

Government of the District of Columbia
Child and Family Services Agency

**Child Welfare Title IV-E Waiver
Demonstration Project Proposal
for Fiscal Year 2013**

January 15, 2013

*Brenda Donald, Director
District of Columbia Child and Family Services Agency
200 I Street, SE, 3rd Floor, Washington, DC 20003*

Table of Contents

Introduction.....	1
1. Description of the waiver project.....	6
2. The goals identified in statute that the project is intended to accomplish	11
3. The target population that the agency wishes to serve	11
<input type="checkbox"/> Target Population.....	11
<input type="checkbox"/> Child welfare status and history (e.g., substantiated reports of abuse and neglect, foster care status, lengths of stay in care) and other identified risk factors of the target population (e.g., parental substance abuse).....	14
<input type="checkbox"/> Demographic Information.....	16
<input type="checkbox"/> Estimate of the number of children or families who would be served by the proposed project.....	18
4. Geographic areas in which the proposed project will be conducted.....	19
5. Service interventions to be implemented.....	19
6. Describe time period in which project will be conducted.....	21
7. Impact the intervention(s) is expected to have on outcomes related to safety, permanency, well-being	21
8. Description of the proposed evaluation design.....	22
9. Estimate of the projected costs or savings.	24
10. Provide a reliable method for measuring and ensuring Federal cost-neutrality over the course of the demonstration	24
11. Describe impact on any similar projects already underway	25
12. Accounting of any other sources of funding over the previous two years that have been used to provide the services that the agency now proposes to address under a waiver demonstration	26
13. Provide an assurance that the Title IV-E agency will continue to provide an accounting of that same spending for each year of the approved demonstration project.	27
14. Identify the statutory and regulatory requirements under Titles IV-B and IV-E of the Act for which waivers will be needed to permit the proposed project to be conducted	27
15. Describe any effect on agency's automated child welfare information system	27
16. Demonstration of readiness.....	27

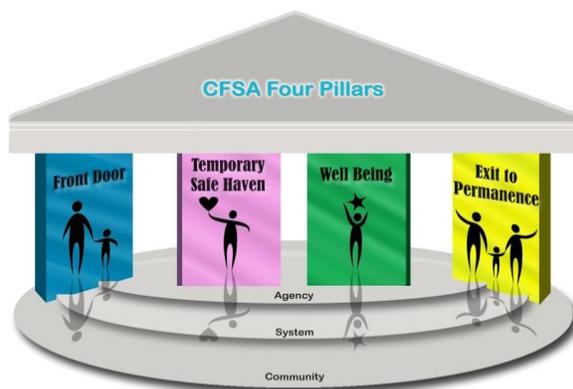
17. Identify steps taken to assure cooperation and supply copies of letters or memoranda of agreement.....	28
18. Relationship of the project to the state's CFSR and PIP	28
19. Effect the intervention is expected to have on certain court orders	28
20. Summary of public input	29
21. Assurance of health insurance coverage for all special needs children for whom the Title IV-E agency has entered into an adoption assistance agreement	31
22. Demonstration of implemented or planned child welfare program improvement policies	32
Attachments	34

Introduction

In the District of Columbia, the Child and Family Services Agency (CFSA) is the public child welfare agency (Title IV-E and IV-B) with the legal authority and responsibility to protect child victims, and those at risk, of abuse and neglect. Like public child welfare agencies across the nation, CFSA protects children through four core functions: taking and investigating reports of child abuse/neglect; working with and strengthening families of child victims and those at risk; providing safe, temporary settings for children who cannot be safe in their homes; and ensuring children leave foster care for permanent homes. Among factors that distinguish District child welfare are:

- Both state and local functions within CFSA.
- Partial privatization, with private agencies under contract managing about half of the total caseload.
- Continuing court oversight as a result of the *LaShawn* lawsuit filed in 1989 (see page 28).
- Local statutes that allow youth to remain in the system to age 21, if necessary.
- A large proportion of older youth in foster care, with more than half (56%) of the current population age 12 or older.
- Challenges associated with one of the highest percentages of children living in poverty—approximately 30% compared to 22% nationally.¹

Figure 1.



While the District has been moving ahead with child welfare reform for more than a decade, recent events have dramatically accelerated progress. Under new leadership in 2012, CFSA and the local child-serving community developed and rallied around a strategic agenda known as the Four Pillars (Figure 1). It is a bold offensive and strategically focused effort to improve outcomes for children, youth, and families involved with District child welfare. Each pillar represents an area ripe for improvement and features a values-based foundation, set of evidence-based strategies, and series of specific outcome targets.

- **Narrow 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. CFSA's priority is to reach out, locate, and engage relatives as resources for children and families who come to CFSA's attention. At the same time, CFSA is invested in expansion of a

¹ Child Welfare League of America (2012), State Fact Sheets
<http://www.cwla.org/advocacy/statefactsheets/statefactsheets12.htm>

prevention strategy that provides resources families can access and use in their own communities without having to engage the child welfare system for help.

- **Temporary Safe Haven:** Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care. CFSA seeks relative placements first, followed by the most appropriate and homelike setting to keep children connected to their schools and communities. CFSA promotes and preserves maternal and paternal relationships and sibling connections through frequent, quality visits. Permanence is best achieved through a legal relationship such as reunification, guardianship, or adoption.
- **Well-Being:** Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. Most important, CFSA recognizes the impact of trauma on well-being and the role of the Agency and its partners in responding to children and families, many of whom have experienced significant trauma prior to becoming involved with child welfare. Trauma Systems Therapy (TST) and implementation of evidence-based practices is the centerpiece of the Well-Being pillar and will direct how CFSA identifies, assesses, and treats trauma. CFSA's efforts are greatly bolstered by receipt of a grant from the U.S. Department of Health and Human Services, Administration for Children and Families under the *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare* and the DC Department of Mental Health's receipt of a federal *System of Care Expansion Implementation* award. In addition, several District agencies are aligning their priorities and resources to establish a seamless system of care to meet the mental health needs of children and families. Integrating trauma-informed practice into child welfare services is critical to promote well-being and positive outcomes for children and families and is the cornerstone of how CFSA is moving forward with the practice changes outlined throughout this document.
- **Exit to Positive Permanence:** Every child and youth exits foster care as quickly as possible to a safe, well-supported family environment or life-long connection. Older youth exit care with a minimum of a life-long connection and the education and skills necessary to help them become successful, self-supporting adults. CFSA also offers community-based aftercare services to youth who have aged out of care.

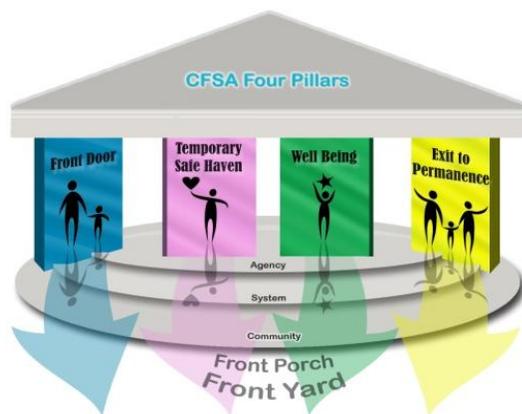
While CFSA has sound strategies underway to meet the goals of each Pillar, work to narrow the front door stands out in terms of ambition and progress to date. During 2012, CFSA dramatically realigned its intake function, creating a strong array of "Entry Services"² that make first response and contact with child welfare much smoother and more comprehensive. CFSA reviewed policies and instituted new practices that maintain safety while making removal the last resort. This included expanding capability to conduct family assessments as opposed to traditional investigations for referrals of certain neglect allegations (Differential Response, see page 25). To

² CFSA's Entry Services is comprised of the Child Protective Services Administration, Clinical and Health Services Administration and the Kinship Support Division.

reverse the District's historically low rate of kinship care, the Agency vastly increased focus on and support for relative placements. As CFSA pursued this work, two factors that had been at the edge of the Agency's consciousness for some time came into sharper focus.

- Mirroring a national trend, the District's foster care population had been in steady decline for many years. However, the rate of decline accelerated in Fiscal Year (FY) 2012, dropping by 15%. Just a short time ago in 2011, the number of children served at home versus in foster care was still about equal (50-50). By the end of 2012, the gap was widening, with children served in-home versus out-of-home shifting to 55% versus 45%.
- Growing emphasis on child welfare diversion and in-home cases stimulated CFSA to take a comprehensive look at services available for these families. This revealed some promising practices as well as numerous gaps.

Figure 2.



CFSA believes that the increase in in-home cases and the strategy to narrow the front door are a sea change in District child welfare. There is a need and an opportunity to strategically reinvest in prevention and family strengthening and to reshape the local system to provide appropriate services and supports (Figure 2). A number of factors converging right now make this the optimal time for the District to seek the Title IV-E waiver.

Over the past year, CFSA has generated tremendous momentum specific to achieving positive outcomes for children, youth, and families. Engagement of private agency partners in that drive is strong. In a report covering performance from January through

June 2012, the court monitor in the *LaShawn* lawsuit lauded CFSA for significant progress and found that District child welfare is closer to shedding Federal Court oversight than at any time in the past two decades.³

Community Partnerships

CFSA has continued to maintain a strong community-based preventive services program. CFSA has a long-standing partnership with the Healthy Families/Thriving Communities Collaboratives (henceforth referred to as the Collaboratives), which are strategically located in five neighborhoods in the District that have large numbers of families who enter the child welfare system. In addition to parenting supports, the Collaboratives provide access to community resources to address the myriad of needs associated with homelessness, lack of education and training, and unemployment – issues that impact a large proportion of the families in their

³ Debonis, M. (2012, December 18). *Progress in D.C. child welfare agency, monitor finds*. The Washington Post. Retrieved from <http://www.thewashingtonpost.com>

communities and the same issues that contribute to risk factors associated with child abuse and neglect. CFSA maintains contracts with the Collaboratives to provide a range of services including family supportive services, community capacity building and youth aftercare for youth exiting foster care. The CFSA/Collaborative partnership is intended to strengthen families by enhancing the prevention and family preservation supports as part of a larger array of supportive services available to the District's children and families in their own neighborhoods and communities.

Beginning in 2007, the District allocated dedicated funding for CFSA to expand child maltreatment prevention efforts. Through a grant-making process, CFSA sought to expand the current array of child abuse and neglect prevention and intervention resources and to develop a network of community-based providers committed to meeting the needs of District children and families. The primary goal of the grant-funded programs has been to prevent entry and reduce re-entry into the child welfare system through evidence-based services that promote protective factors, reduce risk, build family capacity, and foster resilience.

The array of CFSA evidence-based prevention programs (see page 7) includes home visiting programs for families with children ages 0-5, parent-teen conflict resolution, parenting education and support, and a father-child attachment program. To meet the specific needs of different populations, programs include community- and home-based services that include training of parents to develop skills in child behavior management and home safety to prevent child maltreatment, parent-child communication to reduce risk for adolescent substance abuse, and child nurturing to strengthen the parent-child bond. Services also include culturally-specific interventions. Through these grants, CFSA has gained both data and insight that will support informed decisions over the next year regarding development of a new round of prevention grants that will be awarded in September 2013.

Public Agency Collaboration

During the time that CFSA has aggressively pursued child welfare performance improvement, several other public agencies in the District have been undergoing their own processes of reform. Like CFSA, they are succeeding so that now the cluster of District government human services agencies is poised as never before to coordinate in delivering effective strategies to residents receiving services from multiple District agencies. For example, approximately 90% of families CFSA serves are also receiving Temporary Assistance for Needy Families (TANF) benefits. To provide more effective support to families seeking to increase their self-sufficiency, the DC Department of Human Services (DHS), in collaboration with the District's other health and human service agencies, is redesigning how District agencies interact with and serve families. Starting with the TANF program, DHS is mapping and implementing an integrated and coordinated service delivery model to better serve families. Building on this system reform, DHS and CFSA are piloting integration of TANF with child welfare under a unified case planning model.

CFSA is a key stakeholder with the DC Department of Health (DOH) on the Maternal, Infant, and Early Childhood Home Visiting Program funded by the U.S. Department of Health and Human Services, Health Resources and Service Administration. CFSA is also partnering with the

DC Department of Mental Health (DMH) on the Project Linking Actions for Unmet Needs in Children's Health (LAUNCH) grant, funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). CFSA continues to provide data related to key benchmarks and to participate in development and implementation of activities related to both programs. A high quality, well-coordinated early childhood strategy is an effective way to ensure that all children grow up healthy, safe, and able to achieve their highest potential. CFSA is an active participant in the District's Council on Young Child Wellness, which oversees all Project LAUNCH activities. Under Project LAUNCH, the District is expanding use of two evidence-based practices, Effective Black Parenting and the Chicago Parenting Program, in 2012 and 2013.

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

In addition to the strategic focus on mental health, the District is working to address challenges associated with substance abuse among families in the child welfare system. CFSA is partnering with the DC Department of Health, Addiction Prevention and Recovery Administration to expand substance abuse treatment options for adults and youth in the child welfare system while streamlining the referral and tracking process. In FY 2012 alone, CFSA accepted and investigated 1,600 allegations of neglect where substance abuse was indicated as a factor in the referral, representing 23% of total referrals accepted for a child abuse and neglect investigation. While there has been inter-agency collaboration in the past between the child welfare and substance abuse agencies, efforts to-date have not garnered the kinds of results that lead to positive outcomes for children and families. The National Center on Substance Abuse and Child Welfare (NCSACW⁴) is providing technical assistance around cross-systems collaboration of

⁴ The National Center on Substance Abuse and Child Welfare is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment and the Administration on Children, Youth and Families, Children's Bureau's Office on Child Abuse and Neglect.

child welfare and public substance abuse treatment programs. The District is one of two sites chosen by the NCSACW to receive in-depth Technical Assistance. The cross-system effort includes the DC Departments of Health, Youth Rehabilitation Services, and Mental Health as well as Family Court personnel. Key objectives include cross-system data sharing, improving screening, assessment and monitoring practices, and cross-training. The project offers 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.

Political Support

Behind the increase in collaboration among District public service agencies that the above examples represent is genuine political will of the city administration to serve all residents, including those most in need. In addition to continuing public school reform to benefit children from all walks of life, District of Columbia Mayor Vincent Gray is increasing job training and actively creating jobs. His Cradle-to-Career Initiative seeks to ensure that every District youth graduates from high school and prepares for a career by obtaining a post-secondary credential. Mayor Gray has knowledge and understanding gained during years as an executive in human services. With support for the city's most vulnerable residents on the agenda, the long-term vision and collaborative relationships of the District's health and human services agencies provide a strong foundation for effective implementation of the Title IV-E waiver.

1. Description of the waiver project

In FY 2012, CFSA experienced a decrease in the number of children in out-of-home care by 15% and an increase in the number of children whose families were being served through an in-home case by 6%.⁵ At the end of FY 2012, CFSA's out-of-home population was 1,542 children and youth and the in-home population was 1,921.

As noted above, the change in population distribution demands a shift in resources and investments to support children and families in their homes and communities, strengthening and expanding the existing network of prevention and early intervention programs. As highlighted in Figure 2 (page 3), CFSA wants to do more for families on the "front porch" by increasing community-based resources that can meet family needs without entry into the "front door" of the child welfare system. Expanding the capacity of existing community-based programs reduces the need for formal system involvement so that only those families whose challenges truly warrant intervention by the child welfare system become involved with CFSA.

CFSA's primary goal is to achieve better and more sustainable positive outcomes for children and families who come to the attention of CFSA. This requires full family engagement during the course of the initial screening and assessment of child and family needs unless there are safety concerns that require alternative planning. The objective is to prepare families to care for their children and address their needs successfully at home, and promote their capacity to sustain improved well-being and family functioning.

⁵ Source: FACES.NET Management reports CMT327 and PLC010.

With the flexibility offered by the Title IV-E waiver, CFSA can redirect funds that would have been used to support foster care room and board expenditures into services that follow children and families into the community to fully engage and support them in their homes. Through contracts with private community-based agencies for intensive family preservation and post-reunification services and the expansion of community-based prevention programs, CFSA will use flexible Title IV-E funding to expand evidence-based programs to make improvements in permanency, well-being and safety, and child abuse and neglect rates.

In developing its application, CFSA completed a mapping of the existing continuum of services from prevention and early intervention through post-reunification (Attachment 1). The mapping process has identified potential opportunities in which to redirect current resources, highlighted where there are gaps in services and where there is opportunity to strengthen partnerships, particularly in the area of community-based providers engaged in primary and secondary prevention.

To address the gaps in family preservation and post-reunification services, CFSA is considering the following additional evidence-based practices:

- [Homebuilders](#) - Intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in foster care.
- [Project Connect](#) – Intensive, in-home services to high-risk families affected by parental substance abuse, mental health issues and domestic violence and involved in the child welfare system.

Both programs can also offer services to families to facilitate reunification.

At the same time, the Title IV-E waiver will support expansion of existing prevention programs to serve in-home families as well as some children in foster care, and begins to address some of the identified gaps in the existing continuum of services. CFSA is currently funding the following prevention programs:

Parent Education and Support Project

Each of the Parent Education and Support Project grantees are required to engage in ongoing evaluation and assessment of program impact, including family involvement with the child welfare system. Findings to-date indicate improvements in family functioning, reductions in risk factors and increased protective factors. Most important, families are able to access and engage in services without the involvement of CFSA. Each grantee administers the Protective Factors Survey (PFS) and utilizes findings from the PFS to adjust and improve service delivery to the target population.

Healthy Babies Project, Inc.: The Teen Parents Empowerment Program (TPEP) focuses on teen domestic violence reduction, reduction of the incidence of child abuse and neglect and utilizes components of the culturally competent Effective Black Parenting Program and the Nurturing Parenting Program. TPEP provides health education and services to young adults ages 13-21, equipping them to be responsible parents, prevent repeat pregnancies, complete high school or a

GED program, continue with college, careers, or other post-high school options, and move them out of the cycle of poverty. (Current annual grant-funded capacity: up to 75 youth)

CentroNia: Using the Response to Intervention (RTI) approach, CentroNia implements a three-tiered intervention to support low-income, bilingual and immigrant families. The Family Institute hosts a series of workshops based on The Incredible Years curriculum, to educate participants about acceptable, healthy and sustainable parenting models, as well as providing direct support services, emergency support, economic stabilization, comprehensive counseling, case management and referrals. (Current annual grant-funded capacity: up to 100 families)

East River Family Strengthening Collaborative: The Powerful Families United program focuses on effective parenting methods and enhancing parenting skills without the use of physical discipline. The program provides parent education; parent support groups; mental health services; behavioral and social skills development; educational and vocational support services; housing assistance; individual, family and group counseling; therapeutic recreation; and, treatment services. All services are linked to community partners or program case management staff. The program utilizes the Parent Empowerment Program (PEP Talk) to education parents about alternative parenting methods and to boost parenting skills. (Current annual grant-funded capacity: up to 60 families)

Columbia Heights/Shaw Family Strengthening Collaborative: The program includes a series of 6 parenting courses per year (English and Spanish), a series of 18 parenting workshops, as well as various community organization staff development opportunities throughout the year, including partner staff training. The program relies on the STEP/TEEN, ACT Against Violence, and Solution-Focused Brief Therapy curricula. (Current annual grant-funded capacity: up to 100 families)

Home Visiting

In 2012, CFSA awarded multi-year grants to two community-based organizations to implement home visiting programs for up to 150 families: Mary's Center for Maternal and Child Care and Community Family Life Services. Families served may have histories of trauma, intimate partner violence, and mental health or substance abuse issues. Services can begin prenatally or shortly after the birth of a baby, and are offered voluntarily, intensively and over the long-term (through the child's 5th birthday).

The goal of Mary's Center's *Healthy Start Healthy Families* program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services. A team of Family Support Workers in addition to a community health nurse are responsible for providing access to a range of services to address the medical, behavioral and educational needs of the individual. Mary's Center's model includes home-based supports through the Parents As Teachers curriculum, Ages and Stages Questionnaire and linkages to community resources.

The Community Family Life Services program utilizes a team of case managers (Licensed Graduate Social Worker and Registered Nurse) responsible for providing access to home- and community-based services to address medical, behavioral, and educational needs.

Father-Child Attachment

This unique program was established in response to an identified need to serve fathers whose partners and children were coming to the attention of the Mary's Center Healthy Start Healthy Families program. The Father-Child Attachment program is a home- and community-based intervention that draws from the Chicago Parent Program utilizing video technology and parent individual and group discussions. Family Support Workers conduct home visits and videotape interactions between the father and their child. The video is then used as a learning tool and to promote increased awareness and understanding of the impact of parental behavior on child responses. The program has shown improvement in the attachment between the father and child, and an increase in protective factors, as well as positive improvement in the relationships and interactions between the father (usually the non-custodial parent) and the child's mother. (Current annual grant-funded capacity: up to 50 families)

Older Youth

Beginning in 2013, CFSA and DHS have entered into a Memorandum of Understanding to support expansion of the DHS Parent Adolescent Support Service (PASS). The PASS program is a voluntary program open to families of District youth ages 10-17 who are committing status offenses. Status offenses include truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and/or juvenile justice intervention is needed. As part of this increased inter-agency collaboration, CFSA and DHS anticipate an increase in the number of youth and families served through PASS. The goal is to continue to support efforts to narrow the front door and divert those reports to the Child Abuse and Neglect Hotline that can be better served through PASS rather than involving families with child welfare.

To-date, the above grant-funded programs have been limited to the provision of services to non-CFSA families. This has largely been due to the primary prevention focus of the funding sources for the programs. The flexibility of the waiver will allow CFSA to expand the capacity of the above-described prevention programs to serve eligible in-home families as one strategy to address an existing gap in the continuum of services. Based on assessment of need, families identified as the target population (i.e., families with children ages 0-6 and mothers ages 17-25) will be linked to those evidence-based interventions that are currently in place as well as those interventions that are developed and implemented over the course of the waiver. CFSA's desired outcomes include prevention of entry of children into foster care and expedited permanency for children and youth.

In addition to investments in prevention, CFSA has made significant investments in the area of mental health and established a strong collaborative partnership that forms the foundation for the trauma work described earlier. In March 2007, CFSA and DMH jointly completed and presented a report on the Mental Health Needs Assessment of Children in Foster Care. This assessment

was the first of its kind and sought to provide information regarding the current needs and services of children in foster care. The report highlighted mental and behavioral health issues as a vital aspect of health and well-being for children within the District child welfare system.

Since 2008, under the terms of an inter-agency agreement, CFSA and DMH have established the Choice Provider Network, comprised of several Core Service Agencies (CSAs) that specialize in the provision of services to children and youth under the care and custody of CFSA. The CPN was established to become the foundation of a child-service system in the District. Choice Providers are responsible for assessing the treatment needs of referred youth, developing appropriate treatment plans and providing services as required to assist them in functioning effectively in their homes, schools, and communities. From FY 2009 to the present, CFSA has continued to work alongside DMH to develop additional local mental health services capacity. Services provided by the CPN include evidence-based practices (see Attachment 2), such as Functional Family Therapy, Multisystemic Therapy, Multisystemic Therapy for Problem Sexual Behavior, Parent-Child Interaction Therapy, and Trauma-Focused Cognitive Behavioral Therapy. As the District continues to scale-up the array of existing evidence-based mental health practices and implement new interventions that address identified gaps in services, the waiver provides an opportunity to expand access to core mental health services for children in foster care to include in-home families. Identification of the existing practices to be scaled-up or new practices to be implemented will be driven by the efforts under the previously described trauma grant and CFSA's work with DMH under the SOC. The trauma grant supports evaluation of the existing network of mental health services and the identification of those services that should be expanded, decreased, or implemented in response to the current and projected needs of the population of children and families currently served by CFSA; the waiver will provide the flexibility needed to fund the services.

The Title IV-E waiver is also aligned with CFSA's developing capacity to integrate Trauma Systems Therapy (TST) into the daily operations of the Agency and its private and community-based partners. CFSA's current work with the Children's Research Center to develop a screening and response priority tool as part of the Agency's Structured Decision-Making System that increases CFSA's ability to direct child abuse and neglect referrals to the appropriate pathway for intervention will be a mechanism to ensure that the Title IV-E waiver resources target and respond to the needs of children who are at risk of removal and/or those in foster care.

CFSA's overarching hypothesis for the demonstration project is that the implementation of flexible funding in a targeted set of community- and home-based services will 1) reduce entries into foster care, 2) reduce lengths of stay and expedite reunification for children in foster care, and 3) reduce the length of time in-home cases are kept open. An additional hypothesis is that the improvements in desired outcomes associated with improved well-being, prevention of entry and re-entry into foster care, and expedited permanency will reduce costs and re-investment of savings into the scaling up of existing and implementation of new evidence-based programs, and these services will generate additional savings.

2. The goals identified in statute that the project is intended to accomplish

As described above, the demonstration project is intended to accomplish all three of the goals identified in the statute:

- Increase permanency for all infants, children, and youth by reducing the time in foster care placement when possible and promoting permanency for older youth.
- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.
- Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.

Please refer to Section 7 (page 21) for how CFSA will measure outcomes against these goals.

3. The target population that the agency wishes to serve

In addition to the children that CFSA traditionally serves, families who come to the attention of CFSA and are re-directed to community-based services, in-home families and families with children in foster care with a goal of reunification or guardianship will be able to access services under the Title IV-E waiver. CFSA will, however, capture specific outcome data on the following sub-populations identified as high-risk:

- Families with children ages 0 to 6
- Mothers ages 17 to 25

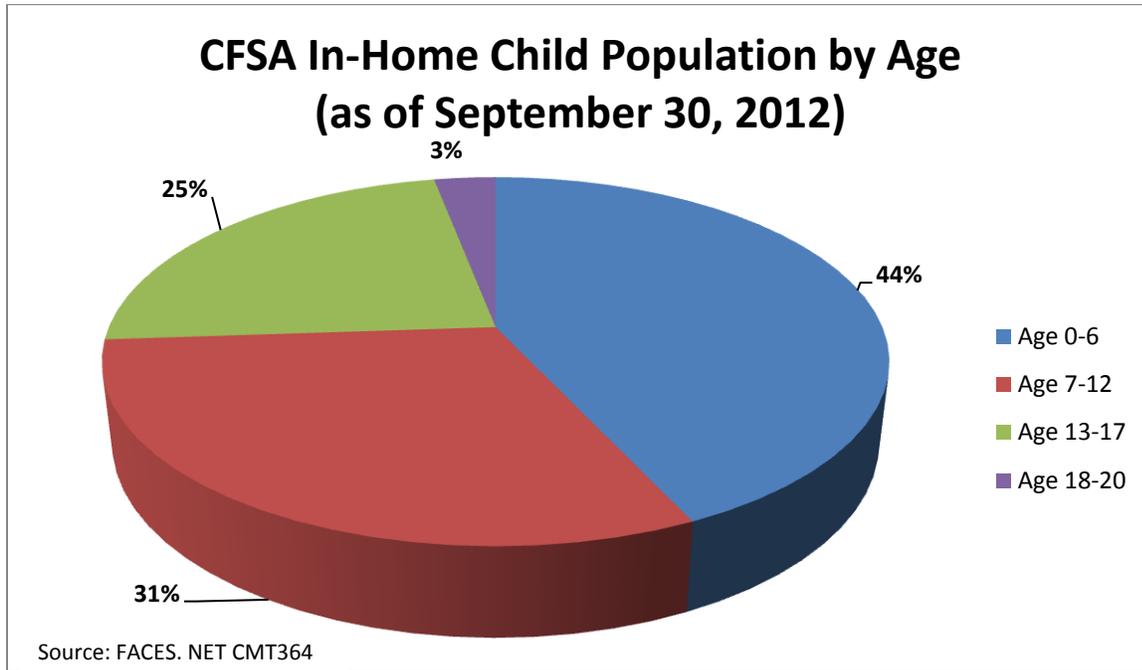
The sub-populations identified above reflect children and families that are seen as particularly vulnerable and in need of increased supports to assure family stability, child safety, and overall well-being. The vast majority of children in foster care originate from those wards in the District that experience the greatest incidence of poverty, unemployment, and the highest child population. The implementation of the previously identified evidence-based interventions is designed to target these populations and to mitigate existing risk factors and reduce the likelihood or occurrence of abuse and neglect.

• Target Population

In-Home Population: Families with children ages 0 to 6

With the increase in the in-home population in FY 2012, CFSA has explored trends among the families served. As illustrated in Graph 1 below, 44% (827 of 1,921) of the children whose families were involved with in-home cases as of September 30, 2012 were between the ages of 0 to 6.

Graph 1.



Mothers ages 17-25

As of September 30, 2012, 722 families were involved with CFSA for in-home services.⁶ Of those families, 17% (122 of 722) included a mother between the ages of 17-25. Further, mothers in this age range are more likely to have young children. Of the 122 families, 118 (97%) included children ages 0-6. With regard to out-of-home cases, 97 (19%) of the 512 children who were removed from their home in FY 2012 were living with mothers ages 17-25.⁷ Ninety-two percent (90 of 97) of the children in these homes were ages 0-6.

Children and Youth with the goal of reunification or guardianship

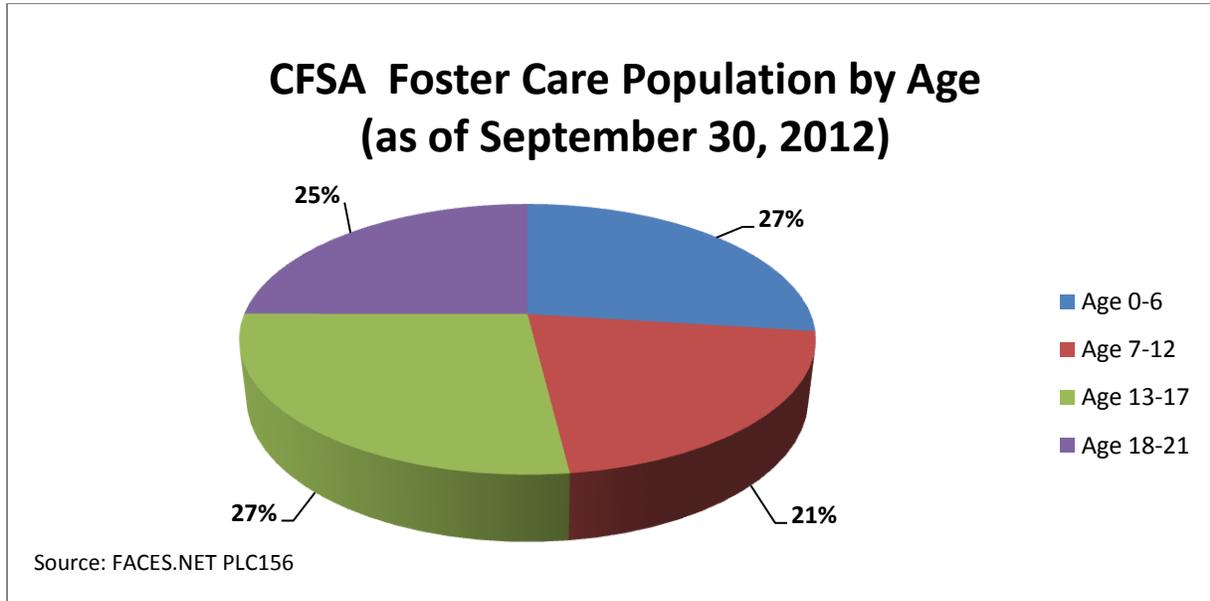
At the end of FY 2012, CFSA had 1,542 children and youth ages 0-21 in out-of-home care.⁸ As illustrated in Graph 2 below, the out-of-home population is split somewhat evenly by age; however, children and youth between the ages of 0-6 and 13-17 comprise the largest portion of the population with each representing 27% (417 of 1,542).

⁶Source: FACES.NET Management Report CMT364

⁷Source: FACES.NET Ad Hoc Report

⁸ Source: FACES.NET Management Report PLC156

Graph 2.

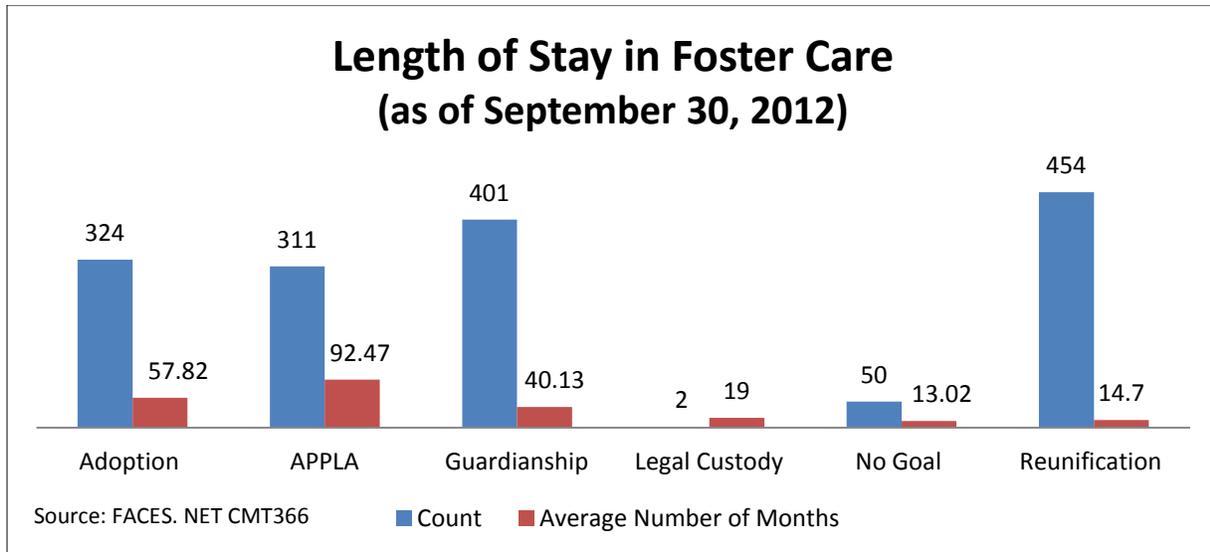


As of September 30, 2012, the average length of stay in foster care for children or youth with the goal of reunification was 14.7 months (see Graph 3, below). National standards look at exits to reunification in less than 12 months and the standard established by the Children’s Bureau asks that at least 75.2% of all children exit care to reunification within less than 12 months of the latest date of removal from the home.⁹ As of March 31, 2012, 51.8% of District children who exited care to reunification in the previous 12 months had been in care for less than 12 months.¹⁰

⁹ U.S. Department of Health and Human Services (2008).

¹⁰ CFSA Data Profile

Graph 3.



Research has shown that serious behavioral challenges are more evident in children who have experienced longer stays in foster care in comparison to those with shorter stays.¹¹ Long-term foster care has been defined as children who had been in out-of-home care for approximately 12 months. CFSA recognizes that increased behavioral challenges can place further challenges on a parent or caregiver that can result in the child or youth re-entering out-of-home care. While lower than the national average (15.1%) with a rate of 12.2% of children re-entering foster care in less than 12 months from discharge, CFSA is still higher than the national standard which asks that no more than 9.9% of the foster care population re-enters in less than 12 months.¹² Through the implementation of comprehensive post-reunification services, CFSA looks to achieve more timely permanency and increase overall family functioning to prevent re-involvement with the child welfare system, as well as re-entry into foster care.

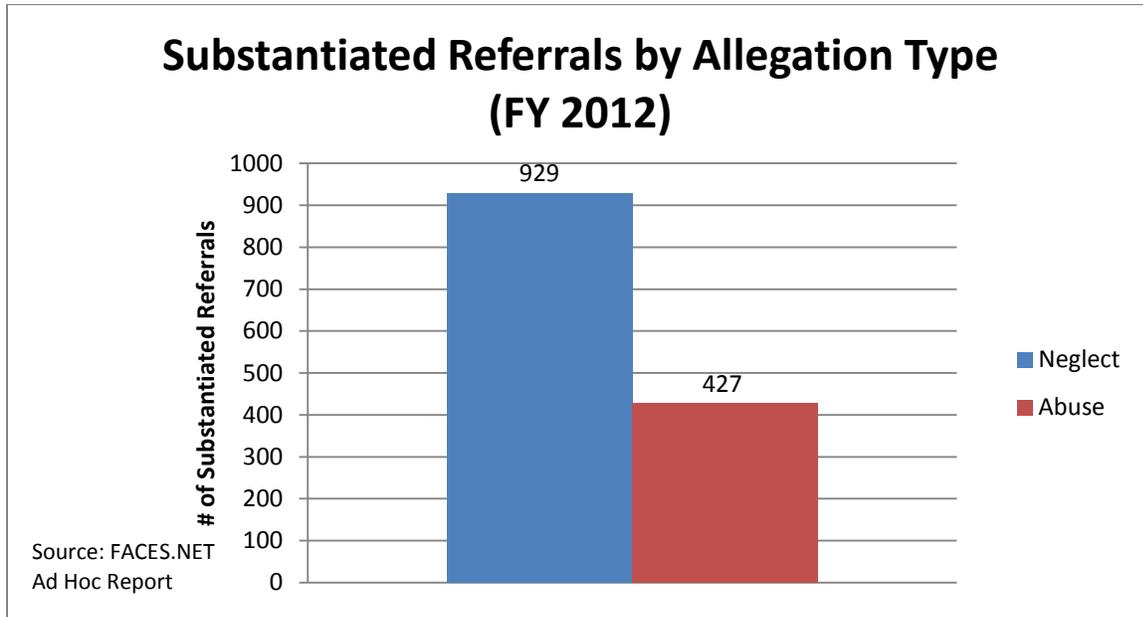
- **Child welfare status and history (e.g., substantiated reports of abuse and neglect, foster care status, lengths of stay in care) and other identified risk factors of the target population (e.g., parental substance abuse).**

In FY 2012, CFSA substantiated 1,356 referrals for abuse and neglect. Instances of neglect were more than twice the number of abuse substantiations (see Graph 4). Sixty-nine percent (929 of 1,356) of the referrals were substantiated for neglect and 31% (427 of 1,356) were substantiated for abuse (including sexual abuse).

¹¹Bellamy, J.L. (2007). Behavioral problems following reunification of children in long-term foster care. *Children and Youth Services Review*. 30, 216-228.

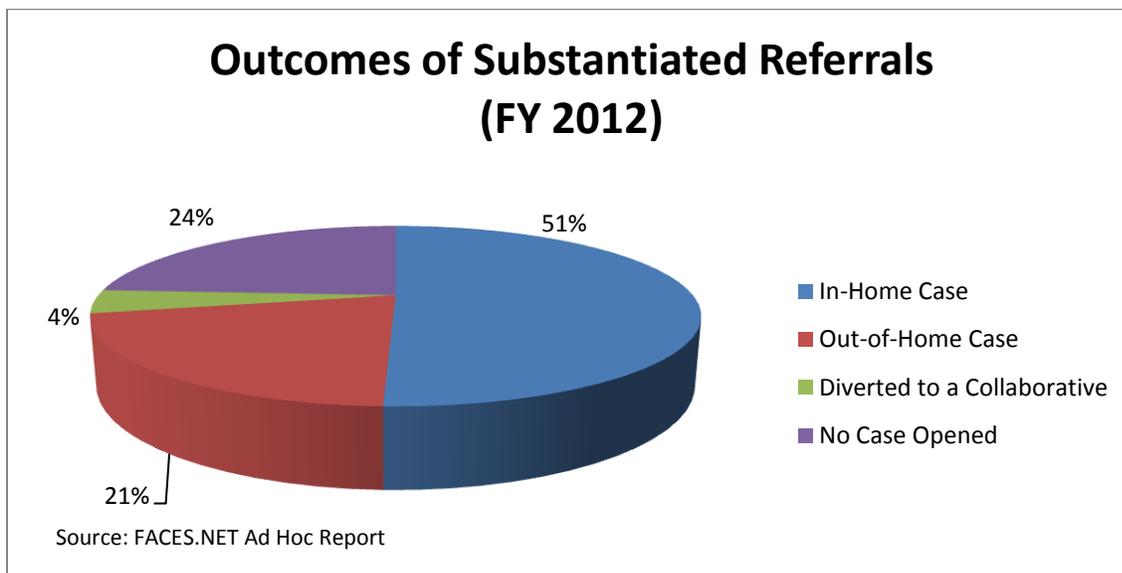
¹²CFSA Data Profile

Graph 4.



When a parent or caregiver is substantiated for abuse or neglect, the family is most often referred for an in-home or out-of-home case. As shown in Graph 5 below, more than half (51% or 685 of 1,356) of families were referred for in-home services following substantiation and at least one child was removed and an out-of-home case opened for 21% (288 of 1,356) of the families.

Graph 5.



For the remaining referrals, CFSA's involvement with the family ended upon completion of the investigation. CFSA may choose not to open a case on a substantiated referral if the family is already receiving services from a community-based provider or the family's needs can be met by a community-based service and the family has demonstrated a willingness to work with the service provider. In 4% (57 of 1,356) of the families, the family was referred to one of the five Collaboratives (see page 3).

In some instances, the investigating social worker, based on a comprehensive assessment of the family, concludes that the incident that led to CFSA's involvement with the family was isolated and that the family is not in need of additional services. Further, some families are offered services to address their needs, but decline to participate despite CFSA's efforts to engage them. The Agency's enhancement of the kinds of in-home services that families can access under the Title IV-E waiver is intended to increase engagement of families in services. Of the substantiated referrals where no case was opened, 64% (210 of 326) were substantiated for neglect and 36% (116 of 326) were substantiated for abuse. The Title IV-E waiver allows CFSA to redesign current prevention services and to increase the capacity of the community to develop and deliver evidence-based practices that effectively engage families. With the expansion of evidence-based practices, CFSA has the opportunity to offer customized and family-driven services that improve overall family functioning, reduce the risk of further referrals of child maltreatment, prevent the need for an in-home case and where there is a need for CFSA involvement, reduce the likelihood that an in-home case will rise to the level of requiring an out-of-home placement.

As of September 30, 2012, over two-thirds (69%) of the in-home cases were addressing concerns of neglect.¹³ For neglect cases, the average length of time that the family had been involved with CFSA was 16.3 months. There was little difference in the average length of involvement for in-home abuse cases (15.4 months).¹⁴

• Demographic Information

Compared to other jurisdictions, the District of Columbia has one of the highest percentages of children living in poverty (approximately 30% compared to 22% nationally)¹⁵ and has a high proportion of children in foster care. In the District of Columbia, the most recent census data indicates approximately 101,000 of the District's residents are under the age of 18. According to US Census data¹⁶, there is a disproportional distribution of the youth population throughout the eight wards of the District (see Graph 6). Six of the eight wards account for almost 90% of the District's youth yet the majority (69%) of children in foster care originates from the two wards east of the Anacostia River, Ward 7 (21%) and Ward 8 (43%). Families involved with in-home cases also have the highest representation in Wards 7 and 8.

¹³ FACES.NET Ad Hoc Report

¹⁴ FACES.NET management report CMT 232

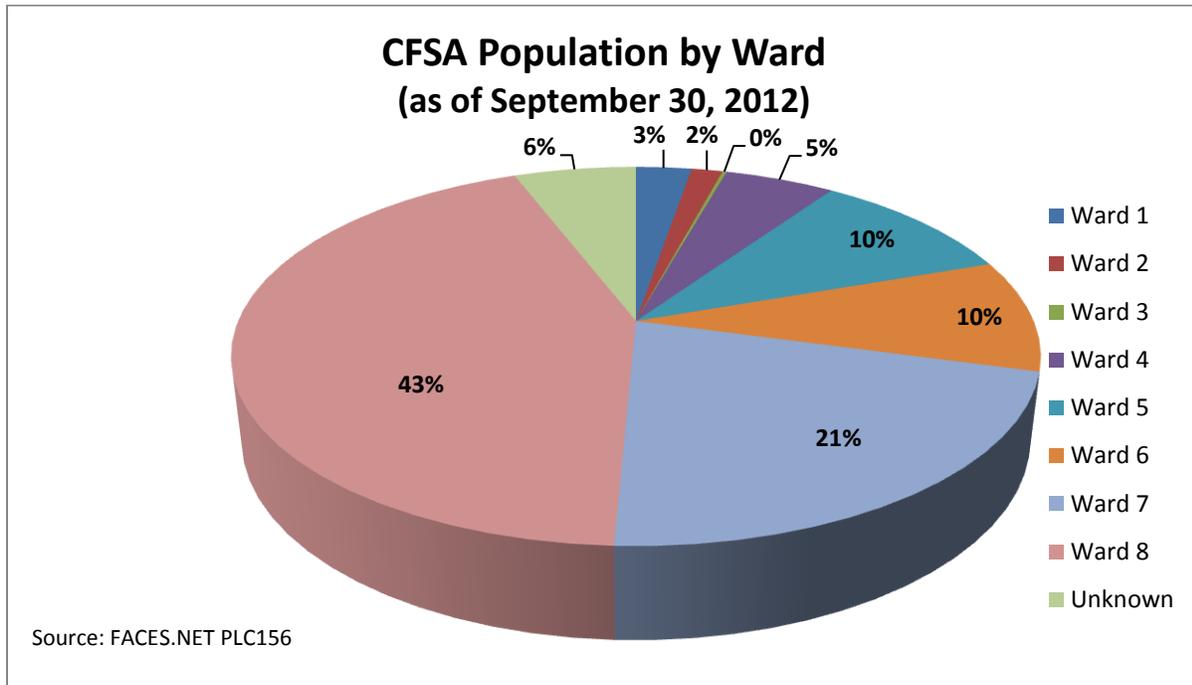
¹⁵ Child Welfare League of America (2012), State Fact Sheets

<http://www.cwla.org/advocacy/statefactsheets/statefactsheets12.htm>

¹⁶ US Census Bureau, 2010 Demographic Profile Data

Racial and ethnicity composition for youth in the District of Columbia varies from 63% Caucasian in Ward 3 to over 90% African American in Ward 7. Children in the District’s foster care population are about equal in gender distribution, older than in most jurisdictions and over 90% are African American. CFSA-involved children are at higher risk for poor educational outcomes, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.¹⁷

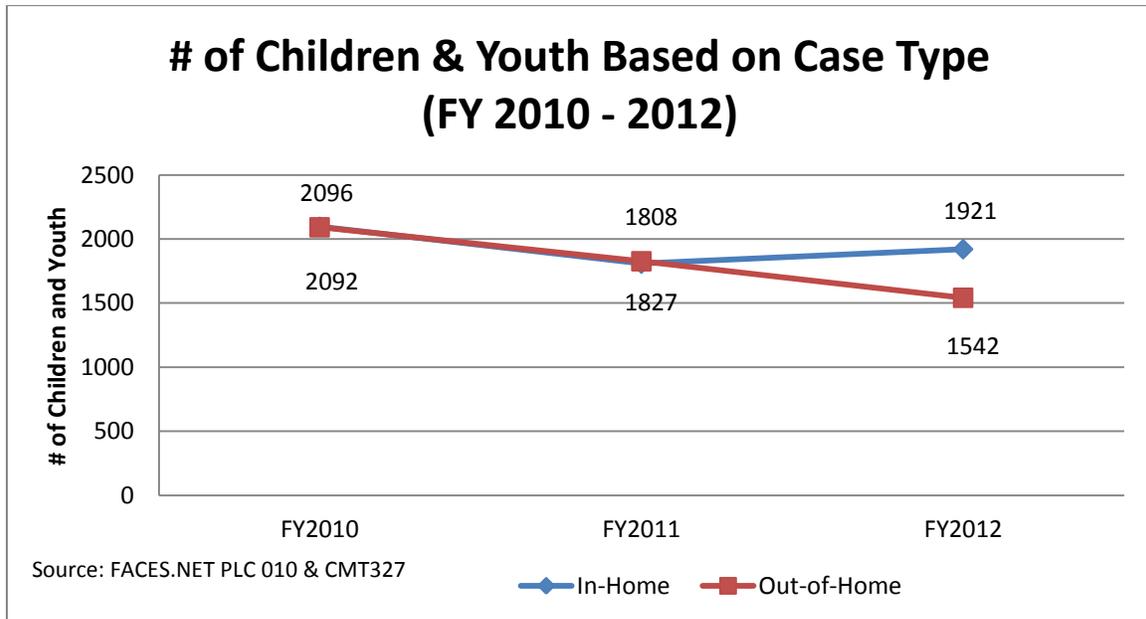
Graph 6.



The census data also indicate 1.7% of all children and youth in the District are in the foster care system although the actual number of children in out-of-home care has been declining over the past 12 months. At the end of FY 2012, 3,463 children and youth (ages 0-21) were involved with CFSA. Of the total number of children involved with CFSA, 45% (1,542 of 3,463) of the children and youth were in out-of-home care and 55% (1,921 of 3,463) of the children and youth were involved with in-home cases. As illustrated in Graph 7 below, the out-of-home population has experienced a steady decline over the past three years. The in-home population remained slightly higher than the out-of-home population in FY 2010 and FY 2011, but experienced an increase in FY 2012.

¹⁷ Courtney, M.E., Piliavin, I., Grogan-Kaylor, A., Nesmith, A. (2001). Foster youth transitions to adulthood: a longitudinal view of youth leaving care. *Child Welfare*, 80(6), 685-717.

Graph 7.



- **Estimate of the number of children or families who would be served by the proposed project**

CFSA estimates that approximately 900 families will be served in the first year of the Title IV-E waiver; 300 families for in-home family preservation services, 300 families for post-reunification services and 300 families for prevention services. Following the first year of the waiver, CFSA will assess the number of families served to determine any adjustments that may be needed over the remainder of the waiver period.

Family Preservation Services

An estimated 300 families will access family preservation services in the first year of the waiver. This estimate is based on the number of families who were substantiated for allegations of abuse or neglect in FY 2012 and no case was opened (n=326) (see page 16). As noted on page 7, CFSA is evaluating evidence-based practices such as Homebuilders, to work with families who can be difficult to engage, to implement services tailored to the needs of the each family that increase family functioning and reduce the likelihood of future abuse and neglect referrals to CFSA.

Post-Reunification Services

An estimated 300 families will access post-reunification services in the first year of the waiver. This estimate is based on the number of families whose children have been in out-of-home care for more than 12 months and have a goal of reunification. As of September 30, 2012, there were 215 children and youth who had been in foster care for 12 or more months and had the goal of reunification. As noted on page 7, CFSA is considering the evidence-based Project Connect model to address barriers to reunification earlier in the planning process and to implement

supports for the child and family to strengthen the family system, expedite reunification and prevent re-entry into foster care. An evaluation of Project Connect determined that the length of stay for children in foster care was shorter for families involved with the program in comparison to the general foster care population (see page 20).¹⁸ CFSA will use this opportunity to implement services that facilitate reunification for families experiencing challenges that are often barriers to reunification, specifically targeting families affected by mental illness, substance abuse or domestic violence, and continue to support families following reunification to ensure stability and reduce re-entry.

Prevention Services

An estimated 300 families will access prevention services in the first year of the waiver. In response to assessment of need, expanded prevention services will include home visiting for families with children 0-6 years as well as targeted community-based supports for pregnant and parenting teens. As data has confirmed, continuing trends show that District families with children ages 0-6 and mothers ages 17-25 are more likely to be involved with in-home services. In addition, this number was based on the current and projected capacity of the grant-funded programs to increase services. With the Title IV-E waiver, CFSA will expand program eligibility to include families involved with in-home services as well as pregnant or parenting youth in foster care.

4. Geographic areas in which the proposed project will be conducted

The demonstration project will be conducted District-wide.

5. Service interventions to be implemented

As discussed previously, the Title IV-E waiver fits within the context of the overall child welfare system transformation currently underway in the District of Columbia. The Agency is expanding the network of evidence-based prevention programs, collaborating with sister agencies and community-based providers to strengthen existing and implement new services as part of its own trauma-informed practice and the District's SOC. Across the board, city leaders are committed to aligning efforts, leveraging resources and positively impacting outcomes for children, youth, and families. For the purpose of the Title IV-E waiver application and the requirements of the demonstration project evaluation, CFSA has identified the following (new) evidence-based interventions to implement as part of a larger strategy to expand the existing array of prevention and early intervention services:

Homebuilders®¹⁹

Homebuilders® is a home- and community-based intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth. The goals of Homebuilders® are to reduce child abuse and neglect, family

¹⁸ Olsen, Lenore, Ph.D., Holmes, William, Ph.D., (2012). *Children's Friend and Service Project Connect: Project Evaluation* (October 2007 – October 2012).

¹⁹ <http://www.cebc4cw.org/program/homebuilders/>

conflict, and child behavior problems; and to teach families the skills they need to prevent removal or successfully reunify with their children. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning. The model responds to the realities of reunification and the remaining pre-placement issues that remain and negatively impact a successful reunification. Reunification cases often require case activities related to reintegrating the child into the home and community. Examples include helping the parent find childcare, enrolling the child in school, refurbishing the child's bedroom, and helping the child connect with clubs, sports or other community groups. Child neglect referrals often require case activities related to improving the physical condition of the home, improving supervision of children, decreasing parental depression and/or alcohol and substance abuse, and helping families access needed community supports.

The target population for the Homebuilders® model to be implemented in the District is in-home families with children at imminent risk of placement into, or needing intensive services to return from, out-of-home placement.

Project Connect²⁰

Project Connect works with high-risk families who are affected by parental substance abuse, mental health issues and domestic violence and are involved in the child welfare system. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification. The target population is high-risk, substance-affected families involved in the child welfare system. Family risks may include the following: poly-substance abuse and dependence, domestic violence, child abuse and neglect, criminal involvement and behavior, physical and mental health conditions, poverty, inappropriate housing, lack of education, poor employment skills, and impaired parenting. Most of the families served are ethnically diverse, have a low household income, and are headed by single mothers. Project Connect staff includes individuals with experience and professional licensure in the fields of substance abuse, child welfare, mental health and/or substance abuse. Where needed, the program implements individual training plans for the development of skills in areas where staff has less experience.

Substance abuse by parents is often a significant factor in the risk of child abuse or neglect. An independent evaluation determined that 45% of children whose families were served by Project Connect were reunited after an average of five months. Of families that did not participate, only 18% of children were reunited after ten months. Evaluations continue to show high levels of family or participant satisfaction and a significant rate of improved commitment to recovery for those completing Project Connect services. During

²⁰ <http://www.cebc4cw.org/program/project-connect/>

the period of the waiver, CFSA and its evaluator will assess indicators from the Project Connect evaluation to determine impact of implementation in the District.

Although CFSA continues to research evidence-based interventions that best respond to the needs of the identified target population, direct service staff has consistently identified the need for intensive family preservation services to support families in their homes and maintain families intact. CFSA staff and private providers report an identified need for post-reunification services that would support the transition of a child from foster care back to their home in an expedited timeframe. With safety factors addressed, it is critical that efforts be made to expedite the return of children to their parents; the ability to access evidence-based services that support reunification greatly reduces the likelihood of re-entry into foster care.

Through the mapping process described above CFSA has completed a preliminary assessment of its continuum of services from the point of initial contact with the Agency through exit from foster care (see Attachment 1). CFSA will continue to leverage expertise made available through partnerships with DMH under the SOC as well as with DOH under the federal Home Visiting grant. These resources, coupled with strong program evaluation, will help to identify the kinds of interventions that are most responsive to the needs of the target population. At the same time, there is a collective interest in developing joint or common goals and objectives across agencies, recognizing the overlap in the families being served. Over the course of the waiver period, the evaluation will assess the children and families impacted under the Title IV-E waiver as well as the System of Care, Home Visiting initiative and CFSA's own trauma grant. Developing indicators that can be tracked across systems will be one component of the evaluation and the data that will inform the District's own assessment of the impact of the Title IV-E waiver on outcomes for children and families.

6. Describe time period in which project will be conducted

The District is requesting a five-year waiver with a projected start date of July 2013, with the understanding that the Department for Health and Human Services, Administration for Children and Families has the authority to extend the waiver to 2019.

7. Impact the intervention(s) is expected to have on outcomes related to safety, permanency, well-being

The specific outcomes on which CFSA expects the demonstration to have an impact include:

- Decreased new and repeat reports of maltreatment
- Improved family functioning
- Improved educational achievement
- Improved social and emotional functioning
- Decreased average number of months to achieve permanence
- Increased exits to a permanent home
- Decreased new and re-entries into foster care

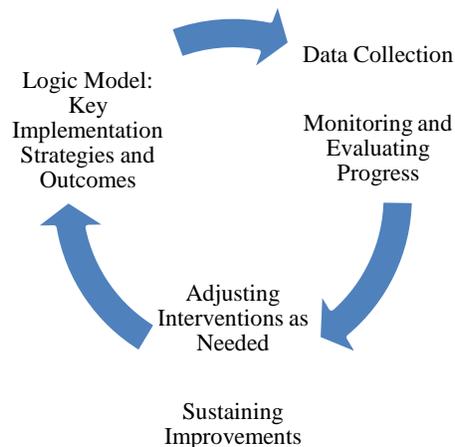
CFSA will also assess outcomes expected as a result of the evidence-based interventions that will be implemented for intensive family preservation and post-reunification services. CFSA's evaluation will include measures that assess both family capacity to provide for children's needs and child functioning in the well-being domains. This will include indicators such as behavioral and emotional functioning, social functioning, cognitive and academic functioning, physical health and development, and mental health.

In addition to child and family outcomes, the evaluation will consider program measures and outcomes to include measures of program structure, implementation status and performance. Finally, the evaluation will also consider systems measures and outcomes to include costs of interventions, utilization of services overall, interagency collaboration levels and activities, feedback to staff, and assessment and fidelity to model implementation.

8. Description of the proposed evaluation design

As an agency focused on learning and improving organizational performance, CFSA will carry out a comprehensive project evaluation process. In conjunction with the evaluator, CFSA will use a continuous quality improvement (CQI) approach to evaluate implementation of the proposed interventions and adherence to the requirements of the demonstration project. The CQI framework (see below) will be guided by best practices in quality management under the direction of the evaluation team.

Figure 3. Continuous Quality Improvement Framework



The primary functions of the CQI process are to 1) assess whether the implementation is following what was defined and prioritized as outcomes and objectives within the logic model and larger work plan; 2) identify areas where implementation has deviated and assess the challenges or barriers to model fidelity; 3) reassess priorities or expectations and adjust as necessary; and, 4) sustain improvements through ongoing feedback and assessment.

CFSA's proposal reflects District-wide implementation. As delineated in the Agency's *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare* grant (trauma grant), the goal is for complete system transformation to a trauma-informed, family-driven, and youth-focused continuum of services that improve safety, permanency, and well-being through increased in-home services, reduced lengths of stay in foster care, and expanded capacity of community-based providers. CFSA is proposing a pre-post comparison of program costs, service utilization and service quality. Outcomes and performance measures will be assessed across three levels to include child and family, program, and system.

Evaluation activities will rigorously examine to what extent the project fulfilled its goal, objectives, outcomes and other key performance metrics associated with costs of interventions, utilization of services overall, interagency collaboration levels and activities, feedback to staff, and assessment and fidelity to model implementation. This will assist in determining if identified needs were sufficiently addressed and if the intended project results and benefits were achieved. All evaluation activities are designed to provide a comprehensive analysis of the effects of implemented system changes on safety, permanency, well-being and adoption outcomes for children overall, and to what extent the project expedited achievement of permanency and improve overall child well-being within a sustainable trauma-informed framework.

CFSA believes the pre-post design is the most rigorous methodology possible given the nature of the system transformation under the trauma and SOC grants. The use of follow-up protocols, system-wide screening and assessment, utilization and cost data, the use of process measurement and feedback, and qualitative interviews will, collectively, be sufficient to evaluate the demonstration project.

All project evaluation methods and instruments will be designed so that they are appropriate to the population being served. Project management will review all instruments to ensure they meet cultural competency standards, and that they are gender, age, culture and language appropriate. Staff involved with project evaluation will incorporate participation and feedback from all groups represented in the project service population so that a diversity of perspectives are used in the evaluation process. This will assist in obtaining timely and useful feedback to support successful implementation, to make changes when needed, and to contribute to the overall body of knowledge on implementing, and sustaining the evidence-based interventions. Selected screening and assessment tools will be consistent with those jointly identified by CFSA and DMH as part of the SOC and TST efforts.

CFSA will contract with an independent evaluator to conduct the evaluation. CFSA is strongly considering contracting with SAE & Associates, Inc., the evaluator currently engaged by CFSA and DMH to evaluate the trauma and SOC grants. Casey Family Programs has provided some preliminary guidance on evaluation and will continue to be a resource moving forward. Additionally, CFSA will consult with federal staff or authorized consultants to develop the request for evaluation services under the Title IV-E waiver and will ensure that the selected evaluator develops a detailed and rigorous evaluation proposal for federal review.

As needed, CFSA will enhance its State Automated Child Welfare Information System (SACWIS) known as FACES.NET for evaluation purposes. The evaluation will make extensive use of existing reports and available FACES.NET data to support a comprehensive evaluation of identified outcomes, including child well-being.

In collaboration with the evaluator, CFSA will also provide evaluation feedback to internal and external stakeholders including service providers (e.g., interviews, analysis of key program data, web-based surveys, and evaluation meetings). The purpose of the meetings is to provide feedback from the evaluation team about implementation, enrollment, utilization data, baseline screening and demographic data, and other preliminary outcomes.

9. Estimate of the projected costs or savings.

A fixed allocation schedule will determine the Title IV-E funding stream over the course of the Title IV-E waiver. Any savings realized through the use of the Title IV-E waiver will be reinvested for the delivery of child welfare services. As described earlier in this application, the District of Columbia anticipates a reduction in foster care placements over the course of the Title IV-E waiver with a focus on increasing faster, stronger reunifications and reducing entries and re-entries. More specifically, initial year expenditures (total dollars) of \$4,000,000 are estimated for the demonstration activities identified previously.

10. Provide a reliable method for measuring and ensuring Federal cost-neutrality over the course of the demonstration

CFSA plans to use a fixed Title IV-E allocation schedule, which will ensure federal cost-neutrality over the course of the demonstration. CFSA anticipates that Title IV-E foster care funding will consist of a base allocation and a growth factor to be developed during negotiations between the District and the federal government. CFSA is currently in the process of determining the proposed baseline and proposes that the annual growth factor be determined based on analysis of trends in the number of IV-E eligible children in care, the trend in maintenance payments and the trend in IV-E foster care administration. CFSA will also identify factors that are expected to affect future claiming so that these can be considered in establishing the annual growth factor. CFSA proposes that the baseline allocation be established at a District-wide level. CFSA anticipates incurring developmental costs to prepare for waiver implementation, and will also incur ongoing costs for the waiver evaluation. CFSA is clear that these costs will be held outside the waiver and will be reimbursed at the current Title IV-E administrative rate. CFSA proposes to further document cost-neutrality (both Federal and District) by including a rigorous financial analysis component in the evaluation design.

CFSA proposes that cost neutrality be applied only to foster care maintenance and administration cost/payments except that ACES costs, foster care training costs, and demonstration project evaluation costs/payments will also be excluded. In addition, CFSA requests that claims made for Office of Attorney General (OAG) costs be excluded from the cost neutrality provisions. CFSA proposes that traditional IV-E claiming be continued for adoption and guardianship

maintenance and administration and for those foster care costs/payments that are excluded – SACWIS, foster care training, evaluation, and OAG costs/payments.

11. Describe impact on any similar projects already underway

As noted above, the proposed innovation under the Title IV-E waiver fits within the context of the system reform currently underway in the District. The Four Pillars strategic agenda (Narrowing the Front Door, Temporary Safe Haven, Well-Being and Exits to Positive Permanency) provides a framework for existing initiatives which will be complemented by and aligned with the Title IV-E waiver including but not limited to:

- **Differential Response**

Implementation of differential response whereby traditional child protection investigations are no longer the sole approach to engaging families around allegations of maltreatment has demonstrated success with strengthening families, improving protective factors and increasing client engagement. In the District, the Families Together model allows all appropriately screened in cases of identified neglect allegations to be deflected from the investigative system, while connecting families to necessary services. These allegations include, singly or in combination:

- 1) Caretaker is unwilling (or unable) to provide care for a youth 13 years or older and the parent has not been arrested
- 2) Inadequate Shelter
- 3) Inadequate Food
- 4) Inadequate Clothing
- 5) Inadequate Physical Care
- 6) Educational Neglect
- 7) Newborn Positive Toxicology

The services funded under the Title IV-E waiver and as part of the ongoing expansion of prevention and early intervention resources provide increased capacity among community-based providers to engage and serve families who meet the criteria for a family assessment rather than a traditional child protective services investigation.

- **Structured Decision-Making**

In FY 2013, CFSA is partnering with the Children’s Research Center (CRC) to enhance the Agency’s overall use of the Structured Decision Making® (SDM) system. SDM is a battery of assessments that aid social workers with critical decision-making around risk and safety during key points in a case when working with children and families. With CRC’s support, CFSA will develop and implement additional assessments (e.g., screening and response priority tool), work with staff to better understand CFSA’s current SDM system, and enhance overall CFSA staff practice skills through training and coaching.

- **Trauma Systems Therapy**

There is increasing evidence and support for the use of trauma-informed practice in child welfare. As systems shift from a deficit approach with clients to one that identifies family strengths and solutions, there is increased likelihood of client success and improved outcomes for children. As systems continue to focus on child and family well-being as an outcome of service delivery during involvement with the child welfare system, there has been a lot of research in the area of trauma-informed practice and the impact of evidence-based practices in response to the advancement of science about trauma and brain development. Effective screening that happens as soon as a child becomes involved with the child welfare system increases the likelihood of timely and early interventions that can address behavioral and mental health needs. If a screening determines the need for further evaluation or assessment, the use of a functional assessment to measure child functioning across multiple domains will contribute to identification of the kind of intervention that will be most responsive to the identified needs and developmental capacities of the child. Ongoing assessment throughout the life of a case will support adjustment as needed with interventions. At the same time, ongoing assessment will ensure that when development and functioning has been restored to desired levels, interventions can be decreased or ended as needed. CFSA has begun to identify the essential elements of a child welfare system that is focused on trauma and the tools necessary to match the service array to the needs of the population of the District's children in foster care.

- **District of Columbia System of Care**

CFSA has intentionally aligned its approach with the District's ongoing system improvement initiatives, particularly in the area of mental health. DMH is leading the SOC expansion. Among the inventory of identified priority needs and barriers to be addressed, the SOC will expand evidence-based practices in the District, track outcomes system-wide and ensure fidelity, as well as expand the array and accessibility of trauma-informed community services.

The coordinated activities described above do not require approval of waivers in another program.

12. Accounting of any other sources of funding over the previous two years that have been used to provide the services that the agency now proposes to address under a waiver demonstration

Through the Title IV-E waiver, CFSA is proposing to implement family preservation and post-reunification services that are new to the Agency's services and thus, there have been no prior sources of funding for these services. In addition to the new services, CFSA is proposing to expand certain prevention services to families involved with CFSA's in-home services; a population who cannot currently access these services due to restrictions determined by the federal and local funding sources. As such, there has been no prior funding source for prevention services to this population.

13. Provide an assurance that the Title IV-E agency will continue to provide an accounting of that same spending for each year of the approved demonstration project.

CFSA will continue to provide an accounting of all additional federal, local and private agency investments related to the service interventions under this demonstration project for each year of the approved demonstration project period.

14. Identify the statutory and regulatory requirements under Titles IV-B and IV-E of the Act for which waivers will be needed to permit the proposed project to be conducted

The District of Columbia requests waivers of the following provisions of Title IV-E of the Social Security Act and Program Regulations:

1. Provisions of Section 472(a): Waive the requirements associated with Title IV-E eligibility factors; CFSA is seeking to waive Title IV-E eligibility factors for children and families who would not otherwise be eligible.
2. Provisions of Section 474(a) and 45 CFR 1356.60(c)(3) related to the definition of services eligible for IV-E funding. CFSA is seeking to keep children safely in their homes and communities through the provision of enhanced services or in cases of out-of-home placement, expedite the child's return home. CFSA is seeking to expend Title IV-E for a full service array to achieve these goals.

15. Describe any effect on agency's automated child welfare information system

Currently, CFSA uses data collected by its state automated child welfare information system (SACWIS or FACES.NET) to track and monitor progress toward the achievement of outcomes for continuous quality improvement efforts. With guidance and approval from the Children's Bureau's Division of State Systems, CFSA will look to identify enhancements to FACES.NET to include the tracking of additional data for the purposes of the Title IV-E waiver evaluation. The Agency will negotiate a data sharing agreement with a third-party contractor for the evaluation.

16. Demonstration of readiness

CFSA is well positioned to implement a Title IV-E waiver in the District of Columbia. The Agency dedicated 2012 to working collectively with internal staff and external stakeholders to identify outcomes that would promote safety and permanency of children, as well as enhance the well-being of children and families involved with the child welfare system. CFSA's Four Pillars strategic framework is the foundation of the Agency's service continuum and served as a catalyst for the design of the Title IV-E waiver proposal. In particular, with the projected decline in the

out-of-home population and corresponding increase in families with in-home cases, CFSA has focused on identifying effective strategies to address the unique needs of this population. The opportunity to apply for a Title IV-E waiver is timely to assist in these efforts. As detailed in following sections, CFSA has the support of District leadership and external stakeholders on the proposed design and will continue to seek feedback and to collaborate with partners throughout the implementation of the Title IV-E waiver (see Section 20).

17. Identify steps taken to assure cooperation and supply copies of letters or memoranda of agreement

CFSA has worked collaboratively with its partners, including District sister agencies and community-based providers and foster parents to develop the framework for the proposal. The Agency has received letters of support from key partners including the Office of the Mayor, the Deputy Mayor for Health and Human Services, and the Departments of Mental Health and Human Services (see Attachment 4).

18. Relationship of the project to the state's CFSR and PIP

The Administration for Children and Families (ACF) notified the District of Columbia of the successful completion of its Child and Family Services Review (CFSR) Performance Improvement Plan (PIP) in September 2012 (see Attachment 3).

As described above, the proposed project will build upon initiatives that CFSA implemented as part of the PIP to enhance the safety, permanency, and well-being of children in the District.

19. Effect the intervention is expected to have on certain court orders

In 1989, a class action was filed against the District of Columbia concerning its child welfare agency. Following a trial and additional litigation, including appeals, the US District Court for the District of Columbia entered a consent decree in 1993. The Court found violations of local child welfare laws and found “[t]he [the agency] has consistently failed to use its funding in the most cost-effective manner and has consistently failed to maximize its federal funding by failing to make the administrative changes necessary to qualify for such funding.” *LaShawn A. v. Dixon*, 762 F.Supp. 959, 987 (D.D.C. 1991), *affirmed in part and remanded*, 990 F.2d 1319. The consent decree, and its current Court-ordered implementation plan, [LaShawn A. v. Gray Implementation and Exit Plan](#) (entered December 2010), requires the Agency to show “[e]vidence of consistent and appropriate claiming of all appropriate and available federal revenue.” In addition, the Exit Plan enumerates outcomes to be achieved and/or maintained related to child safety, well-being, and permanence and outlines a roadmap for ending court supervision of the District’s child welfare system.

The Center for the Study of Social Policy (CSSP) is the court-appointed monitor. There are 92 separately measured performance standards (Exit Standards) included in the Implementation and Exit Plan. Since the Exit Plan was entered in December 2010, the monitor has determined that

CFSA has achieved 58 standards. In addition, another eight standards are close to being achieved or are partially achieved. In a progress report submitted to the court in November 2012, CSSP highlighted the period as “one of high energy and rapid change with a renewed focus at CFSA on positive outcomes for children, youth and families.” The monitor’s report indicated that CFSA had demonstrated progress in a number of areas during the period under review (January – June 2012).²¹ During the review period, the monitor highlighted progress in the areas of worker visitation to children in out-of-home care, identification and engagement of relative resources, placement of children and youth in the most family-like setting, appropriateness of permanency goals and others. Some of the areas in which the monitor noted a need for continued improvement include length of time in-home cases are open, timeliness to permanency (through reunification, guardianship and adoption), and others. These areas for continued improvement are a focus of our ongoing efforts including the services that will be targeted under the Title IV-E waiver. As noted by the court monitor, “There is also a clear and positive attention to results with a commitment to use data to track progress, identify problems, explore underneath and around issues to identify root causes, and to think and act flexibly to craft and implement solutions.” This commitment to continuous quality improvement has informed the Title IV-E waiver application. The outcomes that CFSA has committed to achieving will be bolstered by the resources made available through the Title IV-E waiver, expediting the District’s efforts to effectively end court supervision of its child welfare agency.

20. Summary of public input

The District’s Title IV-E waiver proposal is the result of input from internal child welfare staff, external stakeholders, and community members. Specifically, CFSA held meetings with different audiences to present information on the Title IV-E waiver and to discuss CFSA’s proposal, answer questions, and gather feedback on the proposal. Weekly planning meetings include representatives from program operations, quality improvement, planning and policy, information systems, and business services. Monthly stakeholder meetings have included a November 2012 meeting with representatives from private (contracted) foster care agencies and private congregate care providers. The Director met with child welfare advocates (sponsored by the Children’s Law Center) in November 2012 and received positive feedback. Discussion in December 2012 with the Collaborative Leadership suggests that the community-based organizations welcome the opportunity to increase their capacity to provide evidence-based services that will prevent unnecessary removal of children from their community and/or to expedite the children’s return home to their parents and to the community. In addition, the Principal Deputy Director met with birth parents and foster parents in December 2012 for a Resource Parent Leadership Retreat, during which there was discussion of CFSA’s waiver proposal. Participants provided input related to the need for additional in-home supports to maintain or reunify children with their families and were overall supportive of the Agency’s vision to serve District children and families.

²¹ *LaShawn A. V. Gray* Progress Report for Period January 1– June 30, 2012, Center for the Study of Social Policy, November 21, 2012.

A Provider's Network meeting in November 2012 found the private child welfare providers excited about the opportunity to participate in the delivery of services to children and families to prevent their entry into foster care. Private agencies also expressed support for the increased ability to support families during the reunification process in a manner that increases the likelihood for long-term sustainability of the family structure. In addition, Agency leadership conducted a meeting with external stakeholders in December 2012 that included representatives from the Healthy Families/Thriving Communities Collaborative Council and from each of the neighborhood-based Collaboratives. Other meeting participants included representatives from Court Appointed Special Advocates of DC, the DC Citizen Review Panel, and private foster care agencies. Additionally, CFSA convened a conference call with the Department of Health's Community Health Administration in December 2012 to solicit input on CFSA's proposed target population and to discuss opportunities for expanded partnerships particularly in the area of home visitation for families identified by CFSA as high-risk.

The feedback that CFSA has received from these multiple venues has been positive and informative. In particular, the discussion has reinforced the need for family preservation services in the District. When asked if they could provide information on existing family preservation services that CFSA could consider partnering with in the implementation of the Title IV-E waiver, individuals were unaware of any existing services. Participants also commented that the interventions used by family preservation and post-reunification programs are often similar, as are the needs of the families who benefit from such services, and suggested that CFSA consider implementing the same or similar model for both populations. CFSA agreed with this comment and will consider whether it will be of benefit to implement the same service model for family preservation and post-reunification services when making the final determination on which model to implement. In addition to the proposed interventions, stakeholders agreed that the target population is appropriate and that the identified subpopulations (i.e., mothers ages 17-25 or children ages 0-6) are seen as more vulnerable or at increased risk of abuse or neglect absent early intervention.

In addition to soliciting public input specific to the Title IV-E waiver, CFSA has committed to working collaboratively with internal staff and external stakeholders to design a child welfare service continuum that promotes the safety and permanency of children and youth involved with the District's child welfare system, in addition to positive well-being outcomes for children, youth, and families. Examples of this include the bi-annual *Needs Assessment* and the *Four Pillars Strategic Plan*. Information gained or that will be gained during each of these processes has also contributed to the development of CFSA's Title IV-E waiver proposal.

Needs Assessment

Every two years, CFSA completes a comprehensive, Agency-wide Needs Assessment which evaluates current and projected out-of-home placements and support services within the context of helping children and youth to achieve their permanency goals. The *Needs Assessment* acts as a self-evaluation tool for the Agency and offers insights into the experience of out-of-home care from the multiple perspectives of children and youth, families, providers, and social workers. These insights are combined with statistical analyses of placement and other data to identify needs that presently exist or may exist in the future if appropriate interventions are not put in

place. The Needs Assessment also examines services and resources needed to prevent entry or re-entry into foster care, as well as supports and resources needed for children and youth to be more stable in their placements. Most importantly, it seeks to identify placement-related factors that support or hinder achievement of permanency goals for children and youth in care. In 2011, CFSA completed its most recent *Needs Assessment*, which identified challenges related to accessing adequate services for families impacted by chronic substance abuse, mental illness and domestic violence; areas that CFSA wants to address with the Title IV-E waiver. The *2013 Needs Assessment* will provide CFSA with an opportunity to gain additional feedback regarding the implementation of the Title IV-E waiver.

Four Pillars Strategic Planning Process

As noted in the Introduction, CFSA's Director launched a strategic planning process in 2012 to achieve CFSA's vision that children and families involved with the child welfare agency are able to have their needs addressed and will demonstrate improvements in the domains of safety, permanency, and well-being at the time of case closure. The Strategic Plan has provided CFSA with a framework from which to develop its Title IV-E waiver proposal.

During the strategic planning process, CFSA formed four workgroups, one for each pillar (see page 1) to identify outcomes related to the goal and strategies to achieve the outcomes. The workgroups were comprised of individuals from various areas of practice within the Agency, community and District government. In addition to the workgroups, CFSA facilitated a meeting in June 2012 to discuss progress on the Strategic Plan and gain feedback on the identified outcomes for the plan. Participants from the workgroups and the June meeting included external stakeholders representing the following:

- Foster and Adoptive Parent Advocacy Center (including foster parents)
- Children's Law Center
- Adoptions Together, Inc.
- District of Columbia Department of Mental Health
- Young Women's Project
- District of Columbia Citizen Review Panel
- Healthy Families/Thriving Communities Collaborative Council and representatives from each neighborhood Collaborative
- Sasha Bruce YouthWorks, Inc.

21. Assurance of health insurance coverage for all special needs children for whom the Title IV-E agency has entered into an adoption assistance agreement

The District of Columbia provides health insurance coverage for all special needs children for whom the Child and Family Services Agency (the Title IV-E agency) has entered into an adoption assistance agreement, including those not supported by Title IV-E funds, and will continue to do so if awarded a Title IV-E waiver.

22. Demonstration of implemented or planned child welfare program improvement policies

To be considered for the waiver, the District will demonstrate that it has implemented or plans to implement at least two child welfare program improvement policies from the list of options provided in section 1130(a)(3)(c) of the Social Security Act. One of the child welfare program improvement policies to be implemented will be a policy that the District has not previously implemented as of the date of submission of the waiver application.

- 1) CFSA has implemented procedures and policies to address the health and mental health needs of children in foster care (in support of number 2 of the Child Program Improvement Policies) and will continue to enhance these procedures throughout the waiver period, in particular to assure that the assessments and services provided to children and families are trauma-informed.

CFSA's approach to health and well-being service provision is among the most innovative in the child welfare arena. Practice in this area is guided by a series of recently updated health care policies, including: [Health Care Coordination](#), [Initial Health Care Evaluations](#), [HIV and Reproductive Health Services](#), [Medical Consents](#), [Medical Records Maintenance](#), [Preventative and Ongoing Healthcare](#), and [Teaming](#) (with respect to healthcare issues). The Clinical and Health Services Administration (CHSA) is responsible for implementing these policies and does so by providing health care services directly, or for coordinating such services with the network of local providers.

CFSA is unique in that it operates an on-site 24-hour clinic, the Healthy Horizons Assessment Center (HHAC), to service some of the medical needs of children and youth newly entering care and custody or experiencing a re-placement in foster care. HHAC is also staffed by five licensed nurse practitioners and five medical assistants who perform various screenings and assessments for the purpose of early identification, diagnosis, and referral of health-related issues for the clients they see. The services delivered at HHAC include:

- Initial medical screenings, which occur immediately upon an initial placement or a change in placement, and which are intended to identify any urgent medical needs, including signs of trauma, psychiatric needs, current medications, and food allergies. The results of the screening are passed on to the child's social worker to inform the placement process.
- Comprehensive health assessments, which are aligned with the requirements of the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services program (known locally as DC HealthCheck). DC HealthChecks occur within 30 days of a child's initial placement into out-of-home care, and they include:
 - Complete recording of child's medical and developmental history
 - Physical examination by a qualified health care practitioner
 - Preventative services such as immunizations and health and reproductive education as appropriate

- Development of a current and previous diagnosis list
- Development of a healthcare treatment plan
- Referral for mental and behavioral health screenings and/or developmental screening and assessment

Following the comprehensive assessment, children are referred back to their primary care provider (PCP) of record or assigned a new PCP for ongoing health care needs while in foster care, and social workers follow the governance in the aforementioned policies to monitor those ongoing needs. In addition, CFSA also employs 14 registered nurses (RNs) who provide case management services and support services for the children with heightened needs, as well as consultative services for the social workers working with the youth and their families.

Also during the Healthy Horizons comprehensive health assessment, clinical practitioners co-located from DMH are able to conduct assessments of mental health for all Medicaid-eligible children and youth ages 1 and older. The purpose of the mental health screening is to obtain a complete picture of the child and youth and to identify any emotional and behavioral needs, issues or problems or risk arising from their unique situation. On the basis of the initial screening, children and youth are referred for ongoing treatment, if appropriate, to a selected mental healthcare practitioner who provides specific diagnostic information and develops treatment plans that include treatment objectives, methods, interventions, and services.

In addition, CFSA partners with DMH to provide mental health services to children and their families. This partnership has been strengthened in the past year after CFSA and DMH were awarded federal grants that are closely aligned and designed to positively impact well-being and mental health for children and families. Supported by a network of mental health providers, the District is working to scale up those evidence-based practices that are shown to be most impactful with the target population while simultaneously de-scaling those interventions that do not address the unique concerns and needs of children in foster care. Throughout the demonstration period, CFSA and its partners will be enhancing services and resources available to address the trauma symptoms and mental health needs of children and families.

- 2) CFSA will establish a comprehensive family-based substance abuse treatment program to foster permanency, which supports Number 10 of the Child Welfare Program Improvement Policies and is a policy that the District has not previously implemented as of the date of submission of the waiver application.

As described in the Introduction (see page 5), substance abuse impacts a large number of families involved with CFSA and the challenges facing families affected by substance abuse often put them at greater risk for removal and can delay reunification. With the Title IV-E waiver, CFSA will work collaboratively with District partners to implement interventions, such as Project Connect that will establish family-based substance abuse treatment targeted to the specific needs of this population. In addition CFSA is partnering with other public agencies to expand substance abuse treatment options for adults and youth in the child

welfare system while streamlining the referral and tracking process. These efforts will be further supported by technical assistance from the National Center on Substance Abuse and Child Welfare. This initiative will be implemented during the period for the waiver.

Attachments

1. Continuum of services
2. Inventory of evidence-based practices
3. Notification regarding completion of CFSR PIP
4. Letters of support