuing to meet with each other to develop a data warehouse so the CAFAS and the PECFAS can be shared electronically across the agencies. OSSE has also started training their staff on the CAFAS and the PECFAS to see if it can be useful to identify and measure functional assessments and trauma for the children they serve. Additionally, CFSA trained 321 employees on administering the CAFAS/PECFAS assessment, including 87 employees from the private agencies (Boys Town, Family Matters, Latin American Youth Center, Lutheran Social Services, National Center for Children and Family, PSI, and SERAAJ). CFSA also trained 195 employees to administer the SDM CSBA.

DC Superior Family Court and Court Improvement Program

Another method by which CFSA gauges its responsiveness to the community is through ongoing consultation with the District of Columbia Superior Court Family Court Division (Family Court) and the Court Improvement Program (CIP) Advisory Committee. This partnership has been integral to CFSA's progress since the initial implementation of the CFSP. Additionally, CFSA engages in quarterly meetings with the deputy attorney general, CFSA's general counsel, the Agency director, the deputy director for Program Operations, and the presiding judge and the deputy presiding judge of the Family Court and the Family Court director. Meetings are held to review court processes, inform the court of any practice or policy changes, and to discuss any practice issues that might surface held on a quarterly basis. These discussions provide an opportunity to improve communication between the court and CFSA, and the children and families who come in contact with the court system. For example, the

presiding judge raised an issue that surfaced at the Domestic Relations Council regarding the interactions between families and CFSA. As a result of the dialogue, CFSA developed a protocol that included a pamphlet, a brochure, and a script for staff detailing effective ways to communicate and engage with families in relationship to the court system, as well as providing information on what families can expect when interacting with the court.

Department of Behavioral Health (DBH)

Families who come to the attention of the District's child welfare system are often challenged with pre-existing mental health issues, but children who have experienced abuse, neglect, and subsequent removal from the home are distinctly in need of mental health services. In order to be sure that CFSA is responding to its best ability to this great need, and to better serve the community in general, CFSA and DBH have conscientiously partnered to improve services. In particular, DBH and CFSA each have dedicated staff that is co-located at the five CFSA-contracted Collaborative sites. The DBH mental health liaisons work directly with social workers to facilitate access to referrals and services, which is especially important to the in-home population. In addition, DBH and CFSA are co-reviewers throughout the Quality Service Review process to ensure that both agencies are working in tandem to meet the needs of the child welfare community.

CFSA's Office of Well Being also convenes with DBH officials, as well as representatives from DBH-contracted mental health service providers. These monthly meetings provide CFSA with an opportunity to solicit feedback from throughout the mental health service community. For example, CFSA has implemented the Well Being Pathway, a new framework for mapping processes, imparting practice principles, and establishing treatment guidelines.

This framework, the Well Being Pathway (Attachment 4), is essentially a guide to wellbeing planning for both child welfare professionals and family members. It is a communication and case planning tool that supports the identification of which wellbeing decisions that are best for families, and why. What it is not is a business process that directs people how to do their jobs. The Well Being Pathway is a framework that "holds" all the work that we've been doing around data-driven screening, assessment, and intervention planning with our family engagement work, and provides a clear pathway forward for healing children. The items listed below

describe the broader conditions of how using the data collected to drive case- and systems-level decision-making has been approached.

Guiding Principles of the Well Being Pathway

The below six principles communicate the shared beliefs and values of CFSA and our partners on how to best help children and families heal.

- *Focus on the family*. Children do not live in isolation, but within a family system, which is made of diverse individuals with a range of cultural practices, gender identification, faith perspectives, and so on. CFSA will acknowledge and consider each unique family and individual during all interactions. If we are to succeed in this work, families must be part of the healing and recovery process from the beginning. This includes the resource family they are currently living with, and if applicable, a representative from all residential home settings. For the same reason, youth aged 15 and older must have voice and choice in wellbeing pathway planning, as well as access to appropriate peer supports.

- *Normalize childhood and adolescence.* Youth must take on distinct developmental tasks in order to become healthy, connected, productive adults. Research has long shown the link between play and the development of cognitive and social skills, and that these skills are the prerequisites for more complex learning, coping and regulatory skills. Wellbeing encompasses far more than what can be gained in a 60 minute weekly therapy session, even with the best clinicians. Instead, wellbeing speaks to the child's social development, emotional wellness, physical health, and intellectual potential.

- *Exposure and access to a range of wellbeing activities* is essential to child and adolescent development. Child welfare professionals must ensure youth are given the chance to participate in rich, stimulating environments that spark their interest, including but not limited to creative and spiritual expression, music, art, exercise, sports, and others. Participation in these activities will be incorporated into the case plan for every child.

- *The Department of Behavioral Health's Choice Provider Network (CPN) is CFSA's clinical provider of choice.* The CPN offers an array of 10 evidence-

based clinical interventions designed specifically for youth in care, their clinicians and staff have received extensive training on the specific needs of children involved with the child welfare system, and their providers are continuously and rigorously monitored for fidelity to evidence-based practices. CFSA and the CPN share the value of building and promoting protective factors to support and strengthen families in all intervention efforts. If a different clinical referral decision (e.g. a referral to a contracted provider) is made by the team, an explanation is to be provided.

- *Treat the trauma first*. Trauma-exposed children can exhibit a wide range of post-trauma reactions that vary in their nature, onset, intensity, frequency, and duration. Many trauma symptoms overlap with mental health symptoms.

In response to concerns noted earlier from the District's Citizens Review Panel, CFSA and DBH, along with other District organizations, have established the Wayne Place Project to provide stable housing and support services to emancipating youth. Wayne Place Project, using the Transition to Independence (TIP) approach is Opened in March 2015, provides supportive transitional housing for District youth ages 18-24 who need extra support to succeed in exiting foster care or returning to the community from psychiatric residential treatment—or who are in need of post-care stabilization services one-to-two years after these events. Wayne Place opened in March 2015 and is currently at full capacity with 40 youth residing there.

Healthy Families/Thriving Communities Collaboratives (HFTC)

CFSA has a multi-faceted partnership with the Collaboratives that involves various activities within the prevention continuum. As community-based, social services organization, these Collaboratives are strategically located in five District neighborhoods that have a high representation of families in contact with the child welfare system. Referrals from CFSA to the Collaboratives allow families to access resources and services directly in their neighborhood. Often the relationship between a family and an assigned Collaborative family support worker (FSW) can be so strong that, for example, one family retained its relationship with the FSW of a Collaborative no longer geographically convenient to their new home after reunification.

There is continual communication between CFSA and the Collaboratives as an integral component of the partnership. Monthly meetings between the Collaborative executive directors and CFSA management staff from Community Partnerships, Program Operations, and Entry Services are held to discuss issues and topics pertinent to the operation of the partnership as well as program objectives. While these meetings have a structured agenda, there are always opportunities for meaningful feedback with a mutual exchange of ideas, program updates, and solutions.

In December 2014, CFSA convened a focus group of Collaborative partners to discuss the Safe and Stable Families program. Collaborative staff provided feedback to CFSA on communication efforts and gauged CFSA's effectiveness with program operations. The Community Partnership staff then conducted strategic planning sessions with Collaborative staff to strategize around the focus group feedback to determine how better to meet identified needs and implementation approaches. Plans are also underway to conduct a survey to solicit feedback on the implementation of the Safe and Stable Families program, and to identify gaps in services. The feedback gathered from these processes will also be used to guide the development of practice. For transitioning youth, CFSA has also partnered with DBH and the five Healthy Families/Thriving Communities Collaboratives to address the previously mentioned critical housing needs of many youth who have been involved with both the child welfare and the mental health systems. Many of these youth need extra support while transitioning out of foster care, regardless of placement type. The Wayne Place Project, previously mentioned, provides youth with supervised housing, case management, life skills training, and opportunities to perform community service. Stakeholders also noted the expansion of mental health providers' community support workers (CSWs) as helpful for engaging youth, especially young males. Generally speaking, CSWs are younger and the youth more readily relate to the CSW. There have been some reports of improved behavior based on the CSWs serving as mentors. Most frequently mentioned was the importance of financial literacy and the success of the E$crow program offered by the Office of Youth Empowerment (OYE) which offers financial education and fund-matching savings accounts. In FY15, there were 47 total participants in the E$crow program. In addition, OYE's expansion of college, employment, and vocational services to youth has been cited as a strength. Youth who are fully engaged in their preparation for adulthood appear to be more focused and less likely to experience placement disruptions.

Children's Law Center (CLC)

CLC is a District-based, non-profit legal services organization that provides a full spectrum of children's legal services. Because CLC attorneys often represent CFSA clients as assigned guardians *ad litem* (GALs), there is frequent case-specific teaming. CLC brings concerns regarding policies and practices from both a client-specific and system-based lens, and later provides recommendations. CLC also regularly provides written testimony during DC Council oversight hearings. Of particular note was during the November Court Monitors Report, the CLC noted the shortage of appropriate homes for certain specific segments of the foster care population. These include homes for larger sibling groups, foster homes for teenagers and pregnant and parenting youth. In response, CFSA has taken steps toward via a wide ranging recruitment campaign; it added 83 foster home beds (34 for teenagers) in FY15. In early FY 16, it issued RFP's for family based foster care to include traditional, therapeutic and specialized homes. Over the summer of 2015, CFSA met with stakeholders (including Children's Law Center) for additional feedback. In late 2015, CFSA convened a workgroup to begin exploring bringing new, evidence-based foster care models to the District.

Additionally, the CLC expressed concern over the work that the Agency was going to change its service delivery model form one that relied heavily on removing children from their immediate families to one that relies on serving children and families in their homes and communities because the interventions were not fully launched as promised. In response to their request, the launch of the slate of community based programming including interventions that were still mid launch or mid expansion have been completed since last year.

The CLC requested that Behaviorial health specialists be co-located. The response to this request is that Behavioral health specialist are now co located at four of the five Collaboratives and have been since early FY15.

DC CrossConnect

In the District of Columbia, high-risk families often need coordinated support in overcoming multiple, complex barriers to stability, well-being, and self-sufficiency. In the past, the various agencies that would concurrently serve such families did not collaborate, and they had no systematic way of knowing who was working with a

given family. Consequently, it was common for families to be confused about services, to be confronted with conflicting requirements, and to be forced to repeatedly voice their needs. Not surprisingly, many families struggled to meet numerous case management and treatment requirements. Also, service delivery was impacted by the fact that staff had no cross-systems training and there were no shared practice standards across agencies.

The DC Department of Human Services (DHS) and the DC Department of Behavioral Health (DBH) have been collaborating on DC CrossConnect, a joint initiative to improve service delivery for families involved with all three agencies. Using a cross-systems model based on national best practices, the framework centers around one lead agency coordinating services, and all agencies' priorities and goals being aligned under one unifying plan. The framework is made possible by several factors, including agency co-location, which is already in place. In addition, the April 2015 introduction of a cross-system helped to unify the case-planning protocol, and the ongoing practice of shared data solutions. Now, representatives from all three agencies are part of a team using a simple but formal framework for multi-agency collaboration. Staff receives cross-system and RED team training (described earlier in the document) to increase information sharing and to maintain a consistent approach to case planning. As a result, providers and families are engaged through a unified plan that provides clearer direction, purpose and support.

District Roundtable/System of Care Implementation Group

Another response to the need for coordinated service among District agencies is a monthly forum called the District Roundtable/System of Care Implementation Group. Centered on mental health needs, it is common for these meetings to attract over 100 attendees. In addition to the District government agencies that serve children and families with mental health needs, participants include youth, parents, and community partners, such as the Children's Law Center, the Parent Action Committee, and the Foster and Adoptive Parent Advocacy Center. Among its other contributions, the forum has, over the course of 2015, been instrumental in providing guidance on the utilization of a common assessment protocol for CFSA and DBH during reviews of cases, as well as the creation of a new housing and training program for transitioning older youth.

Parent Advisory Committee (PAC)

The PAC was created as a partnership of stakeholders to explore innovative avenues for supporting the community of individuals and families involved in the child welfare system. The Committee's primary purpose is to advise and consult with CFSA on matters that involve or impact how foster care services are delivered throughout the child welfare system, including a focus on permanency. Meetings are organized on a monthly basis with CFSA and committee members sharing the task of scheduling. The Committee members include representation of foster parents and birth parents, as well as leadership representatives from the following organizations:

- Foster and Adoptive Parent Advocacy Center
- Adoptions Together/Parent Advocacy Project
- DC Metropolitan Foster and Adoptive Parent Association
- CFSA Mockingbird Model

One view expressed during a 2014 PAC meeting was the need for foster parents to receive critical information more effectively and efficiently. As a result, a "mobile application" was introduced and rolled in 2015. CFSA's Child Information Systems Administration who presented mockup of the app to the committee. The "parent app" will feature identifying information on the child, case information, visitation plans, medical information (with privacy settings), and alerts to court appointment dates as well as identification proving their foster parent status. Once completed, foster parents will be able to download the application on either Android or iPhone systems. Although not specifically culled from PAC meetings, foster parents who provide respite have indicated through surveys and focus groups for the Needs Assessment, that they need greater assistance to be able to provide respite at a quality level. On many occasions in respite situations, the child arrived without any pertinent information, such as emergency telephone numbers, Medicaid numbers, day care, or school information. The concern was brought to PAC in 2014 and the members devised an 8½ by 11 refrigerator magnet pad to capture pertinent information on the child in the care of the foster parent, including identifying information, medical information (including allergies), school, transportation, and child care information. The magnet also lists emergency telephone numbers as well as contact information for the social worker, GAL, and FSW. CFSA distributed the magnets to CFSA and private agency foster homes but the Committee discussed ordering additional magnets to have available for new placements.

In a 2015 survey completed by 17 in-home and out-of-home social workers, attitudes towards the Agency's effectiveness in communicating new resources for families were captured. Overall, 56.2 percent reported that the Agency has been somewhat effective in communicating new resources to families. To capture foster parents view of the same issue, 30 foster and adoptive parents, as well as PAC committee members, completed a similar survey. Overall, 68.2 percent reported that the Agency has been "very to somewhat effective" in communicating new resources to families. It was noted that participants may hear about resources but some felt the Agency was either somewhat or not effective in communicating resources, indicating the following needs:

- More educational support
- Continued communication from workers after an adoption is finalized
- More Internet and online services, e-mailed distribution of information on resources, and worker response to telephone communication attempts within 24-48 hours

ICWA Compliance

In 2011, CFSA sought formal technical assistance (TA) from the National Child Welfare Resource Center for Tribes (NRC4 Tribes) for the development of Agency governance to address ICWA requirements. Through its TA collaboration with the NRC4 Tribes, CFSA developed an administrative issuance to address the following practice areas:

- Inquiry and research into a child's identification as an American Indian (pursuant to ICWA's definition)
- Mandatory notification to parents and a tribe regarding family court hearings involving American Indian children
- Foster care placement of American Indian children
- Court and evidentiary requirements surrounding placement and permanency decisions that impact American Indian children

CFSA also receives assistance from the Family Court in this matter since the Initial Hearing Court Order also provides for a thorough ICWA inquiry. As noted earlier in this document, the District uses a uniform court order template and therefore every judge is required to follow through and ask the appropriate questions to identify whether a child is a member or descendent of a tribe.

In 2013, when ACF promulgated new rules regarding procedures for the transfer of placement and care responsibility of a child from a state to a tribal title IV–E agency or an Indian Tribe with a title IV–E agreement (§1356.67), CFSA updated its ICWA policy, CFSA AI:13-02 *Compliance with ICWA*, with a new section to address tribal transfers in particular. In addition, CFSA again sought the assistance of the NRC4 Tribes to ensure compliance with the federal requirement that this document be developed "in consultation with Indian Tribes". Because the issuance in question is specific in nature, the NRC4 Tribes connected CFSA with representatives from the Association of American Indian Affairs (AAIA) to provide additional consultation. Ongoing consultation over the course of several months in 2013, CFSA consulted with AAIA representatives and subsequently integrated their feedback into the policy statement.

AAIA made it clear to CFSA that while it can provide insight into Agency policy development, the association itself is not an Indian Tribe and could not formally speak on behalf of any Indian Tribe for the sake of meeting CFSA's tribal consultation requirement. Therefore, AAIA interfaced with the Navajo Nation to provide the consultation necessary to meet this requirement. Further consultation was ongoing over the course of several months in 2014 as CFSA and representatives from the Navajo Nation held a number of conference calls and corresponded via email regarding the draft policy language on tribal transfers. In the fall of 2014, the Navajo Nation informed CFSA that the draft language was consistent with its understanding of the federal requirement, although the Navajo Nation specifically pointed out that it could speak only on behalf of its own tribe and not for any other federally recognized tribe.

At present, CFSA has no reported child representation of any Indian Tribe in the District's child welfare system. Resultantly, the groups mentioned above have not had any particular input into the planning of documents other than the cited administrative issuance. CFSA leadership, however, is satisfied that for this ICWA requirement, CFSA policy staff successfully completed its due diligence by reaching out to ensure that direct input was received from the AAIA community.

Strengths

Through the new tutoring referral and monitoring protocols, CFSA has significantly updated its response to the identification of learning gaps. For example, since the spring of 2014, education specialists from OWB have reached out to social workers

who case manage children who are performing below grade level. Over the spring and summer of 2014, the specialists attended school-based meetings to assist with advocacy for 18 academically at-risk children. In addition, the specialists convened education planning and consultation meetings with social workers of 39 children who were performing below grade level. The specialists provided educational enrichment resources and information to the social workers of an additional 26 children who were performing at grade level.

An interview with the agency ombudsperson regarding the functionality of agency responsiveness shared that the agency receives most complaints via email, phone and face-to-face. The protocol indicates to respond within 24 hours of the complaint's receipt. Custody complaints are re-directed to appropriate agencies. In the past year the agency has met the response timeframe one hundred percent. A strength of the office is that it takes complaints from clients including the Mayor's Office, City Council, children and youth in foster care, biological and resource parents of clients in foster care, CPS and In-Home clients and families ensuring a compressive lens to respond to community concerns.

Additional strengths related to agency responsiveness include the how the office of the ombudsman teams with the local Ombudsman across DBH School Board of Education, Children's Hospital, Maryland, etc., utilizing a network of ombudsmen. The Ombudsman also assists with the mandated reporter training through CWTA. In this role, they are able to speak to community stakeholders and mandated reporters about the role of the Agency and clarify definitions and incorrect perceptions about the role and services of the Agency, rights and responsibilities of legal custodians and navigating District agencies while fostering children in care. The Ombudsman's office also has a presence at the Child Fatality reviews, reviews including our monitor and other internal reviews to ensure that concerns of our clients are being adequately addressed.

Another organizational change in the pipeline that will strengthen agency responsiveness is that the Youth Ombudsman position will be placed under the Office of the Ombudsman to ensure that practice is in line with the Bill of Rights Acts that include all children in care. It is expected that a pending Bill of Foster Parent Rights and Responsibility that would be passed in 2016, which will also be addressed under

the Office of the Ombudsman. Future activities will include a communication plan for people to know more about the office.

While CFSA was initially challenged with resource parents that they felt ill prepared for the arrival of youth into their home based on lack of communication between them and the social workers, CFSA responded with the development of Education Tip Sheets and FAQs for social workers on different key topics in education. One tip sheet covers School Stability and one covers the School Transportation Services provided by the agency. These tip sheets are available on the newly developed Education Resources Page on CFSA's website at http://cfsa.dc.gov/page/educationresources which is accessible to both internal and private agency social workers. The sheets are also emailed directly to all CFSA and private agency social workers. These sheets allow resource parents to have resources at their fingertips. It will also ensure that foster parents receive the same information. CFSAs goal is to always keep youth near family, school and their community and one method of achieving this is CFSA's collaboration with DCPS and their ability to have access to educational records so that CFSA has direct access to attendance records and grades for all school-aged children in foster care. Having direct access will allow a quicker response to youth who are having challenges with grades, transportation, attendance allowing social workers the opportunity to address these challenges with greater speed and provide assistance. The results indicated progress under education with only 4 of the children changing schools in the 2015-16 school year, which is an important achievement considering school transfer negatively impacts education.

CFSA understands that risk families often need coordinated support in overcoming multiple, complex barriers to stability, well-being, and self-sufficiency. Previously, there was no systematic way of knowing who was working with a given family and there was much confusion over the services being rendered. More recently, CFSA, the DC Department of Human Services (DHS) and the DC Department of Behavioral Health (DBH) have been collaborating on DC CrossConnect, a joint initiative to improve service delivery for families involved with all three agencies. Using a cross-systems model based on national best practices, the framework centers around one lead agency coordinating services, and all agencies' priorities and goals being aligned under one unifying plan. This has helped to unify the case-planning protocol, and the ongoing practice of shared data solutions. Now, representatives from all three

agencies are part of a team using a simple but formal framework for multi-agency collaboration. As a result, providers and families are engaged through a unified plan that provides clearer direction, purpose and support.

Challenges

CFSA convened focus groups, held interviews, and received written responses to gather internal and external stakeholder feedback on the Agency's responsiveness to the community's needs. In a FAPAC focus group of one adoptive parent, one birth parent who has been reunified with her children, one grandparent from the grandparent program, three current foster parents, and one FAPAC staff member, participants indicated that foster parents need to be empowered to advocate for whatever is needed when they feel the Agency isn't responding. Similarly, there was another recommendation that CFSA implement a "social worker satisfaction survey" that foster parents could complete, based on their experience with different social workers and general responsiveness.

Further challenges were identified during an internal stakeholder interview with CFSA's ombudsman, citing that the ombudsman office is not sufficiently responsive to complaints from the community. In the interview it was noted the primary complaints were related to communication between social workers and clients, specifically how a concern or instruction is communicated. In response to this challenge, a recommendation was made to CWTA and the deputy over the Office of Policy, Planning and Program Support to incorporate a training course for social workers on "How to Hold Difficult Conversations" and "Working through Conflict Constructively."

Although CFSA has taken strides with its recruitment campaign by adding foster home beds, more work remains in the agency is to meet its FY16 goals of adding 80 more spaces in foster homes, the Children's Law Center is requesting that a timeframe for building a real time database that will track bed availability, vacancies and provider resources determined. CFSA has been responsive to this request and this database is in development. The CLC is concerned that the agency needs a real time tracking system to ensure that the agency recruitment targets are sufficient to prevent another foster home shortage. In spite of the Agency's strides in the launch of the community based programing, data suggest that utilization of the services is uneven. Behavioral health specialists, for example, are reaching substantial numbers of

children and families, 1210 children and 1056 parents in FY15. Conversely, enrollment in other interventions, such as the recently expanded Homebuilders and Project Connect, appears to have not yet reached capacity.

Item 32: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Response: *CFSA has made successful efforts to coordinate services and benefits for the client population served such as Medicaid, Temporary Assistance for Needy Families (TANF), Child care support and Head Start. CFSA also coordinates Family Treatment Court services, the*

Practice

TANF and SNAP

CFSA's Business Services Administration (BSA) processes, administers, and manages all federal revenue-claiming functions within the Agency. Units within BSA also coordinate services with the DC Economic Security Administration (ESA), which determines eligibility for benefits for the Temporary Cash Assistance for Needy Families (TANF), Medical Assistance, and Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) programs throughout the District.

When a child enters foster care staff in the BSA office process and forward to ESA a paper application that provides all of the information needed for changes for a child to any program under ESA. ESA is then able to initiate or adjust any services the child and family receives. All ongoing regulations and any determinations for eligibility codes are made by ESA. CFSA's level of coordination with ESA involves ensuring that child status information is provided to ESA so that the appropriate programs can remain up to date for the family.

When a child is removed from the family home and enters foster care, TANF or SNAP benefits end for the parent whose eligibility for these services is contingent on the child residing in the home. Cessation of these services for the parents can create complications when parents are unemployed and dependent on these services for food and other necessities.

Medicaid

Every child entering foster care receives foster care Medicaid. However, there were some youth via National Youth in Transition Database that indicated a misunderstanding about their Medicaid coverage post exit from foster care. The District's Department of Health Care Finance (DHCF) and the Economic Security Administration (ESA) to provide Medicaid coverage to all qualified former foster care youth per the Patient Protection and Affordable Care Act (ACA) As a result, CFSA plans to work with DHCF and community stakeholders on a communication strategy to reach youth who have already aged out but are not currently enrolled in the former foster youth Medicaid category. Additionally, for the Office of Youth Empowerment, CFSA conducted a presentation on the policy and procedures associated with Medicaid for former foster youth.

To continue to improve communication, CFSA provided all social workers with the policies and procedures for the Medicaid coverage group of former foster care children in the District of Columbia. CFSA will continue its presentations and information sharing efforts with CFSA and private agency social workers, as well as with our community partners. The Court Monitor noted that during the January to June 2015 period, performance that there had been improvements in the Distribution of Medicaid numbers and cards—the monthly performance ranged from 25% to 77%, up from a range of zero to 39% in the previous period. Further, former foster youth are automatically enrolled in the Medicaid former foster group coverage. If the youth elects to apply for coverage under another Medicaid coverage group, the youth will be enrolled in the Medicaid former foster care coverage group until eligibility under the other coverage group(s) is determined.

Childcare

In the District of Columbia, childcare funds are provided by OSSE and administered by DHS. For children in the District's foster care system, specialists under OWB work directly with DHS representatives to coordinate services around childcare. When District families apply for a childcare voucher, they typically begin with a DHS specialist, who is able to consult records in order to determine whether a child is connected with CFSA. If so, families are directed to CFSA because services are more tailored to their particular needs. For example, OWB specialists can offer more appropriate provider recommendations because they retain information about CFSA clients' experiences at various childcare facilities. Regardless of whether the family initially engages CFSA or is redirected by DHS, OWB specialists work with families

to complete an information packet, including a childcare referral form and DC health certificate, for submission back to DHS.

In 2014, CFSA contracted with the national provider Care.com to obtain emergency childcare services for children ages 0 to 5. In the event that a potential foster care resource is asked to take in a child on short notice, but needs up to two weeks to secure long term childcare arrangements, the Care.com referral service buys valuable time through short term child care arrangements.

In September 2015, CFSA's independent consultant, in partnership with the Young Women's Project (YWP), held a focus group with four young adults involved in YWP's Foster Care Campaign. Youth participants included three young women who had aged out of foster care within the past 18 months and were currently connected with aftercare providers and one young man who had been forced out of his adoptive home before age. One of the themes emerged from their responses was the need for childcare.

Pregnant and parenting teens in congregate care facilities also acknowledged receiving the supports they needcare,c for their own advancement. In particular, one program manager cited the onsite childcare as a service definitely benefitting the parenting youth. Youth corroborated this point of view through their survey responses. The convenience of bringing their children to the onsite facility has permitted many teen moms to pursue academic and vocational interests that may have otherwise appeared impractical or overwhelming.

Head Start

The District of Columbia offers free, Pre-Kindergarten to 3 and 4 year olds across Washington, D.C. Head Start is offered through all Title I Elementary Schools and Education Campuses through these available Pre-K slots and families who are Head Start eligible apply through the same lottery process for these spaces.

At present, while the Office of Well-Being is able to identify how many youth are enrolled in School Based Pre-K (*40 children, or 52% of eligible three or four year olds at the beginning of the 2015-2016 School Year*), we do not have a means to identify which of those youth are eligible and participating in Head Start through our currently established means of data capture. The Office of Well Being early education specialist conducts several forms of outreach to encourage enrollment in

Head Start and other early childhood education programs. The Specialist reaches out to all families with children between the ages of 0-5 upon the child's entry to care to assess child care and early education needs to encourage enrollment in quality early education settings. In addition, as enrollment in Pre-K is through a lottery process in the District of Columbia, the Office of Well Being does outreach and advertisement to the foster parents and social workers of eligible youth during the open lottery period as another means of increasing enrollment in Head Start programs.

Family Treatment Court

The federal Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) awarded CFSA a $550,000 grant over three years to expand and enhance the District's Family Treatment Court (FTC) program. FTC is the child welfare drug court, offering intensive and customized interventions for parents whose ability to keep their children safe has been compromised by their substance use.

CFSA utilizes the OJJDP funding to increase program capacity for serving more clients, and expanding the service array to better meet client needs. Through programmatic evaluation, CFSA is assessing the impact of an enhanced continuum of services on permanency and well-being outcomes for children. Core performance measures include length of time in out-of-home placement, number of children who remain (or are reunified) with their parents, and treatment participation and recidivism rates. The evaluation is also assessing the program's impact on protective factors, overall well-being, and permanency. It also accounts for process successes and issues regarding planning and implementation of the enhancements and for level of sustainability after the grant funding is exhausted.

According to the Office of Juvenile Justice and Delinquency Prevention Data Report for July to December 2015, 25 families were served from DC CFSA. The average length of program stay for enrolled parents or guardians was 300 days. Thirty-five children were served during this reporting period and 100 percent of them were placed in out-of-home care during the reporting period, with an average length of stay of 195 days. Nine participants exited the court during the reporting period, but only three exited successfully (33 percent). None of the enrolled parents were arrested for a new drug offense during the reporting period; out of five enrolled parents tracked for drug offenses 6 to 12 months after exiting the program only one was arrested for a new drug offense (20 percent). A third party has evaluated the effectiveness of the

Family Drug Court over the past three years; data on the success of the program will become available in 2017.

Strengths

CFSA's strengths related to coordinating federally assisted programming include every child receiving Medicaid and improved performance in ensuring coverage for the client served. CFSA has also strong service provision with the pregnant and parenting teen population in providing on-site child care, that many youth acknowledge has a been key support. CFSA's BSA's structured process for when a child enters foster care to forward to ESA a paper application that provides all of the information needed to initiate or adjust any services the child and family receives is an efficient one. CFSA's Office of Well-Being provides Head Start enrollments support to our served population, age 0-5. Coordination of this service reinforces the agency commitment to early children education.

Challenges

Among CFSA's challenges to utilizing federally assisted program is capacity for Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). CFSA is using the federal funding to increase program capacity to serve more clients, and to expand the service array to better meet client needs which can impact an enhanced continuum of services on permanency and well-being outcomes for children.
A key challenge identified is the result of a testimony from a youth from YWP who testified that twenty to days before her 21st birthday, she had no collaborative worker. My social worker was helpful but she was fearful that things were not going to be done on time. She reached out to the Agency Director, Brenda Donald at the time, to express her concerns. Director Donald met with her and a YWP staff member who discussed the following concerns:

- Transferring Medicaid
- Transferring and figuring out SSI benefits

The Agency has to work harder to ensure that our youth feel safe and confident that they are prepared to transition out of the foster care system. They should further feel confident that their social workers and collaborative workers will do everything in their power to ensure they have what they need. Youth should not feel that their only recourse to outlining their transition is with the Director.

Systemic Factor #7 Foster and Adoptive Parent Licensing Recruitment, and Retention.

Item 33: Standards Applied Equally - How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Response: *CFSA takes measures to ensure uniformity in its licensure processes for all family-based foster care providers and child caring institutions receiving title IV-E funds into which youth in foster care are placed. This system is functioning very well District-wide. Key components of this system include: well-crafted and accessible District and Agency-level governance; clearly-stated language in CFSA's family-based and congregate care (child caring institutions) provider contracts regarding District licensing requirements; uniform District-wide application of licensing standards by CFSA's centralized Foster Care Resources Administration (FCRA); efficient ongoing monitoring and support of the substitute care provider community by the FCRA and CFSA's Contracts Monitoring Division; and, an active community of advocacy organizations that partner with the Agency to review and improve licensing, recruitment, and retention rules, policies, and operations.*

District Licensing Standards: Regulation and Policy

The *District of Columbia's Municipal Regulations (DCMR) Title 29* sets forth licensing standards in *Chapter 60* for foster, kinship, and adoptive homes; *Chapter 62* for youth residential facilities (YRF); and, *Chapter 63* for independent living programs (ILP). These municipal regulations outline the minimum standards and requirements (respectively) for licensure in the District. They are reflective of the federal requirements for foster care provider and child caring institution licensure, and CFSA policies reinforce all three regulations and provide detailed licensing protocols for staff and contracted partners.[97] Both the District regulations and the Agency policies are available to the provider community and the community at large online.

Standards for Foster Family Homes

The requirements of Chapter 60 are comprehensive in scope. They outline high-level requirements, responsibilities, and expectations for CFSA, for foster parents and for

[97] CFSA's licensing policies include Facility Licensing, *Foster Parent Licensing* (currently under review), and Temporary Licensing for Kinship Homes.

the foster children living in their homes. They highlight the collaborative nature of social work and emphasize the concept of teaming, transparency, and mutual respect that's key to successful outcomes for children. They also define the application activities, inspections, training, and documentation that must be completed for every prospective foster parent and for existing foster parents wishing to renew their licenses.

The standards are clearly articulated across the licensing domains of: foster home capacity, general physical environment (including lead paint restrictions), background checks (both child protection and criminal), fire safety, sanitation, training, and the timeliness of completion of required activities for licensure.

Approximately half of the District's foster care population resides outside of the District's boundaries, and the vast majority of children/youth in out-of-state foster care reside in nearby communities in Maryland. CFSA has contractual engagements with private child placing agencies (CPAs) in Maryland to facilitate these placements. CPAs have the authority under Maryland law to license and approve foster family homes according to the Code of Maryland Regulations (COMAR), and CFSA also contractually obligates its private agency partners to apply the District licensing standards to its foster family homes in Maryland when and if the District's standards are more stringent than those outlined in COMAR. For instance, COMAR requirements around background checks extend to prospective foster parents only as part of the initial licensing process, whereas in the District, licensed foster parents are required to obtain criminal and child protection register checks periodically in order to maintain their licensure. CFSA requires its CPA partners' family-based foster parents to obtain regular periodic background checks according to the District's schedule.

Chapter 60 also details the non-safety related licensing standards, such as square-footage requirements or bedroom-sharing limitations, that the Agency may waive on a case-by-case basis in order to facilitate placement of a child or youth with a willing and capable kinship caregiver. Moreover, District regulation gives CFSA the authority issue temporary kinship caregiver licenses to kin who meet certain minimum safety requirements and can accommodate the immediate placement of their young relatives. Thereafter, CFSA works with the caregivers to complete all the necessary licensure components, including pre-service foster care provider training, within 120 days of the child's placement in their home.

Standards for Youth Residential Facilities (YRF) and Independent Living Programs (ILP)

The standards outlined in 29 DCMR *Ch. 62* and *Ch.63* are largely aligned because of the commonalities between these nuanced types of child caring institutions. The standards in 29 DCMR *Ch. 62* are clearly articulated across the licensing domains of: operating procedures; building, grounds, and equipment; interior space and physical plant; fire and carbon monoxide protection; sanitation; utilities and hygiene facilities; personnel policies; staff development; documentation and recordkeeping (including background check requirements for staff); confidentiality; and the timeliness of completion of required activities for licensure.

Most of these requirements are reiterated in 29 DCMR *Ch.63,* although others are unique to ILP programming and service modality (e.g., initial individual transitional independent living plans).

District Licensing Practice

This section will highlight the District's practice around licensure for three distinctive substitute care provider constituencies: traditional foster family homes, kinship foster family homes, and congregate care facilities (child care institutions in federal parlance). Also discussed is a unique "border agreement" with the State of Maryland that maximizes CFSA's ability to efficiently access interjurisdictional placement resources (both traditional and kinship) in the nearby Maryland counties that surround the District's boundary.

Foster Family Home Licensing Practice

CFSA's Foster Care Resources Administration (FCRA) is responsible for carrying out the mandates of 29 DCMR Ch. 60 regarding foster, kinship, and adoptive homes. The Family Licensing Division, which consists of a program manager and three supervisory units, is housed within the FCRA. The FLD is responsible for carrying out licensing activities. The Family Resources Division, also within the FCRA, consists of a program manager and six supervisory units and is responsible for carrying out family-based recruitment, retention, and support activities.

The unique characteristic of CFSA's licensing, recruitment, and retention operations is that they completely centralized. The FLD and Family Resource Division fall within the same organizational administration, and answer to a single program administrator. They sit together, work together, undergo training together, and most importantly, they communicate and share information together. It is their proximity to

one another and the uniformity of their chain of command that facilitates the District's standards are applied uniformly across the foster care provider population. FCRA holds all CFSA- and private agency-licensed foster parents held to the same licensing standards as set forth by *DCMR* standards, even if the foster parents are licensed in another jurisdiction. Included in these standards are certain characteristics and action steps that are required for successful completion of licensure. For example, a foster parent in the District must be over the age of 21 and must complete 30 hours of pre-service training hours via the nationally recognized, evidence-based curriculum, *Partnering for Safety and Permanence: Model Approach to Partnerships and Parenting* (PS-MAPP).[98] In addition, foster parents must hold current American Red Cross Standard First Aid and infant, adult, and child Cardio-Pulmonary Resuscitation (CPR) certifications.

All foster parents must comply and pass through a Child Protection Register check, in addition to separate criminal background checks. (See *Item 34*: *Requirements on Criminal Background Checks* below for additional information.) Other characteristics include "soft skills" related to maturity and personality (e.g., the ability to create an atmosphere in which the social skills of a child in foster care can be enriched).[99] Additionally, applicants are asked to provide copies of their birth certificates or passports, marriage certificate, and driver's license.

Each family must undergo and pass a comprehensive home study that consists of several visits with an assigned licensing social worker. As part of this home study, potential foster families are required to complete a number of clearances (lead-based paint, evacuation plan, etc.). Homes must also meet fire safety requirements, be clean, and be free of hazards and debris in both the interior and exterior environment. While these examples are not exhaustive, they provide an overarching view of the guidelines set forth in *Chapter 60* that are, again, applied equally to all CFSA and private agency foster homes. Final approval of all licensing documents and home study is given after two levels of approval (supervisory and program manager approval) for quality assurance measures as well as for compliance/adherence with Chapter 60 regulations.

[98] Additional details on training requirements are addressed throughout *Systemic Factor #4 Staff and Foster Parent Training*.
[99] Chapter 60 in its entirety is accessible on CFSA's website at http://cfsa.dc.gov/publication/licensing-regulations-foster-home-rules.

Following licensure, each resource home is assessed four (4) times per year by a relicensing worker for compliance with licensing standards and regulations. During FY 2015, CFSA licensed a total of 50 homes, creating 83 beds.

Clearances and all required documents needed for licensing must be made available to Agency attorneys and CFSA licensing staff.

Of important note is the Agency's many partners throughout the licensing process. These external partners include:

- DC Fire Department (DCFD)
- District Department of the Environment (DDOE)
- Foster Adoptive Parent Advocacy Center (FAPAC)
- Post Permanency Resource Center (PPRC)
- Foster and pre-adoptive parents

Internal partners include the following areas of the agency:

- Recruitment
- Foster Parent Support,
- Placement Services Administration
- Permanency Administration
- Interstate Compact Unit
- Child Welfare Training Academy

CFSA's Border Agreement with Maryland and its Private Agency Partners

The District has unique geographical dynamics that impact child welfare operations. A great many children who enter into the foster care system have relatives who reside in the nearby counties of the State of Maryland, and CFSA's contracted private agency (CPA) partners are licensed in Maryland as child placing agencies. The CPAs' Maryland-based homes, some of which are therapeutic family-based homes for youth with complex needs, augment the network of family-based resources available in DC. At the end of FY 2015, There were 512 children and youth, approximately half of the overall District foster care population, placed in either contracted family-based homes or kinship caregiver homes in Maryland.

Prior to 2013, every time CFSA placed a child in temporarily in Maryland foster family home, the requirements of the interstate compact on the placement of children (ICPC) warranted the completion of numerous bureaucratic and administrative tasks

before the placement could be executed. The ICPC process, which was devised to facilitate interstate placements, often represented a significant barrier to the timely placement of youth in foster care with capable kinship and traditional foster-family homes.

In January of 2013, however, CFSA's Director and the Secretary of the Maryland Department of Human Resources enacted a "Border Agreement" that allowed both jurisdictions to dispense with much of the 'red tape' that had been presenting barriers to timely placement. The agreement allows each party to make temporary placements with licensed (by the receiving state) providers within the other's boundaries without having to complete an entire ICPC packet. (Although if it occurs that the permanency plan for the child in question is permanency with the interjurisdictional placement resource, then the entire packet is completed.) It also includes provisions to; expedite the timely placement of children with emergency kinship providers; allow CFSA to quickly and efficiently share key educational data with the Lead Education Agencies (LEA's) of the surrounding Maryland counties; and facilitate the joint monitoring of providers by oversight bodies in both jurisdictions.

Temporary Licenses and Waivers for Kinship Caregiver

While kinship foster parents are subject to the same licensure requirements in accordance with the same laws and regulations established for and applicable to non-kin foster homes, CFSA has nonetheless established a process for *temporary* licensure of foster homes for kin residing within the District of Columbia and Maryland. In FY15, 78 temporary licenses were issued in the District and through the border agreement another 68 were issued in Maryland for a total of 146. This process has been proven to successfully expedite emergency placements for children with relatives who are willing and able to take on the role of caregiver. The entire process is in compliance with guidelines set forth by CFSA policy in accordance with *Chapter 60*.[100] For example, a temporary license can allow immediate placement with kinship caregivers, provided an eligible caregiver is able to comply with the procedures described below. In addition, special considerations may be given to kinship caregivers when making licensing determinations that would be in the best interest of the child.

[100] CFSA licensure is currently concentrated in the District and Maryland only. Despite its proximity, licensure of kinship homes in Virginia has not been warranted, based on the demographics of families in the District, and the majority of relatives migrating to Maryland,.

There are instances when a kinship caregiver may provide a written application to waive a non-safety related licensing provision for good cause. There must be reasonable evidence that the waiver will not adversely affect child safety. If all other criteria for a temporary license have been met and the waiver has been granted, the FCRA program manager may grant a temporary license within 48 hours of receipt of this signed waiver. Within 120 days thereafter, the expectation is that the kinship provider works with the Agency to meet the remaining District-wide licensure requirements. After meeting those requirements, provided that all other title IV-E foster care eligibility criteria are met for children residing in such homes, CFSA will claim federal reimbursement for the foster care maintenance costs expended to them. A comprehensive roster, from 29 DCMR Chapter 60 and CFSA's *Licensing of Foster Homes for Kin*, of "waivable" non-safety related requirements is detailed in the table below. *These waivers are granted on a case-by-case basis following a thorough assessment of all conditions in the prospective kinship home.*

Potentially Waivable Non-Safety Related Requirements for Kinship Care

DCMR Citation	Topic & Foster Parent Regulation (*in italics*) and [General Considerations for Waiver]
§6001.2. §6027.3 (a)	*1. Age: A foster parent shall be at least 21 years of age* [Age 20 and above is considered to be appropriate for kinship foster parents. Kinship foster parents who are younger than 20 may be considered pending a social worker's thorough assessment of the applicant's emotional level of functioning and current situation.]
§6005.2	*2. # Children: Except as provided by § 6005.3 or § 6005.4, the total number of children in a foster home: (a)May not exceed six children;(b)May not exceed two children under two years of age;(c)May not exceed three children under six years of age; and (d) May not exceed three foster children.* [Clinical safety assessment may allow for relaxation of these requirements.]
§6007.14	*3. Space: A foster home shall have living room or family room space that is adequately furnished and accessible to all members of the household, including foster children.* [Clinical safety assessment may allow for relaxation of these requirements.]
§6007.15	*4. Space: A foster home shall have a designated dining area.* [Clinical safety assessment may allow for relaxation of these requirements.]
§6007.17	*5. Sleeping Arrangements: A foster child under 14 years of age may not sleep in a bedroom located in the basement.* [Finished basements may be considered appropriate living spaces for children if the foster parent's bedroom is located within calling distance or one floor of the child's bedroom. Assessed as clinically appropriate for child to be on a different level as the foster parents or guardians and determined on a case-by-case basis. *Note: a foster child's bedroom must have at least two means of egress, each on a different side of the room.*]

§6007.18	*6. Sleeping Arrangements: A foster child's bedroom shall be sufficient in size to provide for the safety, privacy, and comfort of the foster child. The following bedroom sizes shall be used as general guidelines for adequate square footage:(a) Seventy (70) square feet for one foster child;(b) One hundred (100) square feet for two (2) foster children; and (c)One hundred fifty (150) square feet for three foster children.* [CFSA may license a foster home with bedrooms that do not meet the general guidelines in § 6007.18 if CFSA finds and has documented that the available space is adequate to provide for safety, privacy, and comfort of each foster child.]
§6007.20	*7. Sleeping Arrangements: No more than three children may share a room regardless of the room's size.* [The space must be assessed as adequate and able to pass fire inspection.]
§6007.22	*8. Sleeping Arrangements: No foster child over 18 months of age may share a bedroom with an adult.* [Allowable for medically-fragile children and may be evaluated case-by-case.]
§6026.1	*9. Training: An applicant shall participate in an orientation program offered by the Agency.* Training need not be completed prior to placement of a relative child in the home. Kin caregivers are to complete pre-service training within 120 days of placement.
§6001.6	*10. Income: A foster parent shall have sufficient family income to meet the reasonable living needs of his or her own family without relying on foster care board and care payments.* Clinical safety assessment may allow for relaxation of these requirements.
§ 6008.4(b)(1)	*11. Fraud: CFSA may not license an individual as a foster parent if that individual or any person 18 years of age or older residing in the prospective foster home has a conviction of fraud.* CFSA may determine that, despite the conviction, placement with the prospective kin caregiver does not represent a safety-risk and is in the child's best interests.

In calendar year 2015, CFSA issued 25 non-safety related waivers to facilitate the placement of children with willing and capable adult relatives. Of these waivers, 23 were related to space requirements and CFSA twice waived income requirements for prospective kin caregivers.

Over and above the non-safety related waivers that the Agency issued for kin caregivers, District regulation also authorizes the Agency to waive or override certain safety-related licensing requirements, such as a prohibited (per federal and local law) criminal conviction or a positive return on a child protection register check. Such cases require the approval of the Agency Director, who must determine that, after the adult relative's satisfactory completion of all other District licensure requirements and a review of the child abuse or neglect case and current circumstances, the relative would be able to provide care for foster children consistent with the requirements of 29 DCMR Chapter 60 and the health, safety, and welfare of the children. In calendar year 2015, the Agency Director issued an override of safety-related requirements for

seven kinship caregivers. Six of the Director's overrides involved positive returns on the child protection register and the other involved a positive criminal background check.

Because these providers do not meet federal requirements for licensure, CFSA does not claim title IV-E foster care maintenance payments for expenditures made on behalf of children/youth residing in the homes approved via the Director's Override.

Licensing Practice for Youth Residential Facilities (YRF) and Independent Living Programs (ILP)

The CFSA Office of Facility Licensing (OFL), housed in the Office of Planning, Policy, and Program Support (OPPPS) licenses group homes and independent living programs. The OFL is staffed by a program manager and five licensing staff persons who, like their counterparts in the FCRA, sit together, receive training together, and share information to foster the uniform application of licensing standards as defined in Title 29 DCMR Chapters 62 and 63, and in CFSA's Facility Licensing Policy.

Every YRF or ILP license granted in the District is vetted and approved by the OFL program manager, who either grants or denies an application for an original license to operate YRFs within 90 days and independent living programs within 60 days of receiving a complete license application from a prospective provider. Both YRFs and ILPs are subject to a three-phase original licensing process:

- Phase 1: Submittal of a licensing application with supporting documents
- Phase 2: Sanitation and environmental on-site physical plant inspection
- Phase 3: Final walk-through of the physical plant and issuance of a license

At the close of FY 2015, those facilities and programs who requested relicensing served 80 youth. They consisted of eight Youth Residential Facilities (YRFs) and five Independent Living Programs (ILPs), all of which achieved timely compliance with re-licensure requirements and were issued annual licenses. OFL also granted a request for regulatory variance, for which guidelines are detailed below, for each program.

The eight licensed YRF providers (administering a total of 13 actual sites) and the five ILP providers (overseeing a total of 33 sites) were each required to submit corrective action plans (CAPs) during their 2015 relicensing period. These CAPs were developed to ameliorate areas out of compliance with the regulations. Each CAP adequately described how the deficiencies would be corrected and prevented from reoccurring. Eventually all facilities placed on CAPs were able to reconcile compliance issues and were given annual licenses. Stakeholders find the "Report of

Findings" helpful in preventing CAPS for related areas in the future. Any area of concern from the providers centers around the unannounced visits; however these are essential to ensuring that any concerns or deficiencies were in fact corrected within the required timeframes.

They corrected any compliance issues and were issued annual licenses.

CY2015 Licensing Actions	
Youth Residential Facilities	**Independent Living Programs**
• 100% licensure (Eight total) o Five annual licenses o Two provisional license o One restricted license	• 100% licensure (Five total) o Two annual licenses o Three provisional licenses
• One new license issued to one provider to operate three residential facilities	• No new licenses issued and one provider did not seek re-licensing

Additionally, OFL granted variance requests for all 13 YRF and ILP providers allowing them to depart from a requirement of the licensing *DCMR* regulations. OFL approved each variance based on the providers "showing of hardship and manifest public need" and demonstration through supporting documentation that the variance was not "deleterious to the residents' health, safety, or welfare."[101]

The types of requests submitted to OFL vary as both Chapter 62 and 63 allow providers to submit a *Request for Variance* to any regulatory requirement. Historically, most providers' request a variance to use the insurance binder that holds excess/umbrella insurance of $5,000,000 per occurrence instead of the required $10 million coverage. Other types of variances requested and approved are related to annual in-service training hours for part-time staff, program administrator professional/education experience, and placing youth outside the licensing age range requirements. At any time a *Request for Variance* to allow placement of a youth outside the license parameters is approved, it is done after consulting the youth's social worker and agency administrators, and after obtaining a written recommendation to ensure the placement is in the best interest of the youth. OFL might grant a variance related to the age of a youth. For example if a youth turns 18 in a setting that only allows her to stay through 17, yet she is awaiting the finalization of a transitional housing program, a variance would be requested to allow her to remain in the program until such time. OFL would approve such a request as it is the

[101] *DCMR § 6206.7 and § 6310.1*

best interest of the youth. During the 2015 licensing year, OFL approved 28 variances for YRF and ILP providers, outlined in the table below.

Providers	Regulatory Requirement	Variances Approved
Youth Residential Facility		
Caitlin's Place	Insurance Limit	1
Boys Town	Age Range	1
GANG	Insurance Limit (2)	2
LAYC	Insurance Limit; Annual In-service Training	2
SASHA BRUCE	Insurance Limit; Medical records/appointment/exam	2
Helping Children Grow	Insurance Limits (3)	3
ICS	Insurance Limits; Age Range; Administrator	3
Umbrella	Insurance Limits	1
Independent Living Program		
Elizabeth Ministry	Insurance Limits; Safety Chains; Clinical Director	3
Catholic Charities	Addictions Counselor; Educational Coordinator; Mattress	3
Family Matters	Addictions Counselor	1
LAYC	Insurance Limits; Safety Chains; Addictions Counselor Alternative	3
SASHA BRUCE	Insurance Limits; Dining Room Chairs; Safety Chains	3

DC law prevents a variance from being issued to an ILP that is owned or operated by DC government. None of CFSA's current ILP facilities fall into this category.

External Stakeholders involved in this process are CFSA's licensed providers, entities seeking licensure to operate a YRF or ILP in the District, and the Consortium for Child Welfare (CCW), which represents the interests of some of CFSA's licensed YRF/ILP providers.

Licensing of Residential Treatment Facilities (PRTFs)

PRFTs provide inpatient psychiatric services for children under the age of 22 who are often involved in multiple agencies and unable to reside safely in the community in a less restrictive setting. In order for CFSA to place a child in a PRTF, both the Joint Commission on Accreditation of Healthcare Organizations and the Council on Accreditation of Services for Families and Children must have accredited the PRTF.

Pursuant to *DCMR Title 29, § 948*, a PRTF must be licensed in the state where the facility is located, if that state so requires. In the District of Columbia, PRTFs are under the purview of one of the CFSA's integral partners: the Department of Behavioral Health (DBH). *As of this writing, there are no PRTFs operating in the District*.

At the end of FY 2015 there were 13 youth placed in PRTFs outside of the District of Columbia in 13 facilities; all of which are accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities and the Council on Accreditation of Services for Families and Children.

The D.C. Department of Behavioral Health (DBH) established criminal background checks for all persons being considered for employments for a position that has been determined to provide direct services to children or youth. This includes PRTF staff. Through the criminal background check, an investigation of a person's criminal history is conducted through the record system of the U.S. Federal Bureau of Investigation and the District of Columbia Metropolitan Police Department.

DBH conducts periodic criminal background checks on staff while employed by or volunteering at DBH.

Monitoring

The Agency's Contracts Monitoring Division has a **Monitoring Activity Plan** for each of its contracted private agency (CPA) and congregate care partners. The Monitoring Activity Plan is a template against which CFSA staff evaluate contractor performance to ensure compliance with applicable District licensure requirements. The tool is used for every provider (within each service category as outlined below) irrespective of the jurisdiction in which the provider is operating.

Universal Contract Monitoring Activities

Activity	Frequency
Provide Technical Assistance	As needed or requested

Draft and Final Performance Evaluation	Quarterly/Annually
Maintain agency monitoring files	Ongoing
Monitor agency Program Improvement Plans	As needed
Track Unusual Incidents/Critical Events	Ongoing
Respond and address complaints	As needed
Review Staff Clearance	Quarterly
Child Record Reviews	5% Quarterly (25% annually)
Staff Record Reviews	25% Quarterly (100% annually)
QA System Assessment	Quarterly
Review Staff Clearance Packets	As needed
Meet with Agency leadership	As needed

Specific Family Based Unit Activities

Activity	Frequency
Special Oversight	As needed
Foster parent record reviews	5% Quarterly (20% annually)
Interviews with foster parents	Quarterly
Social worker interviews	Quarterly
Census Analysis	Monthly
Linkage of Foster Homes	Daily
Process demand payments	As needed

Specific Congregate Unit Activities

Activity	Frequency
Youth Record reviews	Quarterly
Youth Interviews	Quarterly
Physical Plant Inspections	Quarterly
Census Analysis	Weekly
Status Report	Monthly
Linkage of Independent Living Apartments	Daily
Monitor placement changes	Monthly
Special Oversight	As needed

Strengths

One of the strengths of the licensing process is that the Agency conducts pre-licensure home visits to all prospective foster and adoptive parents who are undergoing pre-serviced training. Upon receiving a formal request for licensure from a member of the community, and then enrolling that person in foster care provider pre-service training, CFSA assigns a foster parent support worker to the prospective foster parent. During the licensure process, the support worker serves as a navigator

for the applicant going through the licensing path and assists the potential candidate to complete various application and licensure activities.

In a recent interview with the Foster and Adoptive Parent Advocacy Center (FAPAC), the FCRA's Foster Parent Support Unit (FPSU) was highlighted as an area which makes the process "a whole lot better". FPSU helps the foster parents feel more supported and valued, which fosters retention. Anecdotally, FAPAC reported that feedback from their constituency was increasingly positive, and included reports about the quality of CFSA staff, their accessibility, and their willingness to provide assistance, service referrals, and good counsel to the foster care provider community. This becomes important throughout the recruitment, licensing and retention process.

Other reported strengths of the process include the pre-service training, which is reportedly doing a much better job in preparing foster parents to work with birth families. It is said to provide a good grounding on a "family-to-family" model.

Challenges

A significant challenge reported by external stakeholders involving the Agency, is that inconsistent information is given; foster parents are hearing different answers to the same question from CFSA staff, and oftentimes feel stuck in bureaucracy and confusion. One question that is repeatedly answered wrong is concerning the back-up babysitter issue. Social workers are not clear on the answer to this question. This can impact retention if it interferes with the foster parent's job.

Other challenges that came from an interview with external partners include the following:

- Actual partnership and team work is non-existent on a regular basis.
- There is a lack of accountability for workers who pose a problem or fail to do their jobs.
- Foster parents report only getting services after they threaten to have the child removed.
- Foster parents feel as if they have to beg for respite when they have challenging youth in their homes.
- There is a lack of clarity of resources up front; families do not know how to navigate within the DC service and foster care system.
- Foster parents are labeled "bad" if they ask for too much help, and are blamed for taking the stipend. .

Lastly, FAPAC reported that while the work of the FPSU is a strength for those it engages, its reach is limited; the FPSU only serves CFSA families who live in the District.

Item 34: Requirements for Criminal Background Checks - How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Response: *CFSA monitors and tracks compliance with criminal background check requirements, including fingerprinting, for all foster family homes and facilities. The criminal background check requirements are outlined in District statute and regulation and in Agency policy. During FY 2015, CFSA licensed a total of 50 new homes creating 83 new beds in the local network of family-based resources. Licensure of new foster homes, and the re-licensure of existing foster family homes included the fingerprinting of 1,574 adults as part of the background check process. The use of Live Scan technology since at CFSA in 2008 has resulted in a shortened turnaround time on the FBI live scan and local DC police clearances completed by the Finger Print Specialist. Most results are returned in less than one week. CFSA staff as well as foster parents, adoptive parents and advocacy staff from the Foster and Adoptive Parent Advocacy Center (FAPAC) find the fingerprinting process convenient and reliable. A Foster/Adoptive/Relative Home will not be licensed or relicensed without a criminal background check. The criminal background results are referenced in the family home study, the clearance dates are listed in the FACES checklist, and the original copy is filed in the case file.*

Regulation and Policy Related to Criminal Background and Child Protection Register Clearances

CFSA policy and practice comply with all clearance-related legislation, including but not limited to the following requirements:[102]

[102] CFSA's *Facility Licensing* policy, *Temporary Licensing for Foster Homes for Kin*, and the proposed *Foster Home Licensing* policy (currently in draft) each outline more specific licensing procedures and protocols. In addition, CFSA's *Child Protective Register* policy outlines CPR clearance procedures.

- *DCMR § 6008* requires documentation of criminal records checks along with clearances from the Child Protection Register (CPR) for all potential foster parents, including CPR clearances for all adults over 18 who reside in the potential foster home during a child's placement.
- *DCMR § 6209* and *§ 6324* require checks and clearances for all employees of facilities (i.e., childcare institutions) licensed for placement of wards of the District.
- Pursuant to Chapters 62 and 63, facilities must obtain the written approval of the licensing agency and the contracting entity prior to employing any person who has been convicted of fraud or a drug-related offense.[103]
- All prospective foster parents, adults living in a foster parents' home, and employees of facilities must undergo a criminal records check from the Interstate Identification Index System, also known as the National Crime Information Center.
- Prospective foster parents, adults in the foster home, and facility employees must also apply for clearances by the Federal Bureau of Investigation (FBI) and local police.
- CFSA's in-house fingerprinting results are used to check the backgrounds of the prospective foster parent, adult, or employee using FBI "LiveScan" technology.[104]
- If an individual does not reside in DC, they must also obtain a local police and CPR clearance from their state of residence.

Practice Related to Criminal Background and Child Protection Register Clearances

As part of licensing reviews, CFSA performs criminal records checks once every two years and CPR clearances annually. With respect to YRF and ILP providers, the Office of Facility Licensing's (OFL) standard practice is to review and approve or deny each request for employment of any individual with a positive identified criminal history. During this review, OFL examines each conviction and current life circumstances of the individual before deciding if a specific conviction would prohibit a licensee from ensuring that an individual with a criminal conviction could provide responsible care for adolescents or young adults consistent with DCMR

[103] District law provides some latitude for CFSA to review certain convictions alongside any current circumstances that might explain or mitigate the conviction and allow the employment of an individual to work in a facility licensed by CFSA. OFL determinations must include whether the individual is able to provide care consistent with DCMR guidelines, and make a determination that the safety of youth in the facility will not be put at risk as a result of the person's employment therein.

[104] CFSA's in-house fingerprint specialist is certified by the FBI and completes on-going training to maintain certification.

regulations. The Office of Monitoring reviews and has the authority to approve or deny **all** job applicants including the results of their criminal background check.

Each facility provider must submit to CFSA the following documents for analysis to determine if the provider's proposed staff is eligible for employment under a CFSA license. Item one below is submitted to OFL in all instances, while items two through eight may be required if CFSA deems them necessary to render a final employment decision regarding any convictions:

1. Official documentation outlining the specifics of all arrests from each arresting jurisdiction, indicating the results of criminal records check and the final official disposition for each arrest
2. A self-disclosure statement from the named individual of an arrest
3. Two character support references
4. A letter of support from the provider's program administrator
5. Copy of the most recent performance evaluation for an individual, if employed for at least one year
6. A signed copy of the individual's initial employment application
7. A current copy of the individual's drug testing results
8. A current copy of the individual's Child Protection Register results

If OFL discovers that an individual is working with an arrest record but without obtaining the required approval, or if staff have expired clearances, the provider is cited and the individual is prohibited from working until a decision is made about their continued employment. CFSA will also issue approval/denial letters based on review of traffic records.

Once checks and clearances are approved, initial and expiration dates of checks and clearances are entered on the Employee Record Checklist for each provider. Licensing management staff reviews each report and follows up on any necessary corrective action plan as part of the Agency's continuing quality improvement process. Results are also referenced in the family home or facility environment study; originals are filed in the case file.

Fingerprinting

Once CFSA's fingerprinting specialist collects fingerprints using the FBI's LiveScan technology, the specialist sends them to the DC Metropolitan Police Department (MPD) as part of the background check process. Verification from MPD's database is received within minutes and then transmitted to the FBI, which responds within 7 to 10 days. This technology has been in place at CFSA since 2008, and has significantly

expedited the licensing process from CFSA's former use of manual processing, which would take up to three weeks to verify.

The efficiencies and dependability of the LiveScan technology have greatly helped to maximize the availability of valuable resources for children requiring placement at any given time. The centralization of this function also provides the Agency with assurance that the technology and process is being applied uniformly for prospective and current foster care providers across the District. However, because the FBI gave CFSA the authority to fingerprint foster parents exclusively, prospective staff members of contracted congregate care facilities cannot utilize the LiveScan process and are still required to go through MPD for fingerprinting. In CY 2015, CFSA finger-printed 1,574 clients as part of the background check process.

CFSA's contract private agencies (CPAs) are authorized to license foster family homes, and as part of that process they are responsible for gathering and vetting criminal background checks and child protection register clearance according to COMAR standards in Maryland and District standards in DC. The Item 33 narrative highlights the contract monitoring activities performed by CFSA's Contracts Monitoring Division relative to these requisite clearances.

Child Protection Register (CPR)

As noted above, CPR checks are required for all adults participating in the licensing of a foster home or facility. CPR information is an index of adult perpetrators of child abuse and neglect in the District of Columbia. The information is held in a confidential electronic database that is managed by the staff of the Child Protection Register Unit under the Office of Planning, Policy and Program Support (OPPPS), and it includes the names of adult perpetrators with either substantiated and/or inconclusive findings from CFSA's CPS investigative reports.

CPR staff receive requests from within and outside the Agency to check prospective foster parent names against the roster on the database. In keeping with the requirements of D.C. Code §4-1321.03 that protect confidentiality of all affected parties, the CPR Unit issues formal letters of findings to all requestors. Response times vary depending on the nature of the request, but all are completed within 30 days of receipt.

Psychiatric Residential Treatment Facilities (PRTFs)

The Department of Behavioral Health (DBH) has an established process for criminal background checks for all PRTF staff. Investigation of a person's criminal history includes fingerprinting and criminal background checks by the District's MPD, including a *Criminal History Report* (Form PD70) and a letter containing any additional criminal history, including information from the FBI and other states. Results are forwarded to DBH. Currently there are no PRTFs operating in the District.

Strengths and challenges of the Criminal Background Checks Process

Overall, both internal and external stakeholders are pleased with the criminal background check process. CFSA foster and adoptive parents shared in a focus group held at FAPAC, that they appreciate that there is no cost attached to the fingerprinting, and that they can easily come into the Agency and have it done via the Live Scan process. None of these parents expressed any concerns regarding the timeliness or validity of the background checks. CFSA also has no reported failures to ensure that criminal background checks are successfully completed. A summary of the responses can be found below:

Strengths

- LiveScan is a free resource (to prospective foster care providers), is expeditious and accessible and can be employed on or off-site. It facilitates the licensure process and creates good will among all parties.
- CFSA employs flexible scheduling to accommodate the busy calendars of its prospective and current foster parents.
- The process is uniformly applied because one individual bears primary responsibility for all LiveScans.
- CFSA has a unit that completes the CPR clearances for foster parents, adult household members and back up person. This simplifies the submission process.

- Recent title IV-E single state audits and federal title IV-E foster care eligibility reviews have found the District in substantial compliance with title IV-E foster care eligibility requirements, of which criminal background checks are key evaluation criteria.

Challenges

- Relative to the expeditious nature of the background check processes within the District, the wait times for local police clearances and child protection register clearances from other jurisdictions often take a long time to obtain.
- There are costs associated with requesting clearances from other jurisdictions, which can serve as a deterrent to prospective foster parents and congregate care staff to engage in the licensure and background check processes.
- Interpreting the clearance information from outside jurisdictions can sometimes be difficult because of a lack of format and language uniformity from state to state or county to county. It is not uncommon for CFSA staff to have to follow-up via telephone or email with staff of the issuing state to confirm the content of the background check documents, which takes time and creates the potential for delay in licensure approval or placement.

Item 35: Diligent Recruitment of Foster and Adoptive Homes - How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Response: *CFSA is successful in its efforts to ensure that the diligent recruitment of potential foster and adoptive parents is occurring across the District, and that the providers that the Agency (and its private agency partners) licenses are reflective of the cultural and ethnic diversity of the foster care population.*

CFSA utilizes a diverse array of evaluation and quality assurance methods to evaluate the effectiveness of its recruitment strategies, and to redirect resources toward those that have proven to positively impact the number of interested community-members who become licensed foster family homes. Weekly reports that illustrate the data and progress of the recruitment efforts of various internal departments who engage in community outreach and engagement of potential foster parents are generated and reviewed. On a monthly basis, CFSA managers facilitate

comprehensive Foster Care Quality Assurance Meetings to review the progress toward shared recruitment goals, assess the effectiveness of specific strategies, and discuss necessary plan modifications for achieving goals.

Since FY 2015, following a strategic plan developed in concert with a local marketing company, and with feedback from around the local child welfare arena, CFSA has successfully recruited a foster parent pool that both reflects and serves the diversity of CFSA's foster care population. Targeted recruitment in specific geographic areas has increased the Agency's capacity to find foster care placements within the communities from which children's removals occur.

With respect to retention, ninety-eight percent of all existing foster family homes were retained in FY 2015. During licensure reassessment for five of the 226 CFSA-licensed homes, the FCRA closed them due to underutilization.

Development and Implementation of Diligent Recruitment and Retention Plan

CFSA's overarching recruitment and retention goal is to amass a network of diverse, capable, caring, and local foster family resources to care for children who have been removed from their primary caregivers. Doing so requires a diverse approach to community engagement, effective messaging, and provision of ongoing support and resources to prospective caregivers. It also requires market research and targeted recruitment planning. Toward that end, CFSA engaged a local marketing firm, Reingold LINK, during FY 2014 to conduct an "environmental scan" in the District around demographics, attitudes, behaviors, and overall environment with respect to public awareness of and interest in the child welfare system. Insights gained from their research were incorporated into the Agency's *FY* 2015 *Recruitment, Licensing, and Retention Plan* (RRP). While the plan included specific strategies for targeted recruitment efforts, the overarching necessary action steps illuminated by the work of Reingold LINK included:

- Create community awareness of the need for fostering.
- Connect children with willing and capable kinship caregivers who can not only provide fostering services, but also serve as potential permanency options in the event that reunification with a primary caretaker is no longer an option.
- Facilitate access to fostering opportunities for interested persons, including assistance navigating the foster parent licensing process.
- Provide effective services and supports to resource parents who are caring for abused and neglected children

Based on Reingold LINK market research, the current marketing theme of *DC Families for DC Kids* now appears on all of the campaign and outreach materials for recruitment.

The RRP's targeted recruitment strategies have a concurrent geography-specific focus and population-specific focus, all of which is geared toward building local foster care capacity. Geographically, the District is divided into eight wards, and the population characteristics vary widely among them. The RRP prioritized CFSA's 2015 recruitment outreach efforts by primary and secondary geographic zones. The primary zones (Wards 4, 5, 7, and 8) account for 85 percent of the children currently placed in the District's foster care system. Accordingly, the Agency focused on continuation and improvement of outreach efforts in these wards in order to increase the likelihood that children remain in their communities and neighborhoods despite entry into care. CFSA leverages its existing cadre of resource parents to assist in outreach efforts at local churches, community events, and neighborhood festivals. They also speak at orientation sessions for incoming prospective foster parents.

According to 2010 census data, the secondary zones (Wards 1, 2, 3, and 6) are demographically different demographics than the primary zones. Residents in the secondary zones tend to have higher educational attainment and higher income. The Reingold LINK environmental scan indicated that a key recruitment barrier in these wards surrounds societal status barriers between children in need and prospective caregivers. Residents have communicated a desire to help but fostering is not their preferred choice. In efforts to broaden thinking concerning fostering, CFSA worked alongside the consultants to create specific, authentic messaging that directly counters false impressions about the values and successes achieved by fostering.

The Agency initiated two new recruitment strategies, both geographically focused and population focused, with targeted outreach to single professional women and men in the District. Through paid advertisement, the Agency targeted professional women in Ward 6 and professional men throughout the District. The decision to outreach to these groups was based on Agency statistics that reflect the fact that single men adopt and foster 10 percent of children in care, which is a significant percentage in comparison to other jurisdictions across the country. Specific outreach to professional women in Ward 6 was targeted as an outcome of the environmental scan along with

the fact that a high percentage of this group read information on CFSA's landing page.

Target geographic outreach also leverages youth formerly in foster care from Ward 6, and members from "Peer Plug In", which is a group of 15 youth that meet monthly with the youth ombudsman from CFSA and contracted providers. These young people will support CFSA in outreach activities to recruit additional resource parents and are scheduled to present at each foster parent orientation. Foster parents also continue to support recruitment activities and there is at least one at each orientation meeting that speaks to prospective foster parents about the importance of providing homes for children and youth in need as well as their own experiences. Yet another recruitment activity involves a local DJ on radio station 95.5; she was a former foster youth who was adopted as a teenager. She was invited to make three guest appearances at orientation and share her and successful adoption.

To date, the DJ has made two well received guest appearances, which were found to be compelling by both prospective foster parents and recruitment staff. For example, during the February 25, 2016 information session, she talked about the value of her connection with a foster parent at the age 15. Prior to this family based home, she resided in several group homes. She shared that on day one of being placed with her new foster mother, they talked and both listened. She also shared how her foster mother gave her a strong foundation to build upon and greatly contributed to her success. Through her person experience, she was able to discuss the many services offered to CFSA foster parents such as the Mockingbird Family Model, Family Connection, Family Support Workers, and Shared Parenting and applauded the Agency on being inclusive to all individuals and families.

In terms of further population-focused recruitment, to better serve the population of older youth in foster care with complex needs, CFSA cultivated relationships and licensed twenty-eight foster family homes specifically oriented toward housing youth between the ages 12-20 years. Furthermore, the Agency brought in seven adoptive beds for this same age group.

The RRP also detailed CFSA's need to recruit a diverse pool of foster parents that reflected the diversity of the children in need of homes including, older youth, sibling groups and LGBT youth. For the emergent Lesbian, Gay, Bisexual, and Transgender (LGBT) foster care population, CFSA licensed two new LGBT foster homes with a

bed capacity of four, and four LGBT adoptive foster homes with a bed capacity of seven. The Agency also sought out families who were willing to care for sibling groups. Moreover, 49 of the 83 applications received in FY 2015, were from prospective resource parents who were willing to take sibling groups. To enhance recruitment of LGBT families

CFSA engages in a wide array of child-specific recruitment activities, ranging from national searches to personal, one-on-one match meetings.

Nationally, CFSA leverages the resources of Adopt US Kids, an organization that provides prospective adoptive parents with access to profiles of adoptable children all over the country as well as regional and state-specific resources and information regarding the process of adopting through the child welfare system. The organization's website receives traffic from across the country and routes users to regional/local resources per their choice. It is a well-known, well-utilized, and key gateway for prospective adoptive parents into the child welfare system.

Regionally, CFSA benefits from the weekly televised (on the District's NBC affiliate) Wednesday's Child segments that feature a child (oftentimes it is a sibling group) in foster care from the District metropolitan area in need of an adoptive home.

Locally within the District, CFSA also has a matching specialist on staff who coordinates outreach and engagement for children in Agency custody who are free for adoption and are seeking pre-adoptive homes. This serves an important function for both those families who come to the Agency seeking children to adopt, as well as the children waiting to be adopted.

As part of CFSA's recruitment strategy, the Agency chooses to disclose demographic information to potential resource parents during individual one-on-one meetings. The Agency also discloses an overarching view of the reasons that children come into care, and the resources that CFSA provides to support resource parents who must be able to address those reasons when they elect to welcome children into their homes. This information helps resource parents fully understand the foster care population and fully grasp the foster care culture, the children's needs, family circumstances, and communities of origin. Most importantly, it creates a partnership and establishes trust from the beginning of the process. During these sessions, the Agency emphasizes the need for families who reflect the population of children in care.

At the end of FY 2015, of the children receiving out-of-home services, 51 percent were male and 49 percent were female. African Americans comprised 94 percent of the population, Hispanic children 8 percent, Asian children 4 percent, and Caucasian children comprised 3 percent of the population.

The FY 2015 demographic breakdown of new foster provider applicants (based on the social media campaign) by race is reflected below:

Race	African American/Black	Caucasian/White	Pacific Islander/ Asian American	Total
Number	42	9	4	55
Percent	77	16	7	100

Recruitment and Retention Performance

A key concurrent goal identified was the importance of maintaining a low attrition rate for the existing foster family homes already in the Agency's network. With respect to retention, ninety-eight percent of all existing foster family homes were retained in FY 2015. During licensure reassessment for five of the 226 CFSA-licensed homes, the FCRA closed them due to underutilization.

Based on the *RRP*, the goal for FY 2015 was to create 80 new foster care beds in the District by the end of the fiscal year (September 30, 2015) with 48 beds from those willing to take youth ages 13 and older, and 12 beds for sibling groups. CFSA further followed the consultant's recommendations for various recruitment strategies. As a result, the Agency received 228 applications, which resulted in 50 licensed homes creating 83 beds. Also in FY 2015, four additional LGBT adoptive homes were created for a bed capacity of seven, in addition to two new LGBT foster homes for a bed capacity of four. During the social media campaign, the LGBT-identified group was the third highest of all visitors to CFSA's website, Facebook page, and Twitter account.

The breakdown of recruitment efforts throughout the District through the media campaign as well as the ongoing work of the Agency can be seen below.

Referral Source	Count of Homes Developed	Count of Beds Developed	% of All Beds Developed

Websites *(CFSA, Foster DC Kids, AdoptUSKids)*	20	31	37
CFSA Staff Outreach	15	29	35
Resource Parent Referral	8	11	15
Community Events	4	7	8
Local Church Outreach	1	2	2
Radio Advertising	1	2	2
Newspaper Advertising	1	1	1
TOTAL	**50**	**83**	**100**

In FY 2015, CFSA was heavily recruiting for foster parents who live in the same communities as the children who are coming into care with the intent to make sure children remain in their community of origin. As of December 2015, the Agency is utilizing 83 percent (247) of the total number (297) of the available beds within the District of Columbia.

	Traditional Foster Homes	**Traditional Bed Capacity**	**Pre-Adoptive Homes (adoption goal only)**	**Pre-Adoptive Bed Capacity #**
2014	152	252	64	114
2015	178	297	43	67

DC Traditional Homes Licensed During FY15

	DC Families Licensed	**Foster Care Bed Capacities**
October 2014	1	1
November 2014	4	7
December 2014	3	6
January 2015	3	6
February 2015	4	7
March 2015	3	4

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April 2015	5	7
May 2015	4	8
June 2015	3	5
July 2015	3	4
August 2015	0	0
September 2015	8	12
Total	**41**	**67**

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67 beds created, 28 beds are for youth ages 12-20.

- In addition to the traditional homes licensed in the District during FY15, there were approvals for nine adoptive homes with a bed capacity of 16, two kinship homes with three beds, and three OTI (out-of-town inquiries) with four beds. Ten existing homes increased their capacity to create 10 additional beds.
- A total of 24 homes and 33 beds were created that are not included in the numbers above.
- The total number of newly licensed homes was 50 (41 traditional homes and nine adoptive homes only).

In addition, private agencies as contracted child placement agencies they are contractually bound to recruit their own networks of foster parents based on CFSA's need and in compliance with their contract requirements.

Stakeholder Feedback

Foster and Adoptive Parents
In a 2015 survey completed by foster and adoptive parents, participants provided their attitudes on the effectiveness of the Agency's licensing, recruitment, and retention processes. Forty-six percent of participants felt the Agency's licensing, recruitment, and retention processes were very effective. Fifty-five percent of participants felt that the licensing process was very efficient. When asked about the effectiveness of the licensing process for a resource home or facility, the percentage of participants feeling this process was very effective increased to 75. When asked how effective the licensing process was in facilitating the timely adoptive or permanency placements for waiting children (including ICPC placements), 46 percent of participants said the Agency was somewhat effective in this area. With respect to challenges, respondents voiced concerns about communication issues that occurred between CFSA and nearby jurisdictions during interjurisdictional placements. The Agency acknowledged these communication inefficiencies and intends to improve operations around interjurisdictional placements via the recently enacted border agreement with the State of Maryland.

Overall, the Agency's existing foster parents have provided good feedback through bi-annual focus groups. They report that accurate and understandable information is provided to them throughout recruitment efforts and orientation. A highlight of the recruitment efforts, as voiced by foster parents is that real life experiences are shared from current and former foster parents.

Consultant Focus Groups
CFSA also received stakeholder feedback from internal staff from the Agency's Foster Care Resources Administrations (FCRA) which includes areas such as monitoring, recruitment, and retention, as well as external partners such as foster and adoptive parents and staff at the Foster and Adoptive Parent Advocacy Center (FAPAC). Two focus groups, held by the consultants, one with resource parents and one with CFSA recruiters, as well as several informal interviews with individual resource parents and prospective resource parents revealed the following, all of which informed the development of the RRP:

- Not everyone is fit to be a foster parent. The District doesn't just need to find foster parents—it needs to find the *right* foster parents.
- The most authentic messages are the strongest.
- Be honest and upfront with the community about what foster parenting really means. Candor is necessary at the earliest stages of engagement so as to properly manage the expectations of both foster parents and the children placed with them.
- Not enough people know about foster care outside of a few geographic locations in the city; the Agency must generate awareness of the need for homes throughout the District.

Outreach and External Partnerships in Support of Retention

Through consistent outreach and involvement in the community, recruitment has generated several concrete partners that have been instrumental in increasing community awareness and resource development. These include existing foster parents, faith-based organizations, community providers, District government agencies, television, radio, and adoption exchange websites. Each of these entities supports CFSAs recruitment efforts and has been monumental in getting the word out on the need for fostering and adopting. CFSA actively partners with the Healthy Families/Thriving Community Collaboratives (Collaboratives), The Foster Adoptive Parent Advocacy Center (FAPAC), and the DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA).

Collaboratives
For example, in efforts to keep children in their community, CFSA works closely with the Healthy Families Thriving Communities Collaboratives, who are neighborhood based service providers. Recruitment efforts are tailored towards each Ward, with the Collaboratives assisting with recruitment efforts and outreach to develop foster parents who live in their catchment areas.

The Foster Adoptive Parent Advocacy Center (FAPAC)
FAPAC's board of directors is almost entirely made up of current or former foster, kinship, or adoptive parents. Its mission is to significantly improve the lives of children in the District of Columbia child welfare system by empowering their foster, kinship, and adoptive parents to advocate for their children's needs and ensuring the inclusion of those perspectives at every relevant table. In addition to recruitment, FAPAC assists in stabilizing placements and retaining foster parents by engaging in the following activities:

- Advocating for the development of a comprehensive approach to stabilizing children in well trained & well supported families in order to improve outcomes for permanency and well-being
- Improving the quality of foster parent training throughout the District through improved competencies, standard, policies and opportunities
- Building stronger communication with DC's foster/kinship/adoptive parent community to bring accurate information and understanding of CFSA's policies, procedures and initiatives
- Developing procedures to bridge communication gaps between foster parents and birth parents and CFSA

FAPAC has been a long-standing and crucial partner of the Agency. In recent focus groups, stakeholders shared that the support of FAPAC in providing both support and education has been essential to their fostering experience. Examples include FAPAC coordinated forums with CFSA that allows foster parents opportunity to ask questions and assist with any areas in need of clarification or barrier removal. Foster parents expressed that the day to day support that get from FAPAC helps them get unstuck when they are facing challenges either with the youth in their home or when they feel stuck in bureaucracy. This actual partnership and team work helps foster parents to continue in their important role; especially at times when things are not easy.

DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA)
Similarly to FAPAC, DCMFAPA's programs and services support every aspect of the life cycle of a foster parent, helping to offset the natural stresses and burdens that come with fostering and revealing the benefits to serving. In addition to pre-service and in-service trainings, DCMFAPA provides quarterly workshops and seminars on a variety of topics that address the opportunities and challenges of foster, adoptive, and kinship care. When foster parents are engaged in this manner, retention is more likely. In addition, DCMFAPA collaborates with various support groups that have been in existence for many years to provide assistance and guidance to different parent groups within the foster parent community. For example, there is the Barbara Collins Peer-to-Peer Mentor Program, which provides support for foster parents to ensure that they continue to provide foster parenting. It also helps foster, adoptive, and kinship parents navigate through issues relating to children, family, agency and any other matters relating to foster/adoptive/kinship parenting.

Internal Administration of Retention Activities

As noted in the 2015 *RRP* the Agency's FCRA continuously recruits and facilitates the training and licensing of District residents to become foster and adoptive parents.

By partnering with CFSA's Family Licensing Division (FLD) during foster parent orientations, staff is able to jointly present on policies, procedures, and the rewards and the challenges of taking on the responsibility of foster parenting. The partnership continues to streamline the review and processing of applications from foster parents. FCRA also works directly with CFSA's Placement Services Administration (PSA). Once individuals and families are recruited and licensed, PSA has access to all of the necessary information that can help a placement specialist to adequately match children with a temporary safe haven most suited to their needs. The Child Welfare Training Academy (CWTA) ensures that foster parents receive timely in-service training on a cadre of relevant topics.

In 2015, the Foster Parent Support Unit held a number of retention activities throughout the year on behalf of the Agency's resource families. The following activities were included:

- *Leadership Recognition Luncheon (May 2015)* - At this luncheon, the Foster parent of the year as well as other nominees were recognized. The Agency also recognized foster parents resource parents who were in leadership position of various programs (e.g. Mockingbird, Family Connections, Peer to Peer Parents and etc.)
- *Foster Care Month Celebration (May 2015)*- This activity is a broader event that highlights and celebrates all of foster parents for the work that they do on behalf of children placed in foster care.
- *Back to School Event (August 2015)* - The Back to School Event is a fun activity for foster children and the resource families. During this event all children in attendance are provided with school supplies.
- *Winter Celebration (December 2015)* - The invitees to this celebration included all of the participants of the Mockingbird and Family Connections Program. It was an opportunity for our families to hear from CFSA's Management Team concerning the Agency's vision and the importance of their role to bringing goals to fruition. The event also affords parents that opportunity to expand peer supports and enhance peer relationships.

Feedback from the FPSU reveals that all of these activities were well attended and received by the resource parents. The children and families look forward to these annual events. One foster parent shared his appreciation for the work of the FPSU and now speaks at orientation sessions for foster parents. Below is an excerpt from his message:

All throughout my journey, CFSA has helped me in every step. As a single parent, it is important to have a support system to help you through the ups and the downs. But there have been people at CFSA that have hearts of gold. My support worker is always there to help guide and offer assistance when needed. And CFSA has a ton of resources that help make this journey possible. CFSA offers trainings on a number of topics to help in my parenting. The organization also provides structure for so many of us foster parents and can connect and support one another. And an openly gay man, CFSA has been awesome in their support of me and my family. They are extremely inclusive and affirming. I am grateful for all of their support.

FY 2015 Monthly Statistics on Orientation Attendee and Applications

The following information provides FCRA with an overview of the number of potential resource parents recruited, number of orientation attendees and the number of applications received. This information is then assessed to project home development, investigate timelines for high and low attendance, and the ratio of applications to licensed homes.

Orientation Invitees, Attendees and Applications

Orientation Invitees	Orientation Attendees	Applications Received	DC Traditional Applications
October 2014	28	12	10
November 2014	16	8	7
December 2014	35	33	23
January 2015	43	21	15
February 2015	38	12	5
March 2015	28	18	14
April 2015	12	17	14
May 2015	26	22	16
June 2015	12	30	24
July 2015	29	16	10
August 2015	53	26	20
September 2015	31	13	11

Total	**351**	**228**	**169**

In FY 2015, the Agency's orientation sessions shifted to informational sessions. The team enhanced the sessions by posting the sessions on social media, evaluating the sessions, and collaborating with a foster parent and/or an older youth presenter during 85 percent of the scheduled orientation/informational sessions.

As previously noted, the value of sharing current and previous experiences of foster parents cannot be overstated; one foster parent who was encouraged by a friend to consider fostering, and is now also an adoptive parent of a five year old boy, shares what he calls his "Journey of Hope" during these sessions. In part of his message to prospective foster parents, he shares:

> I encourage you to become a foster/adoptive parent. It has been an awesome life-changing experience. Know that the children who come to you will appreciate the love, guidance and support you give them. Be very open to the process as there may be twists and turns along the way. But know that there is a team of people that has your back and will support you in every way.

His particular story is one remembered and retold by other foster parents because of the powerful impact it had on their decision to move forward with the process.

CFSA's Foster Parent Support Unit (FPSU)

FPSU is a vital and valuable internal partner. FPSU social workers are assigned to foster, adoptive, and kinship resource parents to provide ongoing support with the goal of retaining them as viable long term-resources in the District. By collaboratively working with the foster parents, the social workers are able to address issues that might have otherwise hindered a foster parent's ability to provide optimal foster care services. For example, FPSU social workers assist resource parents in navigating internal and external systems in an effort to reduce stress and frustration. They also educate and empower resource parents to effectively advocate on behalf of children while working in partnership with all team members. Furthermore, the network of support offered to resource parents by programs such as the Mockingbird Family Model and Family Connections provides crucial peer support services, respite care, and other support. Over 200 resource parents are engaged in these programs, many of whom have reported that this support is unique and has been directly influential in their final decisions to continue serving. The FPSU also reports that they believe that they work well with other parts of the system to ensure that homes are retained. For example, a monthly Foster Care Quality Improvement meeting is held

with Recruitment, the FPSU, Placement, and Kinship as well as monitoring to discuss strategies to improve recruitment. At this CQI meeting, they review homes and various case challenges to identify actions need towards improvement. As the FPSU evolves, they take on more functions such as coaching and helping foster parents to work with youth from a trauma perspective.

The FPSU also holds a monthly corrective action meeting with Licensing. Here they look at any concerns or challenges that a foster or adoptive family may be facing in regards to licensing or any other issues with the child in their home. A Supportive Intervention plan is developed and put into place for issues that may arise for the foster parent.

CFSA's Child Welfare Training Academy (CWTA) and Retention

Training is the foundation for qualified, educated resource parents who serve to uphold CFSA's mission to promote the safety, well-being, and permanency of children. In addition to providing requisite pre- and in-service training hours for foster parents, CWTA provides cross-training between social workers and foster parents. This approach encourages an open line of communication while laying a consistent foundation for how each professional approaches fostering. It further reinforces the partnership and teaming aspects of the foster parent and social worker relationship, which can be so important for maintaining a foster parent's dedication to continue serving. As well, cross-training provides future opportunities for resource parents and social workers to support one another, re-invigorate their individual and collective tasks, and extend retention for both. Although foster parents appreciate the cross-training, some have expressed in a recent focus group that they should not have to take Continuing Education Level (CEU) courses with the social workers as they are too technical. Others however, feel that tier level training should be an option for those foster parents who want more advanced training. Overall, foster parents from a recent focus group agree that the training helps them to meet the needs of children in their homes, especially around managing behaviors, which supports both placement stability and foster parent retention.

Another very important retention component of CWTA's training is the emphasis on trauma systems. Although focused mainly on the well-being and safety of children and their needs, trauma training for resource parents helps them to distinguish between the "bad child" and the child who has experienced bad things. When foster parents are educated in trauma, they begin to realize that a whole new set of skills is at their disposal for helping children to heal and recuperate. Without trauma training, foster parents are more likely to miss an essential opportunity and feel at a loss for

coping, and might eventually choose to discontinue. Trauma training not only provides skill sets for handling trauma, it can really help to remove judgments, and reduce the stress of misunderstanding unexpected triggers. Trauma training is offered for all CFSA staff, in addition to social workers and foster parents.

Strengths

Licensing Process

As a result of feedback on the licensing process, the Agency's Policy Unit is currently drafting a Foster Parent Licensing policy to guide and support this process. Licensing activities, especially the timely completion of the entire licensing process, have historically been closely monitored, based on established internal and legal benchmarks required for the completion of the entire licensing process. These include training, home studies, and background checks. CFSA expects that final licensure decisions would be made within 150 days. To assure adherence to the established timelines, the Agency (and its partners) coordinate and track a series of licensure milestones and component activities that occur throughout the process.

FPSU

The FPSU has been in existence for the past 15 years, and continually works towards improving its efforts to support families and stabilize homes. Foster parents report that the FPSU helps them to feel more supported and valued. Within 24 hours of a placement, the FPSU places a call to the foster parent to ensure that everything is in place and they have what they need to care for the child. They also communicate with the assigned social worker to ascertain areas where they can provide immediate support. They make a visit to the home within seven days to ensure face-to-face contact with the family. Ongoing communication takes place between the social worker, family support worker, and FPSU worker to ensure and promote unified efforts to support the family and child or youth placed in their home.

LGBT Families

One area in which the Agency has made considerable progress is in its focus on placements for youth who identify as LGBT. This is reportedly a population whose needs have been regarded more thoroughly by placement. The Agency has done outreach to identify LGBT foster parents and has provided education to staff on understanding the LGBT population. At the end of FY 2015, there were 32 LGBT welcoming homes, with 6 new homes licensed in FY2015. Since the end of FY 2015 the agency has recruited two new LGBT foster homes with a bed capacity of four and four LGBT adoptive foster homes with a bed capacity of seven.

In addition, CFSAs movement towards a new matching system will better allow recruitment to best match families with children. The matching tool considers the strengths, needs, and behaviors in terms of the age range of the child. Most importantly, the social worker and the family complete the tool together. Based on the answers they provide regarding children they are willing to take, or will not consider, the best possible match can be made.

With a continued focused strategy on engaging the community in a conversation around foster care through education and training, CFSA can hope to obtain a positive public perception of child welfare and foster parenting which will result in an increase in the number of qualified families and retaining current foster families. This along with an effective and rigorous matching process that balances the needs of the youth with the skills and abilities of the foster parents will provide the foundation for a successful and stable placement that supports permanency.

Challenges

At present, the needs of older youth are most demanding, as securing foster and adoptive families for them continues to be a challenge for the Agency. They require guidance towards their transition to adulthood while concurrently striving to achieve permanency. The Agency is therefore currently conducting a specialized recruitment effort to secure resources to care for older youth and to have more planned placements for older youth. As stated earlier, one of these strategies is to recruit single males and professional women.

Another challenge that is often observed in the recruitment process concerns recruits parents who go through the training because they want to adopt a pre-identified or hoped-for child, but not because they are interested in fostering. The entire District child welfare system wants these individuals to step forward and adopt. However, the District also needs an equal, if not larger volume of individuals, who are not opposed to adopting but are willing to dedicate their time, energy, and resources solely to children that the Agency wants to see returning home to their parents.

Providing consistent and coordinated information on resources for foster parents across private agencies and CFSA has been identified as a challenge. CFSA is developing a foster parent handbook that will include information that foster parents need to know about how to navigate the system and available services and resources. The handbook will include information about Reasonable and Prudent Standard as well.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Response: *CFSA is an effective steward of District resources dedicated to ensuring that cross-jurisdictional placements for permanency occur in an efficient and timely manner. CFSA's centralized Interstate Compact on the Placement of Children (ICPC) unit is the District's clearinghouse for the application and approval of any placement (either within the child welfare system or external to it) across state lines. The ICPC unit triages referrals from within the District child welfare system and coordinates the exchange of key information with "receiving states" to ensure the timely completion of administrative requirements to facilitate cross-jurisdictional placements. Additionally, the ICPC unit receives and responds to Out-of-Town Inquiries (OTI) from other states requesting the investigation of potential placement resources within District boundaries. Because the entire spectrum of administrative functions for cross-jurisdictional placements within and outside the District is completed by this one unit, CFSA is assured of a uniform and District-wide application of standards and requirements.*

A key recent development toward maximizing the efficiency of the ICPC unit was the 2013 of a border agreement with the State of Maryland whereby the two parties agreed to remove administrative barriers to the timely temporary placement of children across each other's boundaries, thereby allowing ICPC staff and resources in both states to be allocated specifically toward placements wherein the caretakers across jurisdictional boundaries were part of the permanency plan of the child in question.

CFSA measures performance of the ICPC unit against requirements set out in Agency policy through metrics around the timeliness of completion of both external referrals to receiving states and through the timeliness of the Agency's response to OTIs.

ICPC Policy
CFSA adheres to the provisions of the Interstate Compact on the Placement of Children (ICPC) as codified in DC Official Code §4-1421 to place a child in its custody in another state when the child is in the following types of placements:

1. Foster care (including but not limited to foster homes, kinship homes, group homes, residential treatment facilities and institutions)
2. Adoptive placements

3. Placements with a parent or relative (by blood or adoption) authorized by the DC Superior Court

Per ICPC, when a child is placed out-of-state, the receiving agency conducts monthly face-to-face home visits to monitor the placement and ensure the overall safety, permanency, and well-being of the child. The sending agency retains legal and financial responsibility for the child until the closure of the ICPC case. An ICPC case can be closed under the following circumstances:

1. Permanency for the child is established with the resource provider.
2. The child reaches the age of majority.
3. The child has exited foster care.
4. The child is an older youth who has become self-supporting.
5. The current placement is legally terminated.
6. When the appropriate authorities in the sending and receiving states concur that the ICPC case can be closed.

Under the ICPC, a request and approval is required each time a child is placed out-of-state, with the exception of temporary placements in the State of Maryland, which are governed by a border agreement between Maryland and the District which has been in effect since 2013. CFSA will not place any child in another state unless that resource provider is fully licensed, certified, or approved for the placement of that child or sibling group, according to the receiving state's standards. Approval of the placement request is documented on form ICPC-100A and signed by the receiving state's ICPC compact administrator (or their designee). An out-of-state placement made in violation of terms of ICPC constitutes a violation of the laws of the sending and receiving states. Violators may be punished or subject to penalty in either jurisdiction in accordance with its laws. In addition, a child placing agency that violates a provision of ICPC may be subject to the suspension or revocation.

When receiving OTIs, the ICPC unit and CFSA's Family Licensing Division licensing social workers have an internal deadline of 100 days to complete the entire licensing process, including a "home study" and all the requisite pre-service training necessary to license the prospective care provider[105]. The deadline set by the Agency's Implementation and Exit Plan is 150 days.

[105] Under the LaShawn Implementation and Exit Plan, CFSA has 150 days to complete the entire licensing process. The ICPC/FLD staff make efforts to exceed the standard for OTIs because of the added bureaucratic work steps involving the sending states.

In instances where the sending state has made it clear that the prospective provider does not wish to receive full licensure in the District, the licensing social workers have 60 days to complete all birth and relative home assessments, per the federal and ICPC requirements.

CFSA's Border Agreement with Maryland and its Private Agency Partners

The District has unique geographical dynamics that impact child welfare operations. A great many children who enter into the foster care system have relatives who reside in the nearby counties of the State of Maryland, and CFSA's contracted private agency (CPA) partners are licensed in Maryland as child placing agencies. The CPAs' Maryland-based homes, some of which are therapeutic family-based homes for youth with complex needs, augment the network of family-based resources available in DC. At the end of FY 2015, there were 512 children and youth, approximately half of the overall District foster care population, placed in either contracted family-based homes or kinship caregiver homes in Maryland.

Prior to 2013, every time CFSA placed a child in temporarily in Maryland foster family home, the requirements of the interstate compact on the placement of children (ICPC) warranted the completion of numerous bureaucratic and administrative tasks before the placement could be executed. The ICPC process, which was devised to facilitate interstate placements, often represented a significant barrier to the timely placement of youth in foster care with capable kinship and traditional foster-family homes.

In January of 2013, however, CFSA's Director and the Secretary of the Maryland Department of Human Resources enacted a "Border Agreement" that allowed both jurisdictions to dispense with much of the 'red tape' that had been presenting barriers to timely placement. The agreement allows each party to make temporary placements with licensed (by the receiving state) providers within the other's boundaries without having to complete an entire ICPC packet. (Although if it occurs that the permanency plan for the child in question is permanency with the cross-jurisdictional placement resource, then the entire packet is completed.) It also includes provisions to; expedite the timely placement of children with emergency kinship providers; allow CFSA to quickly and efficiently share key educational data with the Lead Education Agencies (LEA's) of the surrounding Maryland counties; and facilitate the joint monitoring of providers by oversight bodies in both jurisdictions.

ICPC Practice and Performance

CFSA's ICPC unit serves a dual function: it receives OTIs from other states requesting the completion of home studies and placement approvals for homes within the District; and, it triages and coordinates requests from social workers within the District for other states to complete home studies to facilitate the placement of District wards.

With respect to OTIs, CFSA's FLD staff teams with the ICPC Unit to complete any necessary OTIs for the licensure of foster, kinship, and pre-adoptive homes. It is not infrequent that several emails and calls occur between FLD and ICPC staff to address issues that arise during the OTI assessment. ICPC staff often acts as the liaison between FLD and the sending states. Staffings are routinely held with ICPC staff once an OTI home has been approved for the placement of a child from out-of-state.

Once an approved home study is received and the staffing meeting is held, the OTI monitoring social worker contacts the placement resource via mail correspondence and telephone contact as an introduction and to and determine if the child has been placed. Thereafter, contact is made monthly to determine if the child has been placed. If the child is not placed within six months, the compact is terminated (ICPC is only valid for six months). Once the child is placed, monthly visits are conducted to determine the well-being of the child.

CFSA's ICPC staff logs ICPC referrals from other states into an *ICPC Log Book* on a daily basis and also enters the referrals into an Excel spreadsheet. Monthly statistics are generated, including information on each referral (e.g., parent, foster care, adoption, and whether the placement is a residential/group home).

In Calendar Year 2015, the ICPC unit received and processed 30 OTIs. Home studies for less than half (fourteen) of these were completed within in 60 days of receipt of the request. For the remaining sixteen, processing delays had to do with caregiver non-compliance with respect to completing the assessment process. It should be noted that CFSA's completed the licensure process for prospective caregivers 67% of the time during the latter six months of CY 2015. The LaShawn benchmark on this measure is 70%.

For the CY 2015, the OTI monitoring social worker met the benchmark of monthly visits at 100% compliance.

With respect to outgoing referrals to receiving states, the ICPC unit processes the referrals and forwards the referrals to the appropriate state ICPC office. The home

study is then completed by the local county agency and, if approved, children are placed in the home and monitored by the other state.

In CY 2015, the ICPC office sent 230 referrals to receiving states to facilitate the cross-jurisdictional placement of District wards with parents, foster parents, pre-adoptive parents, and also in child care institutions.[106] Out of the 260 referrals, 192 referrals were completed and approved by the receiving state within 60 days; 32 referrals were completed and approved after 60 days; 19 referrals have not received approval from the other states (the DC ICPC Office is following up to determine the delay); and 17 referrals were not processed (these referrals were returned to the social worker or other party due to missing documentation or the request was withdrawn).

Strengths

CFSA is an early participant in the National Electronic Interstate Compact Enterprise (NEICE), which is a cloud-based electronic system for exchanging the data and documents needed to place children safely across state lines within the requirements of the Interstate Compact on the Placement of Children. NEICE's automated interface allows sending and receiving states to securely and quickly share sensitive client data around cross-jurisdictional placements, significantly shortening the time it takes to place children across state lines, and saved money in mailing and copying costs. To date, 8 states have begun utilizing the NEICE system with 15 more in the planning process. According to the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), current adopters of the NEICE system have reported anecdotally that the time to completion of home studies is reduced when the process is facilitated through the automated interface. There needs to be more widespread acceptance and utilization of this tool across the country, however.

The border agreement with the State of Maryland makes it easier for each jurisdiction to place children temporarily in foster care in the other locale. The Maryland- DC agreement supports safe but faster placement by cutting paperwork requirements and waiving the need for state approval before enrolling District foster children in Maryland schools. The agreement also solidifies procedures for rapid placement of children with their relatives in emergency situations. It does not replace necessary ICPC coordination, however, when the child's permanency plan involves the cross-jurisdictional placement. In such cases, the full ICPC process occurs.

External Partners

[106] This figure does not include temporary placements in Maryland that are now streamlined under the provisions of the aforementioned border agreement.

The ICPC process is the only means available to request a home study and placement request in another state, and provides the safeguard for safety/well-being and permanency of children placed across state lines. This makes our external partners essential to accomplishing this goal.

The external partners are engaged through annual AAICPC conferences, weekly All-State conference calls, trainings, and mail (letters, transmittals, etc.) and e-mail correspondence. The DC ICPC Office receives correspondence via mail and e-mail correspondence on a daily basis determinant upon the external partner. With the recent introduction of the NEICE database, the DC ICPC Office met with some of the external partners to introduce the NEICE database and provided training on the system. External partners that were trained to use the NEICE database are now responsible for using this database (e.g., DYRS).

From the verbal and e-mail correspondence received from our external partners, their beliefs are that there is a timely completion and efficiency to the ICPC process. Some of the external partners felt that communication among the ICPC Offices improved (were faster), which allowed for documentation to be requested and received in a timely manner. The receipt of this documentation allowed for the number days for the completion of the home study to decrease. AAICPC and American Public Human Services Association (APHSA) are committed to finding new strategies to improve the ICPC process (e.g., NEICE).

CFSA's ICPC unit partners with the following several external partners:

- Association of Administrators on the Interstate Compact on the Placement of Children (AAICPC)
- American Public Human Services Association (APHSA)
- All 50 state ICPC offices
- District of Columbia Superior Court
- DC Department of Youth Rehabilitative Services (DYRS)
- District of Columbia Public Schools
- Private attorneys who facilitate independent adoptions
- Licensed child placement agencies
- Private adoption agencies
- Court Social Services/Probation
- DC Department of Behavioral Health (DBH)
- Parents placing children in residential facilities
- Community organizations

- TETRUS (the organization responsible for the software for the National Electronic Interstate Compact Enterprise (NEICE) database

Internal Partners
CFSA's ICPC unit partners with the following administrations:

- Child Protective Services
- In-Home and Permanency
- Office of Attorney General
- CFSA-contracted private child placing agencies

Internal partners are engaged through face-to-face meetings and telephone calls to advise staff on new ICPC regulations, changes, policy updates, and trainings in ICPC form completion. These partners have stated that after the trainings, they feel that "the process is less confusing and they can walk away with an understanding and knowledge of the ICPC process". As with external partners, internal partners have also been introduced to the NEICE database and have been provided training on the system.

Challenges
Some of the DC ICPC Office's internal partners (social workers) have expressed concerns regarding the timely completion and efficiency of the ICPC process, understanding that the entire process is not completely in CFSA's control. For example, it is the responsibility of the other state to complete the home study and that the other state's local office needs the cooperation of the placement resource to complete the process. When other states are unable to complete the home study within the allotted time frames, ICPC staff receives status reports that will indicate the reason or reasons for the delay and the expected completion time frame, which often times brings the Agency beyond the 60 day time frame for completion. These concerns have been raised with AAICPC and APHSA to improve the timely completion and efficiency of the ICPC process. Notably, the use of paper/fax/mail over the electronic system for transferring information contributes to delays. This is the key reason as to why states are advocating for cross jurisdictional use of the NEICE system.