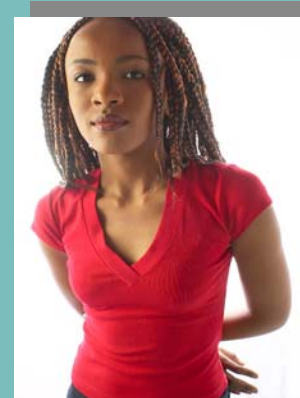


2010 RESOURCE DEVELOPMENT PLAN

BUILDING RESOURCES FOR CHILDREN
AND FAMILIES
IN THE DISTRICT OF COLUMBIA



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GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

PREPARED BY: THE OFFICE OF PLANNING, POLICY AND PROGRAM SUPPORT

JUNE 30, 2010

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I. INTRODUCTION

A dedicated response to the stated needs of children, youth and families in the District of Columbia is the singular most essential objective of the Child and Family Services Agency (CFSA). It is only by such a response that the Agency can hope to legitimately provide for the safety, permanency and well-being of the population it serves. To this end, there are several vehicles through which the Agency gathers direct feedback and information to properly plan for the delivery of quality services and placement resources.

The most familiar vehicle, yet not the most exclusive, is the Agency's bi-annual *Needs Assessment*, a self-evaluation tool designed to identify or highlight critical needs, based on responses from youth, families, resource parents, social workers and providers. Although the bi-annual assessment includes initiatives underway and current accomplishments, by its very nature its focus is on the examination of gaps in existing service and placement resources, as well as identification of priority areas of need.

Since 2003, the voices of stakeholders, and most recently the voices of CFSA-involved youth, have been incorporated into the *Needs Assessment* findings as critical instruments for influencing change. The benefits of this approach led the Agency to hold a series of "listening tours" outside of the *Needs Assessment*, gathering programmatic feedback from youth, resource parents, advocates and staff. In addition, the Agency's Director established the Youth Advisory Board in September of 2009 to solicit recommendations from youth on areas related to program planning. This information has been collectively translated and prioritized by the Agency's *Resource Development Plan* (RDP) in its mission to ensure that all services meet the needs of the children, youth and families we serve.

The RDP is also informed by formal reports and programmatic assessments, including quality assurance reviews, published periodically by internal and external stakeholders. These quantitative and qualitative assessments provide an effective feedback loop along with useful insight into the needs of CFSA's service population. Together with the strengths and challenges of system-wide child welfare practice, the RDP weighs all gathered information to inform specific action steps, which are developed during the six-month period between the completion of the *Needs Assessment* and submission of the RDP.

In addition to implementation of practice changes and initiatives (current and projected), action steps are further informed by the Agency's budget. It should be noted that the District's budget cycle significantly impacts the timing of the development of resources proposed in the RDP, which is completed after approval of the budget for the upcoming fiscal year (FY 2011), but prior to the development of the FY 2012 budget. As a result, implementation is influenced by the District's budgeting cycle within the current climate of fiscal constraint faced by all District agencies.

CFSA's approach to service delivery continues to emphasize strengthening those services and operations already in place, identifying additional service and resource requirements, and developing and implementing strategies to better meet the needs of the children and families who enter into, or who are at-risk of entering the District's child welfare system. Together with its

partners, the Agency aims to increase the number of families who receive community-based preventive and support services, and to expand the network of resources providing vital supports to at-risk children and their families. Through implementation of the Agency's previous Resource Development Plans, CFSA has made significant progress in bridging service gaps over the past several years:

- The array of CFSA grant-funded prevention programs has been expanded to include home visiting for families with children ages 0-5 years, parenting education, a father-child attachment program, and release of a city-wide prevention plan.
- Consistent with CFSA's vision for children and families, there has been a shift in children's placements away from congregate care and toward family care, especially for younger children.
- Expansion of placement resources in response to the needs of specialized populations including teen parents and youth who self-identify as LGBTQ.
- Implementation of the Permanency Opportunities Project, whereby a multi-disciplinary team focuses specifically on removing barriers to permanency for youth in foster care.
- Implementation of an on-site health-screening center for CFSA-involved children and youth (Healthy Horizons Assessment Center).
- Through the ongoing partnership with the DC Department of Mental Health (DMH), CFSA has implemented a multi-year mental health service plan.
- Heightened awareness of family housing needs and implementation of the CFSA-funded Rapid Housing Program and the Family Treatment Court Transitional Housing Program.
- The continued partnership between CFSA, the Department of Health's Addiction Prevention and Recovery Administration, and the Family Court has implemented and monitored the Family Treatment Court Program, a residential substance abuse treatment program that allows women to keep their children with them.

A. 2010 RESOURCE DEVELOPMENT PLAN – AN OVERVIEW

The 2010 RDP is designed to inform CFSA and its stakeholders of ongoing efforts since the inception of the RDP, with a particular focus on identifying the key action steps that will address priority areas from the *2009 Needs Assessment*. The Agency has taken a strategic approach in the development of the current RDP. In addition to the numerous initiatives that CFSA is committed to achieving over the next fiscal year, this report is completed in the context of the following significant challenges currently facing the Agency:

- Declining District revenues, similar to the dilemma faced by every state.
- Maintaining existing services following the recent Agency reduction in force and organizational re-tooling.

- Continuing to implement the provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Completing the Federal Child and Family Services Review (CFSR) Program Improvement Plan (PIP).¹
- Reinforcing the practice improvements introduced by the Out-of-Home Practice Model.
- Restructuring and relocation of the Office of Youth Development.
- Re-design of the Placement Services Administration.
- Implementation of the Nurse Care Management (NCM) model.
- Implementation of contract reform.
- Implementation of Differential Response.

Reflecting much of the progress and direction that CFSA has taken to address critical resources, the above factors impact our overall resource development activities. Alone, each requires a major commitment of time, effort and resources – both internally and externally. Together, they represent the direction towards which the Agency is moving to successfully meet our Final Implementation Plan (FIP)² and as well to complete the PIP mandates. All build a stronger safety net to improve the safety, permanency, and well-being of the children and families we serve.

We have organized the Resource Development Plan into seven sections. Section II below highlights the key findings of the *2009 Needs Assessment*, including contributing factors to these findings. Sections III and IV address the requirement that CFSA estimate the need for all types of placements, including the support services needed to maintain stable placement resources. Section V focuses on CFSA's and the District's strategies to strengthen community- and neighborhood-based services while Section VI focuses on recruitment of adoptive and foster parents. Finally, Section VII offers conclusions and next steps.

Addressing key findings from the *2009 Needs Assessment*, the Plan continues implementation of action steps to address critical areas identified in previous Assessments since we recognize the ongoing need to enhance resources in these areas - - housing, domestic violence, mental health services, and substance abuse services.

B. 2009 NEEDS ASSESSMENT: KEY FINDINGS

The matrix below details the key findings of the *2009 Needs Assessment* and the existing factors that contribute to these findings. It should be noted that the majority of data was collected prior to implementation of Phase I of the Out-of-Home (OOH) training which began in October 2009. Findings that indicate challenges around communication, engagement, and teaming were

¹ CFSA completed the federally mandated Child and Family Services Review self-assessment in April 2007 and the on-site review in June 2007. The resultant Program Improvement Plan must be fully implemented no later than two years after the date of final approval (January 2009). As such, by January 2011, CFSA will have to complete numerous critical action steps in an effort to improve in-home services, better engage families and kin in case planning, and strengthen permanency outcomes for children and youth.

² The 2010 Final Implementation Plan (FIP) sets outcomes and the strategies that the District of Columbia will need to meet and implement (respectively) to achieve compliance with the child welfare reforms required under the *LaShawn A. v. Williams* (now *LaShawn A. v. Fenty*) Modified Final Order.

obtained before the launch of the OOH training for staff. In addition, much of the work related to the *Needs Assessment* was completed prior to full development and engagement of the Director's Youth Advisory Board. A strong voice for youth in foster care, the Board is helping to advance the Agency's objectives for improved service delivery and increased achievement of positive permanency for young people (*see p.23, Office of Youth Empowerment*).

As detailed in the *2009 Needs Assessment*, projections of the future population of children and youth in foster care are based on a statistical model (non-linear regression analysis) and as such, are presented with multiple study limitations. The projected population and subsequent projected need for particular placement settings do not take into account planned or existing initiatives or legal requirements that have an impact on the population served by CFSA, including reduction in the use of Alternative Planned Permanent Living Arrangement (APPLA); increased placement of older youth in family-based foster care; and new local legislation related to adoption and guardianship subsidies, reporting of educational neglect, and implementation of differential response. As the Agency's current resources shift, and additional services and supports are put into place, the projected demographic make-up of the CFSA population and its needs will shift accordingly.

2009 Needs Assessment: Key Findings

Finding: With the exception of youth placed in ILPs, children and youth are most likely to exit care to reunification, regardless of placement type.

Related factors/underlying issues:

- ❖ Of the 2143 children and youth in out-of-home care on September 30, 2009, 420 (20%) were placed in congregate care settings and 1530 were placed in family-based settings.
- ❖ Analysis by placement type indicates that the primary exit reason for almost all placements is reunification. Of the 774 youth who exited care in FY09, the majority (46%, n=353) exited to reunification, followed by 22% (n=174) who aged out, 13% (n=102) who were adopted, and 11% (n=86) who were exited to guardianship.
- ❖ Ninety-five percent of youth in independent living programs (ILPs), however, aged out of foster care.
- ❖ With the exception of youth in ILPs, it's not so much the placement type as the resources or supports that are attached to the placement and the ability to engage both the youth and their caregivers that impact permanency for a child.

Our approach to addressing the challenge:

- Meeting the developmentally-appropriate needs of older youth, including the development of independent living skills in preparation for the transition to young adulthood, in an environment that acknowledges a young person's growing independence while maintaining placement stability in the most family-like setting possible.

Finding: In-Home families face some challenges in accessing services that support family stabilization.

Related factors/underlying issues:

- ❖ As indicated in the *2009 Needs Assessment*, between December 2009 and December 2011, the total number of children served in-home is projected to increase by 95 children (5%). Although the numbers of families and children served in-home have fluctuated over the past two years, they consistently comprise 40-45% of all children receiving CFSA support, supervision, and case management.
- ❖ Overall availability and accessibility of resources and services were identified as a need across both out-of-home and in-home populations. Resource and service needs of the **in-home population** stood out; sixty-four percent (n=23) of social workers who completed the *In-Home Social Worker Survey* for the *Needs Assessment* cited resource needs as a barrier to effective practice with in-home families.
- ❖ Respondents indicated the following challenges:
 - Location of services – e.g., proximity to homes and schools. This includes service accessibility for children residing in Maryland who have Medicaid coverage in the District and must access services in the District rather than Maryland. It also impacts families in the District who have to travel from one quadrant of the city to another. Transportation resources become an issue – e.g., families require Metro and/or bus fare and cite lack of funds for transportation, making it even more challenging for them to get to needed services.
 - Limited accessibility - e.g., during school or traditional work hours causing families to pull children out of school or miss work (challenging when they don't have full-time jobs or when they work on an hourly basis and don't get paid if they are not at work).
 - Length of time to access services after referral is made – for example, waiting lists because of limited capacity.

Our approach to addressing the challenge:

Educating staff and families on available and accessible community-based services for in-home families through the Managed Care Organizations.

Finding: Compared to the 2007 Needs Assessment, a child's overall length of time in out-of-home care decreased by three months.

Related factors/underlying issues:

- ❖ Of the 543 children who exited foster care to reunification, adoption or guardianship in FY09, 48% had been in care for less than 12 months.
- ❖ When examining length of stay, we are looking at the population of new entries and find there is a distinction between new entries and legacy cases.
- ❖ Overall, the length of time from a child's entry into care until exit to a permanent setting has decreased by approximately three months between FY07 and FY09.
- ❖ In the FY08 Agency performance plan, CFSA committed to expediting permanency for children in care through expanding available placement resources and placement stabilization support.
- ❖ Findings indicate that since the last *Needs Assessment*, CFSA has dedicated resources to increase placement options for older youth, large sibling groups, children/youth with serious to severe emotional and behavioral problems, children/youth with special needs, LGBTQ youth and children/youth in need of emergency placement (increased placement resources in FY08/FY09). There is still a need to identify placements for these groups.

Our approach to addressing the challenge:

- Identifying innovative approaches to address the unique circumstances and specialized needs of legacy youth in foster care to support achievement of positive permanency.
- Developing an expanded array of placement options to meet the needs of traditionally difficult to place populations.

Finding: Agency focus on coaching and mentoring social workers should extend to resource families.

Related factors/underlying issues:

- ❖ Many resource parents (including foster and kinship) as well as CFSA staff reported a need for increased training and child-specific coaching to help resource parents provide safe, stable environments, and they also cited the need for a support network of other resource parents outside of the Agency's placement support resources.
- ❖ Resource parents indicated a clear difference between sitting in the safe environment of pre-service training and then being faced with a child or youth in person; training does not always translate well to the reality of the situation.
- ❖ Specific training needs included supports for resource parents to respond to the grief and loss experienced by children entering foster care as well as the feelings experienced by foster parents themselves when a child leaves; resource parents talked about specific training on the distinct developmental stages of children and youth, coping with behavioral issues especially among older youth, and having child-specific coaching – for example, dealing with a youth who may have absconded but then comes back to your home – how do you work through your own feelings of fear, anger, sadness while trying to parent appropriately and in a way that supports the child?

Our approach to addressing the challenge:

- Expansion of available supports (e.g., training, peer mentoring) for resource families including specialized training and technical assistance to develop informal networks of support
- In consultation with National Resource Centers, developing strategies for engaging neighborhoods and communities in supporting foster parents in their areas.

Finding: Although the 2007 Needs Assessment projected declining numbers, the 2009 Needs Assessment revealed that the percentage of children and youth in family-based foster care remained the same.

Related factors/underlying issues:

- ❖ In September 2007, 71% of children in care resided in a family-based foster care setting. The 2007 Needs Assessment projected a decrease of 8%.
- ❖ As of September 30, 2009, the percentage of children in family-based placement settings remained at 71%. Further, computed monthly projections through December 2011 indicate that this distribution will continue.
- ❖ While the vast majority of older youth in care remain in congregate settings, we're still able to utilize our network of family-based providers to ensure that the overall proportion of children in foster care is placed in a family-based setting.

Our approach to addressing the challenge:

- Increasing the proportion of older youth in family-based settings through recruitment strategies that are effective in identifying foster homes for youth.

Finding: Youth in foster care are not consistently asked to identify prospective life-long connections.

Related factors/underlying issues:

- *One caveat – the majority of this data was collected prior to the start of Phase I of the Out-of-Home (OOH) training, which started on October 16, 2009. Findings related to challenges around communication, engagement, and teaming were obtained before the launch of the OOH training for staff.*
- Findings indicated youth had family members with whom they were in regular contact but they were never asked about the possibility of these adults becoming lifelong connections or potential placement resources.
- This connection was seen as vital to placement stability – some youth indicated that having regular contact with family would have contributed to a reduction in placement disruption.
- Youth in congregate care were particularly vocal about the need for greater connectedness with their birth family, even if they knew living with family was not necessarily an option or in their best interest. There was still a strong desire to have a relationship.
- This was particularly noted by focus group participants responding to questions about youth in Residential Treatment Centers (RTCs) as well as interviews with individual youth.

Our approach to addressing the challenge:

- Early and consistent engagement of youth to identify potential life-long connections.
- Ongoing training of staff on permanency, teaming and communication with youth and family members.

Finding: The lack of step-down programs in the District leads to longer lengths of stay for youth in RTCs and increases the likelihood of placement disruption upon discharge.

Related factors/underlying issues:

- ❖ A key finding was the lack of Residential Treatment Centers that are easily accessible to CFSA and the families CFSA serves.
- ❖ Distance impedes the ability of birth and resource families to actively engage in the youth's treatment – visitation is a challenge, as is participation in family therapy.
- ❖ For birth parents in particular, transportation resources (or lack thereof) severely limit the frequency of visitation and participation in treatment. Some programs utilize teleconferencing but not consistently across the board.
- ❖ Social workers also identified the need for improved discharge planning for youth in Residential Treatment Centers to support successful transition from an RTC. Respondents indicated a lack of placement options for youth transitioning in or out of an RTC as a factor in the struggles faced by the Agency with this population. At the same time, improving the supports available to youth and families while a child is in an RTC was identified as important to support discharge planning, regardless of the child's next placement.

Our approach to addressing the challenge:

- Strengthened practices around family engagement for youth in RTC placements and identifying alternative methods for participation (e.g., video or telephone conferencing).
- Developing guidelines for staff on effective discharge planning.

The above key findings of the *2009 Needs Assessment* have already begun to inform CFSA's efforts to prioritize supportive services and other resources that can adapt to changing populations. Every finding in its entirety, however, cannot be fully addressed. Rather, the 2010 RDP has identified a select number of priority areas and describes key efforts underway, as well as the action steps necessary for significantly impacting the particular areas of need.

2010-2011 PRIORITIES

III. PLACEMENT AND SUPPORT SERVICES

Goal: Expand capacity of family-based settings to meet the particular needs of older youth in foster care and limit placement in congregate care to more specialized settings.

Vision: The Agency's cadre of resource families includes providers with the capacity and expertise to provide stable and safe homes for children and youth who must be placed in an out-of-home setting. Resource families have access to services that support stable placements. Specialized populations of youth placed in congregate care are supported by a network of providers with the ability to meet their needs effectively and, most important, who support timely achievement of permanence.

The Need

In the *2009 Needs Assessment*, CFSA completed analyses and projections for the foster care population by each placement type. Utilizing both quantitative and qualitative research methods, the *Needs Assessment* focused directly on placement needs that are anticipated over the next two years. The majority of children in foster care in the District of Columbia are in family-based settings. Of the 2126 children/youth in foster care as of May 31, 2010, 72% (1530) are served in family-based foster care, including kinship care, traditional (non-kinship) foster care, specialized care, or pre-adoptive homes. This is close to the same percentage as May 2009 (72%), but over the past 12 months, the total foster population has decreased by 95 children (from 2,221). Concurrently, the percentage of children in foster care who are 15 or older has remained the same at 46% of the total foster care population (but decreased overall by 45 youth).

Older children have complex psychosocial, educational, and placement needs; they can be difficult to place due to a shortage of beds among placement providers, and they are statistically more likely than the general foster care population to experience multiple placements, or to experience congregate care placement. CFSA's maintenance of 72% of its foster children in family-like settings despite the shifting demographic of its foster care population demonstrates the Agency's effectiveness in finding "least restrictive and most family-like settings" for children in placement.

CFSA remains committed to expanding its capacity of family-based foster homes in the District, as mentioned above. Additionally, because of the changing demographic toward an older foster care population, CFSA has focused on providing placement resources and services that meet the particular needs of older youth.

A. PLACEMENT TARGETS

Methodology

To develop placement targets, the Agency utilized a two-tiered approach. First, population projections for each of the placement types that are currently contracted by the Agency were

conducted. The projected need was then adjusted based on CFSA's planned strategies to shift the types of placement settings to better align with the Agency's vision for enhanced permanency and placement stability. See below for detailed explanation.

Statistical Analysis – Non-Linear Regression Model

The statistical model was employed to compute the projections of placement types. The placement projections incorporated a non-linear, exponential growth model, utilizing point-in-time data for each month beginning in January 2007 and continuing through May 2010. The exponential growth model was based upon returns of y-values for a series of x-values. The projections - predicted values - were calculated based upon specified existing x-values and y-values and the projection was the resulting new value that identifies the correlating non-linear relationship between the exiting values. Placement projections were conducted for the following placement types: family-based foster care; emergency placements for youth ages 12 and younger, and youth ages 13 and older; specialized and traditional group homes; residential and main independent living facilities; and teen parent programs.

Calculations were guided by actuals from a dual source approach. The base line was provided by data from FACES, identifying placement and service type, in addition to the service line. Then, FACES data actuals were coupled with data from respective administrations (for example, waiting lists for particular placement types maintained by the Placement Services Administration) to cushion the existing FACES data. The results produced both projections and targets. Note that the service line projections were based on FACES actuals, whereas completed targets incorporated not only service line data actuals in FACES, but also existing data from separate databases.³ This more accurately provides the targeted placement needs.

Limitations

The development of placement targets via a statistical model cannot be done in isolation. The current targets are a reflection of known FACES and other administrative data. There may still be current or projected fiscal or other constraints that will limit the ability of the Agency to increase particular placement types within a year's time.

Most important, targets as described above are based on the population projections (Table 1).⁴ As previously stated, these values do not allow for the immediate or long-term impact of initiatives currently being implemented or planned by CFSA. For example, targeted recruitment of resource families for older teens would be expected to increase the population of these youth in family-based care and decrease the congregate population. If successful, the projected increase in group care would be mitigated considerably.

It is also important to note that there are youth in congregate care that could potentially be placed in a family-based setting but for the lack of available resource homes. Some of the youth in congregate care were placed in a group setting because there were no readily identifiable foster

³ Regression Tool: Projected Values Validity - R squared: The validity of projected values was tested through calculation of the r-squared for each projected value of placement type. The statistical significance was measured by the value of r-squared. The closer the r-squared value to 1, the better the model fit the data.

⁴ These targets do not directly reflect the projections identified in the *2009 Needs Assessment* (see Appendix A) as the projections have been updated to include 2010 figures.

parents willing to take them. Efforts to address this barrier are ongoing. As part of a new approach, youth are regular participants in orientations for prospective foster parents. This early engagement of foster parents and youth is proving to be an effective means of encouraging providers to open their homes to older youth. Within the network of family-based foster homes, the Agency's Placement Services Administration has identified some families who have expressed interest in having older youth placed in their homes. In addition, the Agency's recent Permanency Day (June 2010) featured a number of youth who were able to articulate and convey their experiences in foster care as well as their desire to achieve permanency in a family-based setting. Ongoing feedback from youth regarding current and proposed initiatives will continue to strengthen the Agency's approach to service delivery as well as identify areas in need of further improvement.

The established targets (Table 2) support the Agency's advance acquisition planning process to procure needed placements in FY 2011. The targets for each placement type detailed in this report take the number of placement slots actually available into consideration and may be adjusted accordingly to ensure a more accurate picture of what is needed and desired. The chart below distinguishes actual from purchased capacity for foster homes.

Table 1. Population Projections

	Current Population by Placement Type (April 2010)	Projected Population by Placement Type FY2010 (9/30/10)	Projected Population by Placement Type FY2011 (9/30/11)
Family-Based Foster Care			
Kinship Foster Care	339	332	321
Non-Kinship Foster Care	1191	1174	1133
<i>Pre-Adoptive</i>	203	211	216
<i>Traditional</i>	476	438	410
<i>Specialized</i>	512	525	507
Medically Fragile	15	7	4
Developmentally Disabled	12	7	5
Sub-Total	1530	1506	1454
Congregate Care			
<i>Residential Treatment</i>	80	74	61
<i>Emergency and Diagnostic 12 and younger</i>	24	25	30
<i>Emergency and Diagnostic 13 and older</i>	2	9	12
<i>ILP Residential (18-21)</i>	56	53	48
<i>ILP Main (16-21)</i>	39	47	49
<i>Group Home - Traditional</i>	89	90	108
<i>Group Home - Specialized</i>	56	63	72
Teen Parents	52	63	69
MF/MR	5	4	3
Sub-Total	403	428	452
Grand Total	1933	1934	1906

*Note: Population data is based on service lines identified in FACES. Third party and other populations are not included in the placement projections. The 'other' population includes one or more of the following placement situations: abscondence, college/vocational, correctional facility, hospitals, not in legal placement, ST*A*R home, or transitional living services.

Table 2. Placement Targets⁵

	Current contracted capacity by Placement Type: Number of beds (2010)	Procurement Targets by Placement Type for FY2011 (by total number of beds)	Net difference between current contracted beds and total to be procured
Family-Based Foster Care			
Kinship Foster Care	339	407	+ 68
Non-Kinship Foster Care	1225	1330	+ 123
Pre-Adoptive ⁶			
Traditional ⁷	492	500	
Teen parents	8	20	+ 12
Sibling groups	14	28	+ 14
LGBTQ popln	6	12	+ 6
Older youth	17	34	+ 17
Specialized	721	830	+109
<i>Medically Fragile</i>	18	25	+7
<i>Developmentally Delayed</i>	17	25	+8
ST*A*R Homes	12	18	+6
Sub-Total (beds to be procured)	1213	1348	+ 135

⁵ Residential Treatment Center (RTC) placements are facilitated through the Office of Clinical Practice in collaboration with the Department of Mental Health. Placements are separate from the Placement Services Administration's acquisition planning and procurement process due to the highly individualized nature of RTC placements.

⁶ Not included in calculations of placements to be procured through the Human Care Agreement process under the Placement Services Administration.

⁷ Within the network of family-based foster homes, the Placement Services Administration has identified a number of resource families that have indicated interest in working with some of the traditionally difficult to place populations. These families specifically request placement of children including sibling groups, teen parents, LGBTQ youth and older youth. With ongoing recruitment efforts and supports for resource families, the Agency is seeking to expand the number of homes dedicated to meeting the needs of these sub-populations of children in foster care.

	Current contracted capacity by Placement Type: Number of beds (2010)	Procurement Targets by Placement Type for FY2011 (by total number of beds)	Net difference between current contracted beds and total to be procured
Congregate Care			
<i>Emergency and Diagnostic 12 and younger</i>	25	25	Maintain
<i>Emergency and Diagnostic 13 and older</i>	12	24	+ 12
<i>ILP Residential (18-21)</i>	95	90	- 5
<i>ILP Main (16-21)</i>	47	38	- 9
<i>Group Home - Traditional</i>	97	68	- 29
<i>Group Home - Specialized</i>	60	75	+ 15
Teen Bridge	<i>18</i>	<i>28</i>	<i>+ 10</i>
GBTQ-Bridge	<i>6</i>	<i>6</i>	<i>Maintain</i>
<i>Teen Parents</i>	71	95	+24
<i>Medically Fragile</i>	5	5	Maintain
<i>Developmentally Disabled (includes MF/MR)</i>	46	46	Maintain
Sub-Total (beds to be procured)	458	466	+8
Grand Total⁸	1671	1814	+143

⁸ Includes only those homes procured under the Placement Services Administration.

Current Initiatives – Placement and Support Services to Achieve Permanency

In responding to identified and projected needs, the Agency has made significant strides in its efforts to address the kinds of placement and support services that positively impact achievement of permanency for children in foster care. The following key initiatives represent just some of the projects currently underway to strengthen placement and supports for children and families:

Training Academy

CFSA's Office of Training Services (OTS) is responsible for providing CFSA and private agency staff and foster parents with the necessary knowledge and skills to practice and deliver services that reflect the values and strategic direction of the Agency, and to ensure Agency compliance with federal and District licensing requirements for social workers.

During the past year, OTS has partnered with private agency and CFSA staff and leadership to develop the newly-established "Training Academy". The Academy provides social workers, supervisors, and foster parents with relevant training curricula specifically designed to develop core competencies that are directly linked to, and enable the application of, the Agency Practice Model. The new OTS Training Academy is also designed to be dynamic, e.g., changing and modifying curricular content according to practice requirements and strategic priorities. Within the Training Academy concept, social worker and supervisor training is structured into 4 distinct 'tiers':

- **Tier 1:** Pre-Service Core Training
- **Tier 2:** Pre-Service Specialty
- **Tier 3:** In-Service
- **Tier 4:** Supervisor and Leadership Development

These four tiers are distinctly structured for the specialized training of social workers and for social work support staff, program and licensing monitors, and other business and CFSA program support staff. This training is intended to complement the professional development opportunities currently offered by the District's Department of Human Resources (DCHR).

Out-of-Home Practice Model

The most significant change to daily practice across CFSA is the implementation of the Out-of-Home (OOH) Practice Model. The Agency's approach promotes teaming throughout the entire case management process and requires all resources to be aligned to support the recommendations and action steps necessary to move cases to permanency. CFSA and the private agencies are involved in the Steering Committee and workgroups that will assist in the full implementation of the Practice Model over the next calendar year. Training over the next year of CFSA staff, private providers, court personnel and other key community stakeholders will further support the institutionalization of the Practice Model throughout the District's child welfare system.

Family-Involved Meetings

The Agency employs an array of family-involved meetings in its case management approach. While the models vary according to the time and circumstance of the meetings, the primary focus

is on child safety and achievement of positive permanency. CFSA has found that family-involved team meetings promote family involvement in case planning at the earliest junctures of the case. They reduce boundaries between families and the system by inviting the family to voice its concerns and insights, and by respecting the family's involvement and contributions to case planning. In addition to social worker led meetings with families and relevant stakeholders throughout the life of a case, CFSA employs the following models of family-involved team meetings:

Family Team Meeting

At the time of a child's removal from the home, or when it becomes evident that there is imminent risk of removal, CFSA policy requires the convening of a Family Team Meeting (FTM). At the FTM, CFSA invites participation from the youth or age-appropriate child, the parent (or guardian or caregiver) as well as adult members of the extended family and any other persons identified by the family as having a significant supportive connection to the child and family. The purpose of this facilitated meeting is to identify and develop support networks to promote child and family well-being, and if necessary, to make placement decisions that promote child safety and permanency.

Family Group Conferencing

When a child's permanency goal is reunification, CFSA and the Columbia Heights/Shaw Healthy Families/Thriving Community Collaboratives facilitate Family Group Conferences (FGC), which involve the highest level of family involvement and self-determination among the various family-involved team-meeting models. While these meetings may be held at regular intervals as CFSA social workers and the child and family work toward the goal of reunification, it is in the days preceding reunification that they are most critical. The CFSA social worker, Collaborative Family Support Worker, and the child, family, and extended family utilize the FGC to address any potentially lingering risk factors that remain barriers to reunification. The FGC is also instrumental in developing family and strengths-based solutions or remedies to those risk factors so as to facilitate a timely and lasting reunification.

Listening to Youth and Families as Experts (LYFE) Conference

The LYFE conference is a key process step that CFSA introduced in FY 2009 to mitigate the use of Alternative Planned Permanent Living Arrangement (APPLA) as a permanency goal. LYFE conferences are particularly useful during the critical juncture of finalizing an older youth's permanency goal by bringing together the youth in foster care, his or her family and kin, social workers and supervisors, and a trained facilitator. The youth identifies key family members and others to invite to the meeting and then plays an active role in decision-making by identifying his/her own strengths, and communicating needs, discussing family strengths and needs, framing permanency options, and determining action steps to achieve desired outcomes. If APPLA is determined to be the most appropriate course of action, then a recommendation is sent to the CFSA Director for approval, *but only after the LYFE conference occurs*. One of the key outcomes of LYFE conferences is achieving consensus among the youth and key family members as to the youth's skills, and laying out a formal roadmap with assigned roles and responsibilities for key stakeholders that includes a framework for transition planning of the youth from foster

care with the support of adult figures who willingly commit to permanent involvement with the youth beyond their time in care.

Structured Progress Reviews (SPRs)

The SPR (formerly Administrative Review) provides an opportunity for all parties (e.g., clients, social workers, attorneys, guardians *ad litem*, and foster care providers) to come together before an independent, clinically-licensed SPR Review Specialist. The SPRs occur every six months (for as long as the youth remains in foster care⁹) to address accomplishments, barriers and next steps with respect to permanency. CFSA utilizes the SPR as a forum to evaluate CFSA (and private agency) case practice in general and its performance with respect to various federal and local oversight, including the Fostering Connections requirements and the CFSR PIP and AIP benchmarks. Among the considerations for discussion during the SPR:

- Appropriateness of permanency goal, barriers to permanency and next steps.
- Appropriateness of placement, unmet service needs, special review and corrective action.
- Indications that CFSA made good faith efforts to locate (through diligent search) and notify adult relatives of the child's removal from the home.
- Evidence of best interest determinations regarding sibling placement, and documentation of sibling visitation.
- Evidence of best interest determination regarding educational stability.
- Biological family and child involvement in case planning (including signatures on hard copy case plan).
- Documentation of medical screenings, evaluations and/or treatment and where appropriate, a description of diagnosis, medication, dosage, goals and objectives of therapy and progress thereof.
- Quality and currency of the child's case plan.
- Attendance (or lack thereof) of biological and/or extended family at the SPR.
- Frequency and quality of social worker visitation with child and family.
- Evidence the Agency has filed a motion for Termination of Parental Rights (if required under ASFA guidelines).

The SPR is among the Agency's most effective quality assurance vehicles for assessing service and permanency planning for children who have been in care for at least 180 days. Each review examines child and family well-being indicators, focuses on permanency for children, identifies emerging issues, triggers timely responses from program management staff, allows Quality Improvement staff to reexamine performance and progress, and affords the direct service staff involved with the case an independent assessment of the case progress. The SPR further provides CFSA with an ongoing opportunity to assess whether children, youth, families, and foster families are receiving the services and supports they need, and how the case is moving to safe closure.

Parent Advocate Project

⁹ The SPR process does not include the case review of youth ages 17-21 or children with a goal of adoption who are in a pre-adoptive home.

The Parent Advocate Program facilitates strong relationships between birth families, foster parents, and social workers through early engagement soon after a child is placed in out-of-home care. The project utilizes trained Parent Mentors who have successfully reunified with their own children under past CFSA supervision. Parent Mentors provide families with one-on-one support and guidance for navigating both the child welfare and family court systems. Parent Mentors also help families obtain support services that will expedite their reunification.

Permanency Opportunities Project

Under the terms of a grant agreement with Adoptions Together, CFSA has maintained the Permanency Opportunities Project (POP). The POP provides specialized permanency support for all children in foster care. The POP Teaming unit, which includes the child's ongoing social worker, permanency specialist, and supervisors, work together for the express purpose of removing barriers to permanency and/or identifying potential permanency opportunities for youth in foster care. The POP team's methods include case mining (intensive case reviews for the purpose of identifying and connecting with the child's family, extended family members and other significant persons involved in the child's life), case staffing, and child-centered recruitment.

Placement with Kin

CFSA conducts Family Team Meetings whenever a child is at risk of removal, or within 72 hours following a removal from the home. Among the goals at these critical meetings is to gather the child's family and extended family together as soon as possible to identify potential kinship placement resources, and to foster involvement in case planning among family. CFSA has coupled the FTM process with a new Diligent Search process that increases the potential for greater family involvement by emphasizing among CFSA social worker and Diligent Search Unit staff the importance of early identification and location of parents and extended family members. The two processes work in tandem to further CFSA's successes in locating the "First Placement, Best Placement" for the child.

Diligent search efforts at the outset of CFSA's involvement with a family have enabled the Agency to more easily integrate into case practice the new notice requirements of the Fostering Connections Act with respect to notification of adult relatives in the event of a home removal. By doing much of the work to identify these relatives during the initial stages of the investigation and to involve them in case planning, CFSA's intent is to build a family resource and support system around all at-risk children so as to have kinship placement resources more readily available in the event that a home removal is necessary.

CFSA's ongoing agreement with the state of Maryland allows CFSA social workers who are licensed in both Maryland and in the District to temporarily license kinship caregivers in Maryland, thus eliminating the need to place children in non-relative care pending the completion of a home study and licensing process on the kinship caregiver. With the temporary kinship licensure agreement, CFSA can place children with kinship caregivers following a criminal background check while the rest of the home study process is completed within 120 days of placement.

The District's capacity to maintain children with their birth families has also been strengthened through the Grandparent Caregivers Program.¹⁰ When parents are unavailable to take care of their children, grandparents often step in. The Grandparent Caregivers Program provides monthly financial assistance on a first-come, first-served basis to low-income grandparents and granduncles and aunts residing in the District of Columbia who are raising grandchildren, great grandchildren, or great nieces or nephews outside the child welfare system. In FY 2007, CFSA received \$4.5 million in local dollars to fund the program, which continues into FY 2010. As of April 30, 2010, the program was running at capacity with 393 families and 421 children, which includes 55 children newly enrolled during this calendar year.

Guardianship

In April 2010, the DC Council passed the *Adoption & Guardianship Subsidy Emergency Amendment Act of 2010*, which extended the duration of subsidy payments until age 21 years for cases of youth who achieve permanency in the District through adoption or guardianship.¹¹ Prior to the passage of the law, adoption and guardianship subsidies ceased when the youth reached 18 years of age, but foster care payments for youth who remained District wards could continue until the child reached the age of 21 years. This major local legislation aligned the respective durations of foster care payments and subsidy payments and removed a long-standing subsidy disparity viewed by many local child welfare stakeholders as a barrier to permanency.

Placement Redesign and Implementation

The over-arching theme of the Placement Services Administration (PSA) redesign is to increase uniformity and effectiveness of practice surrounding placements, and to enhance accountability among all stakeholders who have a role in maintaining placement stability for a child in foster care. The PSA's first move was to centralize its approach to foster care placements to improve placement stability and positively impact permanency and well-being outcomes for children. Then, beginning in 2010, it implemented a utilization review format to identify the extent to which contracted beds are or are not being used. The PSA will now have the capacity to reduce contract commitments with providers who are under-utilized while increasing placement of children among those providers who demonstrate high utilization. In addition, a uniform definition of "planned" versus "unplanned" moves will help limit the frequency with which youth can be moved within a provider's network. There is also a renewed focus on youth who are transitioning to the least-restrictive and most family-like setting, and to permanency. The following key design elements are included in the redesign:

- *Five-day Assessment Phase for All New Removals* – In the five days immediately following a child's removal from the home, CFSA will engage in a formal intensive information gathering and placement "diagnostic" assessment period to properly inform case stakeholders of the individualized needs and available resources for the child. All information will be shared during the FTM.

¹⁰ The program was implemented with the *Grandparent Caregivers Pilot Program Establishment Act of 2005*, which became effective on March 8, 2006.

¹¹ This applies for adoptions or guardianships that are finalized on or after the effective date of the *Adoption and Guardianship Subsidy Emergency Amendment Act of 2010*, which was passed on April 20, 2010; eligibility for subsidy payments under this section of the Act may continue during the period of the guardianship order until the child reaches 21 years of age.

- *Placement Resource Intake Meetings* – Within 72 hours of a child’s placement or re-placement, CFSA will require social workers to convene formal Placement Resource Intake meetings with the foster parent (or facility staff) and the child for the specific purpose of exchanging critical child-specific information, and for ensuring uniformity of understanding service needs, treatment expectations, and roles and responsibilities for all participants. This new process step will increase accountability and enhance communication among the social worker, foster care provider, and child or youth.
- *Placement Resource Utilization Review* – CFSA will be completing quarterly reviews of placement utilization against placement capacity to adjust contracted capacity as necessary.

Expanded Placement Capacity

The Agency has increased the range of available placement options over the past year in the following placement settings: teen parent programs, the Teen Bridge program, group care for developmentally delayed children, and therapeutic and traditional family-based foster care. The acquisition planning projected for the year is expected to culminate with implementation of the Human Care Agreements. With respect to placements in out-of-home care, CFSA’s mandate is to place children and youth in the least restrictive and most family-like settings possible. CFSA has in place a cadre of specialized foster care settings that reduce placements in congregate care settings and promote placement stability:

Stabilization and Respite (ST*A*R) Homes

ST*A*R homes provide around-the-clock placement capability for any child or youth who is medically cleared for placement and not in need of acute psychiatric services. ST*A*R homes also provide placement following initial home removals, placement disruptions, returns from abscondence, and/or other circumstances where a child may require emergency assistance. The program is designed to serve children and youth of any age, but most children in ST*A*R beds are teenagers. In addition, the ST*A*R Program provides 5-to-10day emergency placements in a family setting for children who come into placement after regular work hours (average stay = 7 days). During this time, services and resources are put into place to facilitate a smooth transition into an appropriate foster home. The first ST*A*R home opened in August 2006. Currently, CFSA has 12 ST*A*R beds throughout the District. Note: due to provider retirements, there was a reduction of 6 slots from 19 in FY 2009. The Agency is in the midst of an intensive recruitment effort to raise the number of available slots back to 18 for this integral and very successful foster care model.

Placements for Medically Fragile and Developmentally Delayed

To address the particular needs of medically fragile (MF) and/or developmentally delayed (DD) children in need of placement, the Agency has 35 available MF/DD beds with plans to increase the number of available slots to 50 during FY 2011. These family-based caretakers are specially trained and equipped to deal with the sensitive and complex needs of medically fragile children. CFSA also contracts for 51 congregate care slots for those children whose needs are too acute for family-based care. Five of these slots are designated for medically fragile while the remaining 46 are for children with developmental disabilities.

Teen Bridge Program

Designed to serve teens that are in need of support and assistance to prepare for independence but not ready for traditional Independent Living Programs (ILPs), the Teen Bridge Program bridges the gap between ILPs and traditional group homes. Staffed by workers who are trained to become familiar with the particular needs and challenges of the residents, the program has proven highly effective at stabilizing volatile placement situations. Typically, residents have had behavioral issues in previous placements, and most have been in foster care for years. Many tried traditional ILP placements and did not adjust well to the lack of structure. Although the program started as a pilot for females in FY 2007, it expanded to males in FY 2008 and increased capacity for both populations in FY 2010.

Teen Parent Program

Providers in the Teen Parent Program work with CFSA social workers on achieving sustainable safety, permanency and well-being for young mothers as well as their children.

Placements for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth

CFSA expanded capacity within the family-based foster care model to address the particular needs of the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population by identifying foster homes open to this group of young people. In the upcoming solicitation for family-based foster care, CFSA also noted its need for placements that can accommodate LGBTQ youth. In the interim, CFSA has negotiated with one of its existing vendors and is implementing a program for male youth who self-identify as LGBTQ.

Priority Initiatives in FY 2010 – FY 2011

Human Care Agreements: Congregate Care and Family-Based

Historically, CFSA's primary contracting vehicle with the provider community has been through competitive, sealed proposals in response to Requests for Proposals (RFPs). In FY 2010, CFSA has shifted away from traditional contracting methods and is now moving toward the use of Human Care Agreements (HCAs) to procure placement resources. Providers must demonstrate capacity to meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive outcomes for children and youth in foster care.

Prospective providers must demonstrate capacity to ensure that children are provided services which employ a family-centered approach to care; ensure culturally competent services that build upon ethnic, socio-cultural and linguistic strengths; utilize community-based services to assist youth in maintaining connections with schools, churches, friends and family members; and develop a community-based network of services and affiliations that will facilitate supportive services for youth and their families in their community of origin as well as their community of placement.

The use of HCAs is expected to support expansion of the existing range of placement providers, giving CFSA more flexibility and choice in identifying placements for children that best respond to their individual needs.

Development of Step-down Resources

CFSA continues to seek options for step-down placements to facilitate a youth's entry into or exit from an RTC. Currently, the District's Psychiatric Institute of Washington (PIW) has a step-down unit for youth referred through the Department of Youth Rehabilitation Services and the Health Services for Children with Special Needs (HSCSN) program. CFSA is in early discussions with the District's Department of Healthcare Finance to determine whether fee-for-service Medicaid can be utilized to reimburse the costs associated with referrals of CFSA-involved youth to PIW's step-down unit.

Office of Youth Empowerment

In FY 2009, CFSA-involved youth played a key role in the program redesign of the Office of Youth Development (OYD) into the Office of Youth Empowerment (OYE). Beginning with a "listening tour" of youth in foster care that was conducted during the summer by a group of teens, the redesign incorporated the findings from this activity to directly influence CFSA's plans and actions. Highlights of the youth's needs and preferences are already playing an integral role in shaping OYE, including the following goals for tailored service delivery:

- Improved engagement of youth in skills development programs and permanency planning.
- Stronger partnerships between OYE staff and case-carrying CFSA and private agency social workers to expedite older youth to permanency while promoting a full complement of life skills.
- Establishment of a service and consultative resource for case-carrying social workers.

As part of the reform of its organizational structure and service delivery, some OYE social workers will maintain case management responsibility for youth between the ages of 18 and 21 who have a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA). OYE social workers who no longer carry cases will serve as consulting partners to expand services to reach youth who are case managed by other administrations and private agencies. This integrated approach is intended to reach and positively impact a greater number of youth than the former structure, and to reduce the number of youth with the goal of APPLA. OYE social workers will also be developing and administering an array of services that social workers and youth can access in support of permanence, well-being, and mastery of life skills. With the changes to its structure and approach to service delivery, the OYE is building capacity to be more supportive of youth in care and more effective in preparing them in their transition to self-sustainability and adulthood.

Implementation of Nurse Care Management Program

Beginning July 1, 2010, CFSA will be augmenting the Healthy Horizons service array with Nurse Care Managers. The Nurse Care Management (NCM) Program is a Targeted Case Management model that facilitates access to medically necessary health care and related social, educational, and other services for children within the District's out-of-home foster care

population. The NCM Program is designed to provide management and support specific to necessary medically or clinically related social, educational, and other service aspects of health needs. The Program is expected to improve child health and well-being through effective and consistent collaboration with team members.

Within the NCM model, registered nurses are responsible for carrying out the following activities to support child health and well-being:

- Completing multidimensional assessments.
- Updating case plans of care to address medical, educational, social, and/or any unique needs.
- Coordinating, facilitating and implementing health services.
- Educating clients and providers about activities supportive to health and any related social and educational outcomes (health promotion).
- Monitoring and evaluating service outcomes and patient progress.
- Advocating for options and services to meet individual health and medically or clinically related social, educational, and/or other needs in a comprehensive and proactive manner through communication, linkage, and resource availability to promote quality and cost-effective outcomes.

Summary of Action Steps for Meeting Desired Placement Targets by June 30, 2011

Action Step #1: Implement Human Care Agreement Process of Procurement

- Finalize task orders for all Human Care Agreements to be awarded in FY 2011.
- Beginning in 2010, a quarterly utilization review of available placement beds will be developed and implemented, categorized by provider, type of placement, and access patterns.

Action Step #2: Continue Expansion of Range and Capacity of Placement Options

- Children will be in the least restrictive, most family-like setting appropriate to his or her needs through CFSA:
 - Increasing kinship placements via the permanency strategies of the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Stakeholders Group, e.g., through identification of and responses to barriers that may delay placement of youth with kin outside of the District.
 - Continuing targeted foster home recruitment to include special populations, e.g., sibling groups, medically fragile or developmentally delayed children, and LGBTQ youth.
 - Procuring specialized categories of congregate care to increase capacity of the Teen Bridge and ST*A*R programs, as well as identify step-down resources for children entering or exiting residential treatment.
 - Procuring specialized categories of family-based care to increase placement options for teen parents, sibling groups, and older youth.

Action Step #3: Integrate Health and Social Services Planning Through the Nurse Care Management Program

- There will be a minimum 10% increase in the number of children in foster care that receive a full medical evaluation within 30 days of placement. There will be a minimum 10% increase in the number of children in foster care that receive a full medical evaluation within 60 days of placement through:
 - Implementing the NCM program for all new entries to foster care beginning July 2010.
 - Implementing a phased-in approach for all children in foster care at time of NCM program launch.

Action Step #4: Finalize & Implement Restructured Office of Youth Empowerment

- By June 30, 2010, the Office of Youth Empowerment in partnership with CFSA and private agency social workers will begin facilitating Youth Transition conferences to plan for transition to adulthood and to explore other appropriate permanency goals for youth ages 18 to 20 that currently have an APPLA goal and no permanent or potential connection to an adult.

B. PLACEMENT STABILITY

The Need

Supportive services for resource families are essential to promote placement stability for children. Establishment of supportive networks for foster and adoptive parents, along with tailored parenting education (e.g., child-specific coaching, responding to grief or loss in children, child development [age-based], behavioral issues, etc.) was identified during the *2009 Needs Assessment* as a means to keep resource families feeling supported and to encourage peer support and feedback outside of the formal Agency supports. CFSA workers and external stakeholders indicated that while placement resources have increased, the range of available placement options remains challenging. In particular, there are ongoing placement needs for older youth, sibling groups, those who identify as LGBTQ (lesbian, gay, bi-sexual, transgender or questioning), and youth with behavioral challenges. We also found RTC placement for youth who exhibit disruptive behavior (for example, chronic abscondence, promiscuity, being verbally and/or physically threatening, etc.) may not always be appropriate yet these youth still require a structured setting that is likely beyond the scope of a family-based provider, particularly in the absence of strong support services to help manage the behaviors and stabilize the placement.

Other supportive services include foster parent support workers that assist District-based parents as well as the Foster and Adoptive Parent Advocacy Center (FAPAC), an instrumental partner that fosters open discussion of the issues and concerns of the District's foster parents. The DC Metropolitan Foster and Adoptive Parent Association is another partner through which foster and adoptive parents find support through sharing common experiences, challenges and successes as CFSA resource parents.

Current Initiatives

Improved RTC Discharge Planning

CFSA's efforts to support placements in Residential Treatment Centers (RTCs) have been augmented by the Agency's own practice shift to focus on discharge planning immediately upon

a child's entry into an RTC. With the Department of Mental Health (DMH), CFSA has instituted regularly scheduled staffings (30, 60 and 90 days of entry into placement) throughout a child's placement in an RTC to bring all involved parties to the table for appropriate planning in advance of discharge, and to ensure the necessary supports and services are in place as part of the transition back to the community. This includes planning for school placement and wraparound mental health services. District-wide protocols are being developed to provide guidance on what is required for entry into a residential placement, along with expectations during treatment and upon discharge.

Ombudsman

CFSA created an ombudsman position to respond to concerns and receive recommendations from children, youth, birth parents, foster parents, kinship providers, and adoptive parents regarding CFSA services. Though current financial constraints do not allow for funding of the position, the Director's Special Assistant currently serves in the role. A function within the Office of the Director, the Office of the Ombudsman conducts independent reviews of complaints. The Ombudsman works closely with the community in resolving highly complex issues that are not otherwise resolved within CFSA's administrations. In some situations, the Ombudsman will discern issues and concerns and work closely with the CFSA Senior Leadership Team, private agency administrators, and the Agency Director in providing final resolution. The Agency is committed to maintaining partnerships and responds to concerns with respect and a sense of urgency. Having a direct liaison to address concerns provides resource families with an added support to stabilize placements.

Foster Parent Family Support Workers

Family Support Workers (FSW) provide supportive services to prepare foster parents for their service to children and families in the District, and also to prevent the disruption of a beneficial foster care placement in order to maintain stable placements for children and youth. The FSWs are assigned specifically to the foster care provider and not to the children placed in the home. Facilitation and/or support for the following services are provided to foster parents:

- Training (pre-service and in-service), screening, and licensing.
- Participation in family involved meetings as a valued member of the child-specific team.
- Crisis intervention services to de-escalate circumstances or dynamics that threaten the continuity of a particular placement.
- Referrals for mental health support services to access emergency assistance from qualified professionals.
- Referrals for specialized services, such as child care services for working foster parents, educational assessments, tutoring, or transportation to medical and other appointments.
- Application support for respite services through the *Work of Heart* respite care program.
- Linkage and funding for mentoring, tutoring, and/or summer camps for school-age children and youth.
- Linkage to local support and/or advocacy groups such as the Foster and Adoptive Parent Advocacy Center or the DC Metropolitan Foster and Adoptive Parents Association.

Work of Heart Respite

The *Work of Heart* Respite Program is a voluntary program funded by CFSA that provides respite care services at no cost to CFSA foster parents who have completed an application for

respite care. The Program matches requesting foster families with volunteer Respite Care Families and services, including monthly one-day respite on weekends and monthly overnight respite during the week or on weekends. During “respite time” the *Work of Heart* Program staff or volunteer family supervise children in licensed respite homes. The program has proven to be a significant resource for families and responds directly to the need for respite support that many foster parents have identified.

Re-Entry Report

In March 2010, CFSA’s Quality Assurance (QA) unit undertook a case record review of 107 children identified as having re-entered care during fiscal year 2009 (October 1, 2008 through September 30, 2009). A review tool was developed to record information on dates of placement, types of placement, family involvement, services offered and utilized, as well as the underlying causes of each removal episode. The tool was field-tested and utilized for all of the reviews to ensure consistency among reviewers.

Out of a total universe of 107 re-entries identified, 86 were determined to be re-entries according to the following definitions:

- There had been an initial removal that was supported and maintained by the court. (Children who were detained but returned home at or before the first court hearing were not considered removed.)
- The child was returned to a parent or guardian, or achieved permanency through adoption or guardianship. For the purposes of this study, reunification was considered to be achieved if the child was returned home with or without continued court involvement or CFSA oversight.
- There was a subsequent removal from the home with the same restrictions as the initial removal where the child had earlier achieved permanency.

Preliminary review of the findings does not indicate a universal trend that contributed to the number of re-entries in 2009. Although situations were found whereby plans for services to continue after permanency or reunification did not appear to have been clearly discussed with the family, these comprised a minority of the re-entries for the year. The findings do support, however, the identification of common stressors that may have served to make disruption or re-entry more likely. The large number of re-entries which appear to be linked to the child or youth’s behavior or mental health needs also suggests that either better coordination with service providers or more immediate access to services for teens might serve to reduce the number of re-entries in the future. It is worth noting that a relatively small number of re-entries on closed cases occurred within twelve months of permanency, suggesting that workers and families might not be aware of the severity of problems these families will face as time goes on.

Of note, a majority of the children who re-entered had spent time in non-relative placements while in foster care, and almost half of them were not placed with siblings. Although re-entries also occurred among those children placed with kin and with siblings, the added complications and trauma that occurs for both the children who are placed with a foster family, as well as the biological parents who “lose” their children to a foster family, may make it more difficult for this population to readjust to daily life as a reunified family unit.

Next steps include finalizing the report and identifying those areas of need that can be addressed through current initiatives designed to strengthen the transition both for children coming out of foster care and for families embracing the child's return. These transitions must be thoughtfully carried out with ongoing access and utilization of post-permanency services and supports.

Priority Initiatives in FY 2010 – FY 2011

Expanded Placement Capacity

See above.

Supportive networks for foster and adoptive parents.

In response to ongoing feedback regarding the establishment of supportive networks for foster and adoptive parents, the Agency has engaged the National Resource Centers (NRCs) for Foster Parent Recruitment and Retention, as well as Permanency and Family Connections, to develop "foster parent neighborhood associations". These associations would be akin to a community organizing process for resource parents that contributes to sustained relationships and networks of formal and informal supports. This innovative approach to engaging the resource parent community has begun with a series of listening tours to identify what supports and services are consistently used, gaps in services that may exist, and recommendations or suggestions for how to pull available resources together. Feedback from staff, resource parents and foster parent advocates has provided some preliminary input on the structure that is required to support this level of sustained community engagement on a large scale. Next steps include soliciting input from youth and developing a work plan to address the findings from the NRCs.

Summary of Proposed Action Steps to Be Achieved By June 30, 2011

Action Step #1: Complete Implementation of Placement Services Redesign

- Beginning 2010, CFSA will centralize all placement decisions within the CFSA Placement Administration eliminating all moves between and within private agencies without CFSA approval.

Action Step #2: Continue Efforts to Minimize Disruptions and Increase Stabilization of Existing Placements

- Expand use of family-involved meetings throughout the life of a case.
- Implement community-organizing approach to establish supportive neighborhood-based networks for resource parents.
- Provide technical assistance to providers outside of the District to support resource families.

III. NEIGHBORHOOD AND COMMUNITY-BASED SERVICES

The Need

Neighborhood and community-based services remain a critical part of the family support infrastructure in the District and frequently act to prevent child abuse or neglect by providing universally accessible services to families in their communities. The top service needs singled out by the In-Home and Permanency Administration social workers in the *2009 Needs*

Assessment mirror those identified in previous needs assessments. Although the District has addressed some of these needs, which were identified previously, there are ongoing unmet service and resource needs for the in-home family population. These gaps reflect District-wide trends in limited resources and limited availability of critical services, especially in regard to substance abuse, domestic violence, housing, and infant childcare:

- ❖ *Substance Abuse Treatment* – Social workers identified this need as the most pressing for helping families and preventing foster care placement of children.
- ❖ *Housing* – Adequate, available and affordable housing in the District continues to be a widespread problem that has a negative impact on permanency.
- ❖ *Infant Child Care* – Similar to housing, affordable and accessible childcare in the District of Columbia is a widespread issue with a long history.
 - Infant care centers only have the capacity to serve less than 4,000 (30%) of the 13,000 children younger than age two in the District.¹²
- ❖ *Family Counseling*– Although individual counseling for parents or children may be necessary, family counseling was indicated as a particular need for in-home families. This was identified as a need for families to prevent entry as well as re-entry.
- ❖ *Domestic Violence Safety Planning and Counseling* – In order to sustain the safety of children in families, social workers expressed a need for more support when responding to domestic violence concerns. This included being able to develop safety plans and ongoing assessment of risk, as well as enhance their overall comfort level with recognizing and responding to indicators of domestic violence.
- ❖ *Parenting Skills and Support* – Focus groups highlighted the need for tailored parent education and support, including discipline techniques that acknowledge cultural differences, hands-on parenting skills, mentoring, and basic skills development (homemaking, budgeting, cooking, grooming, etc.).

In addition to the above, respondents expressed a need for greater community education and engagement on definitions of child abuse and neglect:

- Promoting community awareness of, and education around, child abuse and neglect was a need identified by over a quarter (26% or n=9), of In-Home social workers.
- In-Home and FTM staff as well as birth parents all raised concerns regarding the need to educate the public on the District’s child abuse and neglect laws. This was tied to practice around cultural sensitivity and appropriate disciplinary techniques.¹³

Current Initiatives

Prevention Programs

¹² “No Time to Wait: Ensuring a Good Start for Infants and Toddlers in the District of Columbia,” a special report by the Task Force on Strategic Planning for Infant and Toddler Development, Mayor’s Advisory Committee on Early Childhood Development, 2007.

¹³ It should be noted that this feedback was obtained prior to the passing of the *Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2010* - community education and understanding of the legislation and its impact will be essential to ensuring parents are fully informed about the implications of alleged educational neglect.

CFSA's grant-making authority under the *Child and Family Services Agency Grant-Making Amendment Act of 2008*, DC Law 17-199 (effective July 18, 2008), has afforded the Agency the opportunity to seek out evidence-based models or promising practices designed for District of Columbia children, youth and families who may be at risk of involvement with CFSA or who are currently receiving services from CFSA. Through the grant-making process, CFSA has sought to expand the current array of child abuse and neglect prevention and intervention resources, and to develop a network of community-based providers who are committed to meeting the needs of the District's children and families.

The primary goal of the grant-funded programs is to prevent the entry and reduce re-entry of families into CFSA through the provision of specialized services that promote protective factors that can reduce risk, build family capacity, and foster resilience. These factors lead to improved outcomes for children and parents and a reduction in the incidence of child abuse and neglect. The array of CFSA grant-funded programs over the past year includes home visiting programs for families with children ages 0-5, parenting education, a father-child attachment program, and release of a city-wide prevention plan.

Partnership for Community-Based Services

In FY 2009, the relationship between CFSA and its Healthy Families/Thriving Communities (HFTC) Collaborative partners broadened in an innovative way through implementation of the Partnership for Community-Based Services (PCBS). This initiative co-located 10 units (social workers and supervisors) of CFSA's In-Home and Permanency Administration out into the community offices of the Collaboratives. For those cases that require dual interventions¹⁴ from both CFSA social workers and Collaborative Family Support Workers, the PCBS means increased communication and efficiency in case practice, and improved service delivery and outcomes for at-risk children and families. The Partnership is a major milestone toward achieving goals set forth in CFSA's PIP, particularly improving practice with regard to engaging families, and especially fathers and paternal kin. A significant benefit of having CFSA and Collaborative workers located together has been increased communication and teaming on cases as well as early identification of risk factors where joint efforts can contribute to stabilizing the family.

In addition to providing essential case management and supportive services to families, another important element in the HFTC Collaborative service structure is community capacity building. Having CFSA social workers in the community has increased their understanding and awareness of available resources and service needs among the families within the community. The Collaboratives engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents. Community capacity building is intended to foster and/or improve collaboration among

¹⁴ Criteria for dual intervention under PCBS include: families at risk for removal, large families that include 5 or more children, families that have multiple service needs (e.g., parenting, mental health, homemaker, housing, job training, substance abuse, employment, and daycare), families with child fatality history, cases where CFSA has difficulty locating families. In the second year of PCBS, CFSA will further define the roles and responsibilities of CFSA and Collaborative workers as outlined in the PCBS Implementation final report.

neighborhood service providers, strengthen the provision of direct services, and improve the ability of communities to respond to resident needs.

Mental Health

During the past year, CFSA and the Department of Mental Health (DMH) have continued implementation of their multi-year plan to build the District's capacity to effectively meet the mental health needs of children and youth in foster care. As detailed in the 2009 RDP, the plan integrates action steps to expand the repertoire of available services, targets increasing reimbursement rates to ensure appropriate service compensation, and expands the number of potential service providers through provider requirements, training, and incentives. CFSA has continued to work alongside DMH during FY2010 to develop capacity with the following additional local mental health services:

- *Crisis Mobile Response*: Services are immediately put into place to prevent placement changes by stabilizing a child's in-home living situation or foster home placement. In the event that the child needs to be removed, 4 Crisis Beds are available for short-term, emergency placement.
- *Choice Providers*: Through contracts with DMH, providers have formed a dedicated network of mental health providers to provide diagnostic, assessment, and therapy services to CFSA clients and parents in DC and Maryland.
- *DMH Assessment Center*: CFSA and DMH made psychiatric, psychological, neuropsychological, and psycho-educational assessments available for CFSA youth at the Assessment Center.
- *Co-located Staff*: DMH clinicians co-located at CFSA to perform mental health status examinations of children and youth entering CFSA's care and custody.
- *Community-Based Wraparound Services*: Youth at risk for placement in a Residential Treatment Center or who have experienced multiple placement disruptions, receive community-based interventions to prevent the need for more restrictive placements.
- *Family-Based Education and Support Services*: CFSA contracted with Total Family Care Coalition (TFCC) to provide this service.
- *Trainings*: Functional Family Therapy (FFT), Parent Child Interaction Therapy (PCIT), Child Parent Interaction Therapy, and Trauma-Focused Cognitive Behavioral Therapy.

The District's Department of Mental Health also funds the Children and Adolescents Mobile Psychiatric Services (ChAMPS) program, which provides timely, 24-hour, 7 days-a-week intervention for youth facing a behavioral or mental health crisis. ChAMPS is free to any child residing in Washington, DC, including any DC children in the foster care system who are placed in Maryland, or DC families receiving in-home services through CFSA. The primary goal of the program is to help keep children in their homes while helping them manage extreme emotional behavior. The ChAMPS' highly trained crisis teams are deployed to the home to assess the situation and to determine the best course of action. If needed, ChAMPS has respite beds available for children and parents who need a very temporary break in order to mitigate the crisis and stabilize the home situation. The service is intended not only to help avoid unnecessary visits to the emergency room or phone calls to the police, but also to mitigate disruptions and prevent home removals and subsequent placement into substitute care.

Domestic Violence

In February 2010, CFSA promulgated an administrative issuance for Ongoing Assessment of Families Impacted by Domestic Violence. The issuance guides social workers on how to appropriately engage families dealing with domestic violence, and how to periodically measure and assess risk. Moving forward, the Agency has established an agreement with Survivors and Advocates for Empowerment, Inc. (SAFE) to provide immediate access to resources and support services for clients and families impacted by domestic violence. Effective June 2010, CFSA and private agency social workers can refer clients to SAFE, Inc. 24 hours per day, 7 days per week to access the following services:

- Legal information and protection orders
- Safety planning assistance
- Emergency financial assistance
- Emergency cell phones
- Access to immediate emergency shelter
- Access to the after-hours emergency temporary protection order process
- Assistance with applications to the Crime Victim's Compensation Program (CVCP)
- Transportation assistance
- Assistance with baby and/or children supplies as needed
- Assignment to a SAFE Advocate at the court for the duration of their case

The Office of Clinical Practice (OCP) and SAFE will provide training for CFSA and private agency staff throughout the year. The following training topics will address working with both victims and perpetrators:

- Domestic violence overview – definitions and prevalence
- Interviewing, screening and assessing risk
- Safety planning
- Legal aspects
- Resources and referrals

The above SAFE services and training allows the Office of Clinical Practice to respond to the needs of staff by streamlining the role of the Domestic Violence Specialist to focus efforts more on supports and consultation to social workers. This increased focus on the specific skills and needs of social workers will support the advancement of the worker's knowledge base as well as his or her awareness of effective engagement during investigations or in open cases where domestic violence issues are identified or suspected.

Substance Abuse

CFSA's partnership with the DC Department of Health's APRA and the DC Family Court to administer the Family Treatment Court Program continues to allow mothers with substance abuse issues to attend to their recovery and sobriety while developing parenting skills in a supportive and family-focused residential treatment program. Under the terms of a Memorandum of Understanding (MOU) with APRA, CFSA is maintaining its investment

(\$900,000) to support this program which has the capacity at any point in time to serve up to 18 women and their children (maximum of 4 children under the age of 10).

APRA is currently restructuring its own approach to the delivery of substance abuse services in the District. In order to take advantage of this opportunity for developing cross-agency protocols, CFSA has begun discussions with APRA to streamline referrals and increase access to needed services. Specifically, CFSA continues to engage APRA for increasing access to adolescent treatment programs in the District, including residential services.

Housing

In collaboration with the Community Partnership for the Prevention of Homelessness, CFSA and the Healthy Families/Thriving Communities Collaboratives implemented the Rapid Housing Program (RHP) in FY2005. The RHP provides housing resources and support to families whose barrier to reunification is a lack of housing, and also provides support services to youth who are aging out of foster care and transitioning into independent living and adulthood. In addition to offering financial assistance with rent and other move-in costs, the Rapid Housing Program offers assists with utilities, furniture, support services, budget planning and credit counseling. A temporary moratorium of RHP funding in FY2009 resulted in maintenance of existing clients but did not allow for referrals of new clients. Without the RHP supports, potential outcomes for families and youth include homelessness, inadequate and/or unsafe living conditions, re-entry into the child welfare system, involuntary displacement and/or involvement in harmful relationships for the sake of having housing. There are on average 80 families per year for whom lack of affordable housing either prevents permanency or places children at risk for coming into foster care. In FY 2010, the DC Council restored funding for the Program, allowing CFSA to take on new clients. Thus far, CFSA has served 4 families with a total of 9 children, and an additional 13 emancipating teens (including 12 children). CFSA has modified its eligibility criteria and per client assistance limits for the program through the end of the fiscal year to accommodate families and youth whose job prospects have declined in the current market.

Since FY 2006, CFSA has continued to invest funds in the Family Treatment Court (FTC) Transitional Housing Program to support women in recovery who are exiting residential substance abuse treatment with their children. Annually, the Agency awards approximately \$90,000 in grant funds to support housing for these mothers. The Program serves to prevent family disruption due to a lack of housing upon transition from residential treatment. Services are focused on meeting the needs of the FTC clients who require stable housing after transitioning into community-based continuing care. Upon discharge from the program, each family will have received the services and support to attain stability in housing, work, recovery, and to become contributing members of their immediate community.

Early Childhood

Over the past year, CFSA has continued its linkages with early childhood and maternal health and maintained an inter-agency Memorandum of Understanding (MOU) between CFSA and the Office of the State Superintendent of Education, and the Office of Special Education, Infants and Toddlers with Disabilities Program. Under the terms of the MOU, the agencies established a

process to ensure early intervention referrals and developmental delay screenings for children under age three who have been the victims of substantiated child abuse and/or neglect.

In the area of maternal and child health, CFSA's most promising approach has been the expansion of Healthy Families Healthy Start services in Wards 5, 6, 7 and 8 – the Wards with the highest incidence of substantiated child abuse and neglect in the District. Utilizing grant funding from CFSA, this program serves to prevent the entry of families into the District's child welfare system through the provision of intensive long-term home visitation and community-based services. CFSA is also a participant on the District's Home Visiting Council and is working closely with the Department of Health in an effort to respond to federal requirements for maternal and child health home-visiting program dollars. Federal law requires all states to identify at-risk communities, assess the quality and capacity of existing early childhood home-visitation programs, assess capacity for providing substance abuse treatment and counseling services, and coordinate with any other needs assessments required under the Head Start Act or the Child Abuse Prevention and Treatment Act.

CFSA is also an active participant in the District's Council on Young Child Wellness, which is meant to address the healthy development and wellness of all young children ages 0 - 8. Information is currently being gathered to develop an early childhood strategic plan that will outline how programs, systems and funding streams should be better coordinated in order to promote the health and wellness of these young children and their families.

Priority Initiatives in FY 2010 – FY 2011

Expansion of Prevention Resources

In order to ensure that CFSA employees and other members of the general public are equipped with the knowledge and tools necessary to recognize the signs of child abuse and neglect and to make a report when appropriate, CFSA will continue to promote the online mandated reporter training at <http://dc.mandatedreporter.org>. CFSA has heavily promoted the use of this training both for mandated reporters and for community members because of its reliance on reports to the Hotline (202-671-SAFE) to protect children and youth who may need help. As a result of the training's accessibility, the local safety net is automatically strengthened.

In April 2010, as part of Child Abuse Prevention Month activities, the District launched a three-year initiative to coordinate public, private, and community efforts to strengthen families as a means of preventing child abuse and neglect throughout the city. *A Call to Action: The District of Columbia's First Child Abuse and Neglect Prevention Plan* describes the District's strategy for raising awareness about child abuse and neglect, investing in approaches that support healthier children and stronger families, and measuring outcomes of investments. Building on the CFSA's 2006 Prevention Assessment, the city's first child abuse and neglect prevention plan will integrate prevention efforts into a long-term strategy to promote healthier child development and stronger families, thereby reducing the risk and incidence of child maltreatment. Over a three-year period, the plan seeks to improve the effectiveness of support for families by more closely aligning District government and community programs. The initial implementation phase will involve the following activities:

- **Aligning District and Community Services** - The District will create an inventory of existing child abuse and neglect prevention programs as a baseline of citywide capacity. The inventory will identify service gaps and prevent the duplication of efforts by future initiatives.
- **Measuring Outcomes to Ensure Resources are Used Effectively** - The District will establish an evaluation process for government and community programs, both to assess achievement of desired outcomes and to determine the efficacy of the District's financial investment.
- **Raising Community Awareness and Seeking Input** - Through a variety of outreach efforts, the District will introduce and discuss the plan, raise public awareness, and engage the community in helping to prevent child abuse and neglect.

The Statewide Commission on Children, Youth and Families (formerly the Interagency Collaboration and Services Integration Commission) worked with the national advocacy organization Prevent Child Abuse America to develop the District's plan. Under the Deputy Mayor for Education, the Commission functions as the body many states call a "Children's Cabinet", regularly bringing together over 25 District government agencies to focus on specific goals that support positive outcomes for children from birth to adulthood. The Commission will play a major role in governing the citywide prevention plan, along with the Mayor's Advisory Committee on Child Welfare.

During the final quarter of FY2010, CFSA will be awarding up to five 3-year grants to community-based organizations under the Parent Education and Support Project. The Parent Education and Support Project is designed to support evidence-based and promising practice models that are strength-based, family-centered and that combine both individual and group approaches. Outcomes include sustained engagement of parents in specialized parent education programs and development of ongoing program or peer support post-intervention.

CFSA has also approached the faith-based community about education of its congregations on child abuse and neglect. The response has been positive and they are willing to assist with the implementation of forums. One local foundation has indicated willingness to fund CFSA's faith-based initiative to educate the community on its role in prevention.

Differential Response

Over the past year, and moving into FY 2011, CFSA's priorities have focused on the development of a differential response model for responding to child abuse and neglect. CFSA serves as the leader in the development of a Differential Response Implementation Workgroup. Differential Response (DR) is a practice approach within CPS that allows for more than one type of response to initial reports of child abuse and neglect. Over the past several years, CFSA has experienced a significant increase in the number of child abuse and neglect allegations. This increase has led to CFSA's interest in exploring DR as a means to provide families in crisis with services in a comprehensive and empowering manner, thus reducing the risk for abuse or neglect. CFSA has engaged the various human service delivery systems in the District in a plan that will result in the development and implementation of a District-wide differential response model. Through implementation of this model, CFSA and other District agencies and community partners will seek to achieve improved safety of children; deepen engagement with families;

increase family and employee satisfaction; and establish a continuum of services that consists of government, community-based, and neighborhood resources. The important work that will continue over the next year will allow for a more appropriate, expeditious, and coordinated response to children and families in need of support and intervention.

Summary of Proposed Action Steps to Be Achieved by June 30, 2011

Action Step #1: Expand Prevention Activities

- Maintain existing array of grant-funded prevention programs through identification of local and federal prevention funding.
- Finalize Parent Education and Support Project grants to support expansion of parenting programs in the District beginning in FY 2010.
- Continue partnerships with District agencies and community-based organizations to implement the citywide Prevention Plan.

Action Step #2: Implement Differential Response Model of Child Abuse and Neglect Intervention

- In 2010, finalize implementation plan through the District-wide workgroup.
- Beginning 2010, engage community partners and staff through workgroups required for the implementation planning and program evaluation.

Action Step#3: Continue Partnerships with District Agencies and Community-Based Organizations

- Beginning 2010, implement inter-agency agreements to address needs related to mental health, substance abuse, housing, domestic violence and other areas.
- Families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up.
- CFSA will convene the joint Implementation Committee and implement within fiscal restraints the findings of the recently completed Partnership for Community Based Services (PCBS) First Year Evaluation Report to enhance and sustain the functioning of the PCBS.

IV. FOSTER AND ADOPTIVE PARENT RECRUITMENT, TRAINING AND RETENTION

The Need¹⁵

CFSA's emphasis in developing additional neighborhood-based foster care and adoptive resources will be on homes in the District in order to help children maintain family and community ties, and to increase the likelihood of their continuing to attend their neighborhood schools. CFSA has also been working with its current foster and adoptive parents to address and reduce the barriers to permanency. CFSA's and its partners' efforts toward developing and promoting services for its system-involved families are also directed at developing supports for foster family homes and providers. Since FY 2005, most of the supportive services that CFSA

¹⁵ See also Section II. Placement Stability.

funds and makes available to foster parents are now available to adoptive parents. For example, the Post-Permanency Center (*see below*) offers an array of services and referral capability aimed at family stabilization and strengthening. It is available as a first stop for foster parents and newly adopted children for whom the transition is stressful or difficult.

Despite the numerous support services and activities that CFSA has in place, there remain a series of barriers to permanency that have been discussed during an ongoing dialogue with resource families and advocates; efforts to address these barriers are ongoing. Some of these barriers are logistical: the District's unique geography, size, and proximity to other states, and the high rates of children placed in foster care in the state of Maryland. As a result, the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Stakeholder Group has begun in-depth discussions on barrier reductions.

In FY 2010, the Agency conducted a survey of social workers and foster parents concerning their attitudes, perceptions, and general understanding of the relationship between the two groups. By identifying problem areas and misperceptions about the social worker/foster parent relationship, recruitment workers can assist foster parent support workers to remedy issues and concerns. Equally as important, they can address and provide insights on the issues during foster parent recruitment informational sessions and events. Providing accurate information to resource parents will greatly enhance retention, particularly when the Agency presents straightforward orientations to overall aspects of fostering, and especially regarding communication or relationship barriers with CFSA and how to overcome these barriers. CFSA has therefore incorporated essential feedback from the survey into its newly published Resource Parent Tool Kit for foster and adoptive parents.

Current Initiatives

Recruitment Campaigns

CFSA continues to benefit from the major media campaign launched during May 2009 (National Foster Care Month), through a Freddie Mac Foundation grant. That campaign involved the launch of a new website, www.todaysfostercare.org that provides information and options for getting involved with District foster care. Available on the site is a professionally produced informational video featuring Darryl "DMC" McDaniel of the legendary hip hop group Run-DMC. Mr. McDaniel learned as an adult that he had been adopted as an infant, and has since gained a national reputation for championing children and youth in foster care. While the video was originally aired in May 2009, it continues to bring awareness to the public about the need for fostering and adoption, even a year later.

In FY 2009 and 2010, CFSA has broadened its outreach efforts through a commitment to greater community presence and available social networking tools. Agency recruiters attend community events at least twice monthly to bolster the Agency's profile and communicate the ongoing need for capable and committed foster parents. CFSA has also actively recruited potential foster and adoptive parents in the Lesbian, Gay, Bi-sexual, and Transgender communities through a strong relationship with the Human Rights Campaign. Additionally, CFSA now publishes the *Resource Parents Journal*, which is distributed without cost to its foster, kinship, and pre-adoptive caregivers. This quarterly newsletter is an excellent source of information and inspiration for the

entire resource parent community. It contains everything from inspirational stories of fostering to community calendar information to service and contact information to quick and easy (and healthy) dinner recipes to parenting tips.

Training and Advocacy

The Training Academy (see p.16) is designed to enhance the quality of the training experience for foster parents. The new and more comprehensive in-service curriculum provides a framework between the Agency's Practice Model and the pre-service CFSA foster parent training currently based on the PS-MAPP curriculum. In the future, further developments will identify common competencies from both PS-MAPP and the PRIDE curricula (which is currently used by many of CFSA's private partner agencies). These curricula will be used to develop a common framework, derived from the CFSA Practice Model, for all foster parents serving District children.

CFSA also partners with local advocacy groups such as the Foster and Adoptive Parent Advocacy Center (FAPAC), which empowers foster and adoptive parents to advocate for themselves and the children in their care. This community partner provides critical training and support services for the foster care provider community.

In addition, CFSA hosted an inaugural Foster Parent Summit, which convened approximately 100 of CFSA's non-contracted resource parents to participate in workshops and panel discussions on child welfare topics. The Summit was a propitious opportunity for the Agency and the youth in its care to offer sincere thanks and acknowledgment for the important roles that resource parents play in serving children and families. The event will be continued annually as a result of its great success.

Mockingbird Family Model Project

One of CFSA's most successful recruitment initiatives has been the Mockingbird Family Model (MFM) Project, based on the original Seattle, Washington MFM. The District model is an "extended family" support model for CFSA resource parents. It is designed to increase quality support and respite services for resource parents, and to further secure the permanency, well-being and safety of children. Under this model, a "constellation" is formed out of a cluster of five (5) to ten (10) resource homes or "satellites", each of which may house one or two children or youth in foster care. In each constellation, there are parents in one central resource home (the "Hub home") who are responsible for providing various support services to the satellite parents and the children in their foster care. The MFM provides children in foster care with a sense of safety and well-being while they form supportive relationships with caring adults who can both nurture and protect them outside of their immediate placement.

Currently, CFSA has 6 Hub homes involving approximately 33 families and 54 children across all four quadrants in the District. Hub families collectively provided over 3,300 hours of respite services for their constellation's caregivers in 2009. A seventh MFM constellation is scheduled for launch in October 2010. Following the emphasis of the *Fostering Connections to Success and Increasing Adoptions Act of 2008*, CFSA will establish the new constellation solely for kinship resource parents. This initiative is a special effort to ensure placement stability prior to guardianship, and to provide additional supports to kinship families by strengthening peer and Agency relationships. CFSA's intent is to promote the MFM among its network of private child

placing agencies as a viable and effective means to provide foster care services to all District wards that have a high concentration of children and families involved in the child welfare system.

Post-Permanency Family Center

CFSA ensures that support services are available to post-adoptive children and families through its partnership with the Post Permanency Family Center (PPFC), administered by Adoptions Together. The Agency's adoptive and guardianship families receive notification of the availability of post-adoption referral and supportive services at the time that the adoption or guardianship becomes final, and when necessary, the adoptive parents can negotiate with CFSA during the development of the subsidy agreement to have the Agency pick up costs for support services that are not covered under the conventional subsidy formula. The center also serves individuals through web outreach and information and referral services, trains professionals, provides intake services to individuals/families, and provides outreach to individuals. A well-utilized feature of the center is its resource library, which contains current research, literature, and academic materials on the subject of child safety, permanence, and well-being.

During FY 2010, the PPFC has offered continuous trainings, some of which include Continuing Education Units for licensed professionals, both for post-permanency caregivers as well as CFSA social workers. The trainings are flexibly scheduled for working parents and are often accessible online. Coursework ranges across the entire continuum of child welfare. CFSA also provides similar services to children/youth and families through the internal CFSA post-permanency unit. This unit addresses the service needs of children/youth and families post-adoption and guardianship finalization.

Priority Initiatives in FY 2010 – FY 2011

Expanded Recruitment and Licensing of Foster Parents

Under the Practice Model framework, expansion of recruitment and licensing is built on the premise that foster parents will receive the technical assistance and access to needed resources to support them in caring for traditionally difficult to place children (e.g. teen parents, LGBTQ, older youth). By strengthening strategies for placement matching, expanding technical assistance, and providing timely licensing and training to all resource parents, the Agency will continue to decrease the number of children placed in congregate care.

Support for Resource Families

In response to the lack of family support workers for foster parents outside of the District, CFSA has engaged in discussions with our Maryland-based providers to consider appropriate development of an efficient support model. Educating foster parents about the resources available to them and how to access services is a primary goal of CFSA's work with providers. CFSA is currently developing tools to offer technical assistance and to identify methods of information sharing among foster parents (e.g., brown bag lunch sessions).

Moving forward into FY 2010 and 2011, CFSA will be providing technical assistance to its private agency partners to develop foster parent support units within their own organizations. The intent is to provide information related to the costs and benefits of forming these

organizational units, as well as an overview of daily operations of the persons who will staff it. CFSA hopes that promotion of such a formalized foster parent support function within the private agencies will provide a continuity of service across the service delivery continuum and will serve to generally increase foster parent retention and placement stability.

Increased Engagement of Youth with the Goal of Adoption

In late June, the Metropolitan Council of Governments (COG) convened a joint meeting between youth who have been adopted and a number of CFSA-involved youth whose goal is adoption but who have indicated reluctance to actively engage in recruitment activities related to adoption. This peer-to-peer meeting was designed to facilitate the discussion among youth about what adoption really means, how the adoption process works, and what it has meant for those youth who have achieved permanency through adoption. At the same time, it provides an opportunity for youth to share their fears and concerns with their peers, and hear from others who have experienced similar feelings and challenges. CFSA hopes this will be the first of a series of conversations among youth, particularly older youth, to support the achievement of permanency through adoption and to reduce the number of young people who leave foster care without permanent supports.

Summary of Proposed Action Steps to Be Achieved by June 30, 2011

Action Step#1: Targeted Recruitment and Retention of Resource Families for Children in Foster Care

- Beginning 2010, implement recruitment campaigns with participation of youth in foster care to support innovative approaches to recruitment of prospective foster and adoptive families.

Action Step #2: Expand Supportive Services Available to Resource Families to Stabilize and Maintain Placements both Pre- and Post-Permanency

- Beginning 2010, utilize findings from the National Resource Centers¹⁶ to develop and implement an approach to organize formal and informal community and neighborhood-based networks of support that respond to identified service needs of resource families.

Action Step #3: Increase Youth Awareness and Understanding of Adoption

- Maintain resources available through the Post-Permanency Family Center.
- Beginning 2010, facilitate ongoing sessions between youth who have been adopted and are willing to come and share their stories and experiences with their peers.

V. CONCLUSIONS AND NEXT STEPS

Achieving our stated RDP action steps requires a significant investment in the District's child welfare system. Our efforts will be doubled in the face of the major practice and system changes that we have elected to incorporate over the next year, such as the Differential Response and the Nurse Care Management models.

¹⁶ See page 28.

Beginning in July 2010, the Resource Development Office is implementing a communication plan to ensure staff and stakeholders are aware of the action steps proposed by the Agency over the next year. This includes keeping the Director's Youth Advisory Board informed of the status and implementation of the RDP. On a quarterly basis, updates on the status of activities for each action step will be provided to executive leadership. Action steps will be amended as needed. CFSA's ability to complete these action steps relies as much on the continuing support of our District partners and key stakeholders as on the staff of CFSA. We are determined to proceed successfully toward meeting the needs of the families we serve, and with full confidence in our partners' and in our staff's dedication to provide quality services for the children and families of the District of Columbia.

APPENDIX A. PLACEMENT PROJECTIONS (2009 NEEDS ASSESSMENT)

Figure 17: Family-Based Care Placement Comparison between 2009 and 2011

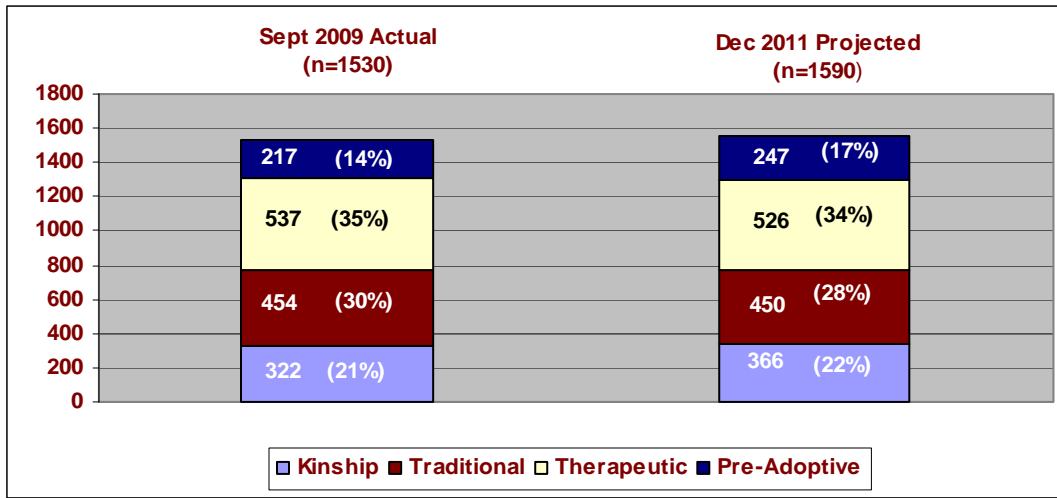


Figure 22: Congregate Care Projections

