



FY2011

ANNUAL PROGRESS AND SERVICE REPORT

The Government of the District of Columbia



CHILD AND FAMILY SERVICES AGENCY



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## INTRODUCTION

The DC Child and Family Services Agency (CFSA) is the Title IV-E single state agency<sup>1</sup> for the District of Columbia. The Agency either funds or directly provides a range of services along the child welfare continuum, ranging from prevention of child abuse and neglect through permanency. All of these services and interventions are designed to keep children safe in their homes whenever possible. When removal from the home is necessary, the Agency strives to move children and youth quickly to permanency while maintaining respect for and partnering with their families.

CFSA receives reports of alleged child abuse and/or neglect and performs comprehensive investigations of the allegations to ensure child safety and to mitigate risk. The Agency funds a cadre of community-based organizations specializing in family stabilization and support, and it also offers in-home case management services and interventions for families presenting with risk factors following investigation.

The Agency offers a variety of out-of-home care placements, ranging from traditional foster family care to independent living and special residential treatment facilities. With respect to foster care placements, CFSA always endeavors to place children and youth in the most family-like setting possible. The Agency also strives to expand placement capacity for youth with particular needs.

CFSA works with children and families to recommend appropriate permanency goals to the DC Superior Court Family Court and to promote lasting permanent placement arrangements for children in foster care, including time-limited reunification services, adoption, and guardianship, as well as supportive independent living services. The Agency also closely collaborates with the DC Superior Court, community stakeholders, advocacy groups, and service providers to support the achievement of safety, permanency and well-being for all the children it serves.

CFSA remains committed to strengthening the safety net all along the child welfare continuum via achieving the expressed goals detailed in the *2010-2014 Child and Family Services Plan (CFSP)*. This *Title IV-B Annual Progress and Services Report (APSR)* details the progress that CFSA and its District partners have made in meeting the goals, objectives, and measures approved in its CFSP, which the Department of Health and Human Services Administration for Children and Families approved in June 2009. It also provides information as to how the District has complied with the provisions of:

- Title IV-B of the Social Security Act (the Act) Sub-Part I (Stephanie Tubbs Jones Child Welfare Services [CWS] Program);
- Title IV-B Sub-Part II (Promoting Safe and Stable Families (PSSF) Program);
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant Program; and,
- Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) Program.

Completion of the APSR satisfies the Federal regulations at 45 CFR 1357.16 by providing updates to the Administration of Children and Families on the District's annual progress for the previous fiscal year and planned activities for the upcoming fiscal year.

This report is available online at: <http://cfsa.dc.gov/DC/CFSA/About+CFSA/Who+We+Are/Publications>.

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<sup>1</sup> Under 45 [CFR 1355.20](#), the Title IV-E single State agency is responsible for administering the Title IV-E State Plan or supervising the administration of the Plan by local political subdivisions/Tribal service area. It has the authority to make rules and regulations governing the administration of the Plan that are binding on such subdivisions/service areas. The Title IV-E plan is mandatory upon the subdivisions/service areas and is in effect throughout the State/Tribal service areas. a single state agency is the agency that is designated to receive Title IV-E funds.

## I. TITLE IV-B NARRATIVE UPDATE

### INTEGRATION OF THE CHILD AND FAMILY SERVICES REVIEW (CFSR) PROGRAM IMPROVEMENT PLAN (PIP)

The goals of the 2010-2014 CFSP were purposefully aligned with the requirements of its 2007 Child and Family Services Review Program Improvement Plan (PIP), which ensured the District's focused attention on the specific outcomes associated with child safety, permanency and well-being. These PIP requirements provided CFSA a blueprint to refine the District's child welfare standards and provided opportunities to enhance the Agency's strengths while simultaneously improving areas that may have been underperforming.

Upon approval of the PIP in January 2009, CFSA and its private agency and community-based partners collaborated on developing meaningful policy improvements and practice enhancements to improve outcomes with respect to child safety, in-home services, family engagement in case planning, timely permanency, and educational outcomes. CFSA is pleased to have completed the formal implementation period of the PIP, having achieved all program requirements by December 31, 2010. Currently, the agency is providing an additional year of reporting on practice areas through quarterly case reviews patterned after the CFSR review instrument.

### PROGRESS IN ACCOMPLISHING CFSP GOALS AND OBJECTIVES IN THE PROVISION OF CHILD WELFARE SERVICES

This section highlights specific accomplishments achieved during the current fiscal year (FY 2011), including the progress made toward meeting the 2010-2014 CFSP goals and objectives. These goals, objectives, and intended outcomes emanated from the 2007 CFSR findings along with the resulting PIP. All of the associated outcomes are consistent with CFSA's strengths and needs as determined by the Court Monitor's reviews, the Agency's biennial *Needs Assessments*, and the annual *Resource Development Plans*.

In FY 2011, the US District Court for the District of Columbia approved a new [LaShawn A. v. Fenty Implementation and Exit Plan](#) (Exit Plan) for the consent decree under which CFSA has been operating. The plan replaces the Amended Implementation Plan that had been in effect since February 2007. The new plan enumerates outcomes to be achieved and/or maintained, and outlines a roadmap for ending court supervision of the District's child welfare system. In some instances, CFSA has modified its data measures to align with the quantitative benchmarks of the recently approved Exit Plan. Such modifications are highlighted in footnotes within the Baseline Information and Measures of Progress section of this report.

Thus far in FY 2011, CFSA has made significant headway in meeting its goals, objectives, and outcomes in the areas of Safety, Permanency, and Well-Being.

In the area of safety, CFSA's most significant programmatic achievements included the development of new agency guidance on investigations as well as the development of a new differential response program for responding to Hotline reports of families assessed as low-to-moderate risk.

The Child Protective Services (CPS) *Investigations Practice Operational Manual* (IPOM) is an easy-to-use reference tool for investigating child abuse and/or neglect allegations received by the Hotline. Designed specifically for the CPS social worker, the Guide provides hands-on, step-by-step procedures for giving children the immediate attention they need for their safety and protection, followed by long-range planning for their permanency and well being. In tandem with newly updated Agency policies, the IPOM addresses all practice expectations and process requirements associated with investigations. It also provides social workers with the concise guidance to optimize practice.

In July 2011, CFSA begins full implementation of its newly developed Differential Response (DR) model. The new model emerged through a process that began in the fall of 2009 with the convening of a District-wide work group of representatives and experts from CFSA and the DC Departments of Human Services, Mental Health, and Youth Rehabilitation Services; DC Public Schools; and Metropolitan Police Department. It culminated in September 2010 with the *Differential Response Implementation Plan* in September 2010. DR changes the way CPS handles certain abuse and neglect reports. The model provides the Agency with tools to discern the gravity and clinical intensity of various reports, and it adjusts the response and intervention accordingly. Through implementation of DR, Child and Family Services Agency, other District agencies and community partners seek to achieve improved safety of children; deeper engagements with families; increase family and employee satisfaction and establish a continuum of services that consists of government, community-based and neighborhood resources.

CFSA accomplishments in the area of permanency include the launch of the PADRE model to improve fatherhood engagement, improvements to policy, guidance, and accountability measures in the area of visitation, and renewed efforts to break down barriers to permanency for all youth in foster care.

#### *PADRE Model*

In FY 2011, CFSA launched a new fatherhood engagement group comprised of child welfare professionals from various disciplines within the Agency and community partners from the neighborhood Collaboratives and other child-serving organizations. The work group is also advised by a larger community-involved advisory group made up of researchers from the academic community and other human services stakeholders. The CFSA fatherhood engagement group developed a model for implementing the various necessary practice and systemic changes. The resulting *PADRE* model guides practice improvement in the following areas: **P**ractice Standards, including policies and procedures, staff **A**ccountability, case **D**ocumentation, collective and individual **R**esponsibility for the practice improvements, and social worker **E**ducation. The PADRE model is described in more detail below.

#### *Policy Improvements*

In April 2011, CFSA updated its year-old [Visitation Policy](#) to integrate the visitation-related responsibilities of new program staffing positions that were introduced at CFSA within the past year, including Family Support Workers (FSWs) and Nurse Care Managers (NCMs). These new additions to CFSA's case management team play important roles in ensuring timely and effective visitation for children in out-of-home placement and their families, and promote practice improvement. The updated CFSA [Visitation Policy](#) acknowledges their input into its processes and addresses their responsibilities and practice expectations surrounding visitation.

Beginning in the latter stages of FY 2010, collaboration among a wide array of District child welfare stakeholders was at work during the CFSA-hosted Permanency Forums. The three forums gathered representatives from across the entire child welfare spectrum. They worked together to identify, prioritize, and consider how to resolve key barriers to permanency for children and youth in care, particularly the large number of "legacy" youth growing up in the District system. Participants

volunteered to take part in four follow-up work groups assigned to tackle specific barriers to permanency that they identified collectively during the forum discussions. The work groups are:

- Communicating among youth, families, foster/adoptive parents, and social workers.
- Educating stakeholders and reinforcing the message that older youth in foster care are “adoptable”.
- Engaging birth parents and family stakeholders in discussing permanency.
- Enhancing and facilitating licensure for kinship caregivers.

The individual workgroups continue to meet regularly and have devised plans of action with tangible work steps to address their specific issues/barriers to permanency.

In the area of well-being, CFSA continued the wholesale changes to its health care service delivery system. In FY 2010, the Agency created the Healthy Horizons Assessment Center for CFSA-involved children and youth. The Agency employs health care practitioners to deliver timely and quality screenings, to ensure appropriate referral for follow-up, and to more effectively coordinate health care services for children in foster care.

In July 2010, CFSA instituted the NCM program. NCMs are registered nurses who carry out a series of activities in pursuit of short- and long-term health and well-being needs. CFSA fully expects the efforts of the NCMs to have positive long-term implications for enhancing the safety, well-being, and quality of a child’s or youth’s life through seamless service provision for children assigned to their caseload. Under this Targeted Case Management model, NCMs are responsible for activities such as multidimensional assessments, developing holistic plans of care, coordinating health and mental health services, and health care related advocacy. Through implementation of the NCM model, CFSA’s aim is also to mitigate crises through a preventive and supportive approach to its focus on child well-being.

In accordance with the requirements of the Child and Family Services Plan, CFSA specified eleven (11) high level goals for service delivery and practice improvement along the entire child welfare continuum. These goals are tailored to improve outcomes for the safety, permanency, and well-being of children and families, and to provide a more comprehensive, coordinated, and effective child and family service delivery system.

Aligned with the plan’s goals are the realistic, specific, quantifiable, and measurable objectives that CFSA and the District will undertake to achieve its stated goals. The objectives focus on outcomes for children, youth and families or on elements of service delivery that are closely linked to these outcomes.

## Safety

**Goal 1:** *Prevent children from entering the child welfare system*

**Objective:** Create a community-based preventive services program for at-risk children and families.

CFSA has continued to maintain a strong community-based preventive services program. Highlights of the Agency’s overarching approach include a long-term prevention strategy that incorporates dedicated resources and staff from agencies throughout the city. In addition, CFSA maintains its ongoing partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives) and continues to promote and fund the evidence-based *Grandparent Caregivers Pilot Program*.

In 2009, the District of Columbia participated in a citywide partnership to develop a long-term strategy to help every individual, organization, and employer to promote healthier child development and stronger

families in the District. CFSA had a series of action steps under this citywide strategy, and the Agency made progress on all of them during FY 2010 and 2011.

- Action Step: Coordinate a series of community engagement/outreach events during National Child Abuse Prevention Month (April) to highlight shared vision between government and the community and to identify actions to reduce child abuse and neglect.
  - In April 2011, CFSA celebrated “Child Abuse Prevention/Family Strengthening Month”, which included a number of activities and community events to promote child abuse/neglect awareness. The month-long celebration featured a “Prevention Policy Forum”, with two national expert panels focusing on the broad question of what more can be established in organizational strategies and responses to optimize the safety of children. The event attracted over 50 local professionals and concerned community members who gained access to valuable information and resources and contributed to a spirited conversation with field experts. Also included in the celebration were a roundtable discussion on teen pregnancy, a child sexual abuse prevention training event for parents and community-members, a “Strengthening Community Dialogue” all day workshop and community events in Southeast DC. In total, over 200 parents, community-members, and human service professionals attended events that formed part of Child Abuse Prevention/Family Strengthening Month.
  
- Action Step: Encourage DC government staff and the greater community to use the [online mandated reporter training](#) to increase awareness and understanding of child abuse/neglect and professional reporting requirements.
  - CFSA implemented its online training program ([www.dc.mandatedreporter.org](http://www.dc.mandatedreporter.org)) in 2009 in order to reach and provide information and education to public servants, child care workers, and interested community members and residents throughout the District. CFSA has heavily promoted use of this training both for mandated reporters and for community members because the Agency relies heavily on reports to the Hotline to protect children and youth who may need help.
    - In FY 2009, a total of 413 respondents took the online training, most of them being CFSA employees or contractors.
    - In FY 2010, almost 5,500 respondents took the training and 59% of those were educators from the DC Public Schools (DCPS). An additional 30% were law enforcement professionals from the Metropolitan Police Department.
    - Through the first six months of FY 2011, there have been 1,137 respondents of the online training, most of whom are employed by the public charter schools to whom CFSA has been recently conducting intensive outreach.
    - Statistics for all respondents across all fiscal years reveal that approximately 75% of respondents experience an increase in their post-training test score over their pre-training test score.
  - The Agency will continue the marketing and outreach efforts in support of this extremely important online training vehicle for community education and preparedness around abuse and neglect issues.
  
- Action Step: Add a community-based child abuse and prevention training component to the mandated reporter training website.
  - As successful and far-reaching as the online mandated reporter training has been, CFSA and its District partners determined that improvements could be made by adding a community-based component. In FY 2011, CFSA called for staff volunteers to participate in a “Train the Trainer” program. Eleven participants received the training and tools

necessary to deliver the mandated reporter training to interested residents, professionals, and community groups throughout the District. CFSA plans to conduct an additional Train the Trainer session during the summer. Thus far this year, CFSA has delivered trainings to such groups as Children's School Services, DC Coalition Against Domestic Violence, IDEA Public Charter School, and CFSA resource parents. Following each session, CFSA trainers distribute evaluation forms to gather community feedback on how the training might be modified to improve its message and effectiveness and make it more meaningful for those in attendance.

- Action Step: Develop a Community-Based Child Abuse and Neglect Prevention (CBCAP) grant application that supports cataloguing and evaluating promising practices and promotes ongoing quality assurance of those practices.
  - In June 2011, CFSA submitted its FY 2011 CBCAP application, which featured heavy emphasis on emerging promising practices, such as special populations outreach and promoting parent involvement and leadership in prevention efforts. CFSA also accentuates its quality assurance practices with respect to program elements of the grants, including engagement of the National Resource Center for CBCAP (FRIENDS) and a peer review process.
  
- Action Step: Create an inventory of child abuse/neglect prevention programs to establish baseline capacity for services in the District.
  - Building on its 2006 [\*Assessment of District Programs to Prevent Child Abuse and Neglect\*](#), CFSA is updating its existing inventory of DC programs in FY 2011. The Agency developed a survey which it disseminated among the provider and advocacy community in DC. The objective of the survey is to identify service gaps and prevent the duplication of efforts within and among future prevention initiatives.

Over and above its recent progress implementing the District's Child Abuse And Neglect Prevention Plan, CFSA continues its partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives), which are strategically located in six neighborhoods in the District that have large numbers of families who enter the child welfare system. The Collaboratives provide access to community resources for the families in their communities, and CFSA contracts with them to provide a range of services that fall within four over-arching service categories:

- Family Supportive Services, which include:
  - Emergency assistance
  - Crisis intervention
  - Information and referral
  - Homemaker services
  - Financial guidance and skill building
  - Employment counseling
  - Housing referrals
  - Parenting education and training
  - Family Group Conferencing
  - Fatherhood engagement
  - Case Management Services
  
- Partnership for Community-Based Services (PCBS), which includes joint case management and teaming with CFSA on cases that are open with the Agency, but do not involve a home removal.



The PCBS intervention is designed to stabilize families in their home environment and mitigate risk factors that might otherwise lead to a child's entry into foster care.

- Youth Aftercare, which includes the provision of intensive case management services to youth before, during and immediately after their transition from the foster care system. Collaborative FSWs team with CFSA social workers and the transitioning youth in the months leading up to the youth's emancipation. Following exit, the FSW assumes full case management responsibility for up to 24 months or until the youth has achieved the various goals of his/her Youth Transition Plan (YTP).
- Community Capacity Building, which encompasses a range of efforts on the part of Collaborative staff and their community partners to strengthen and expand neighborhood resources available to community residents, foster and/or improve collaborations among neighborhood service providers, and improve the ability of communities to respond to their own needs by developing various issue-based activities and initiatives.

The District continues to fund the *Grandparent Caregivers Pilot Program*, albeit at reduced levels due to District budgetary constraints. When parents are unavailable to take care of their children, grandparents often assume care for them. The Grandparent Caregivers Program provides monthly financial assistance (on a first come, first served basis) to low-income District grandparents or granduncles and aunts who are raising grandchildren, great grandchildren, or great nieces or nephews outside the child welfare system. As of April 30, 2011, the program was running at capacity with 376 families and 583 children, including 32 children newly enrolled during this calendar year. The waiting list has 48 families and 64 children.

**Objective:     Provide access to a continuum of community-based services that meet families' needs.**

The continuum of community-based services supported by CFSA includes multiple options for vulnerable families to meet their particular needs for stability and healthy outcomes. To ensure access to opportunities, the Collaboratives are continually strengthening and expanding capacity for making an array of neighborhood resources available to residents. For families specifically in need of substance abuse treatment to guarantee successful reunification outcomes, CFSA collaborates with the Family Court's Family Treatment Court Program (FTC), which is a voluntary residential program providing comprehensive substance abuse treatment. In addition, as the District's designated lead agency for CBCAP funds, CFSA also supports an array of public awareness activities that include family strengthening as well as support for the Parent Education and Support Project (PESP), which promotes sustained engagement of parents in specialized parent education programs. It is also important to note that any child receiving CFSA in-home services (or as a ward of the District residing in a Maryland foster home) is eligible for receiving services from the District's Department of Mental Health's Children and Adolescents Mobile Psychiatric Services (ChAMPS) program, which provides 24-hour, 7 days-a-week intervention for youth facing a behavioral or mental health crisis.

The entire CFSA/Collaborative partnership is intended to strengthen families by enhancing the prevention and family preservation supports that are available to the District's children and families in their own neighborhoods and communities. Over and above the essential case management and supportive services that the Collaboratives provide to families, another important element in their service structure is community capacity building. As part of their contractual agreements with CFSA, the Collaboratives must engage in (and report on) activities that encompass a wide range of effort to strengthen and expand the neighborhood resources available to community residents.

Community capacity building is intended to foster and/or to improve collaboration among neighborhood service providers as well as to improve the ability of communities to respond to resident needs. It involves an approach whereby Collaborative staff work with partner organizations and agencies within their areas to increase the range of quality supports for families. This makes Collaborative information and referral services more effective for neighborhood residents looking for services, such as housing and utility assistance, employment assistance, mental health services, and emergency food and clothing.

Meanwhile, the Collaboratives coordinate and promote ongoing community engagement activities to foster awareness of abuse and neglect issues within their communities, and to bring together residents, merchants, community groups and other stakeholders around topics such as family preservation and support. Community engagement refers to activities, community forums and trainings, special events, community networking meetings, and daily outreach.

They also sponsor training and support groups around particular issues within the child welfare continuum. These workshops, meetings, seminars and/or courses ensure that community based organizations, residents, youth and staff have the necessary knowledge and resources to support children and families and increase the quality and range of support available to families. Programs are aimed at increasing skills and knowledge and developing resource capacity within the organizations, providers, residents, and staff.

The FTC Program continues as a collaborative effort between CFSA and the Family Court. This voluntary residential program, which is CFSA funded and coordinated through the Family Court, is a substance abuse treatment program for CFSA-referred women with dependent children who are the subject of a child neglect case. The FTC is a court-supervised comprehensive treatment program that allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes. The program is targeted to enhance family reunification through the provision of comprehensive substance abuse treatment and supportive services and supports CFSA and the court in compliance with the federally mandated timelines of the Adoption and Safe Families Act (ASFA) to achieve timely permanency for children. Services include:

- Complete assessment of individual and family needs;
- Individualized family treatment care planning;
- Individual therapy, group therapy, cognitive behavioral therapy, motivational interviewing, family therapy (where appropriate), other necessary supportive therapies;
- Mental health assessment and referral to mental health treatment services;
- Parenting classes;
- Trauma/domestic violence classes;
- Family bonding activities; and,
- Referral to primary medical care, transitional or permanent housing programs, employment assistance programs, childcare programs, and other services.

The program has a capacity in FY 2011, for 18 women who may each bring up to 4 children under the age of 10 with them while in treatment.

CFSA is now in its second year as the District's designated lead agency for CBCAP funds, and it continues to support an array of prevention resources in the District. As the CBCAP designee, CFSA absorbs the administrative costs associated with program development and implementation so that 71% of its allotment supports grant awards directly while the remaining 29% supports collaboration with partner agencies, activities related to Family Strengthening Month, and public awareness activities.

As mentioned, CFSA celebrated "Child Abuse Prevention/Family Strengthening Month" in April 2011 and participated in a number of activities and community events to promote child abuse/neglect

awareness. The “Prevention Policy Forum” consisted of two national expert panels and addressed organizational strategies and responses to optimize the safety of children. Other activities throughout the month included a roundtable discussion on teen pregnancy, a child sexual abuse prevention training event for parents and community-members, a “Strengthening Community Dialogue” all day workshop and live events in Southeast DC. In total, over 200 parents, community-members, and human service professionals attended events that formed part of Child Abuse Prevention/Family Strengthening Month.

CFSA utilizes its CBCAP funding to support the Parent Education and Support Project (PESP), which promotes sustained engagement of parents in specialized parent education programs and development of ongoing or peer supported post-intervention programs. Its community-based grantees are non-profit organizations that work within specific neighborhoods and/or address specific populations with unique needs. They include:

- Centro Nia, which targets parents and families with children in grades pre-K through 12, and features bilingual services for Spanish speaking parents. Centro Nia’s program is modeled after the Response to Intervention (RTI) approach, which is a three-tiered intervention to support low-income, bilingual and immigrant families.
- Columbia Heights Shaw Collaborative, which targets low-income parents in DC Wards 1 and 2 whose children attend DCPS, charter schools, and childhood development facilities. The program is comprised of parenting workshops, anti-violence curricula, and solution-focused brief therapy.
- East of the River Family Strengthening Collaborative, which engages parents in the District’s Ward 7 through the “Powerful Families United” program, which educates parents about alternative parenting methods and boosts parenting skills.
- The Healthy Babies Project, Inc., which engages teen parents in DC Wards 5, 6, 7 & 8 through the Teen Parents Empowerment Program (TPEP) and focuses on teen domestic violence reduction.

In its initial FY 2010 estimates, CFSA anticipated serving 200 District families through the PESP program. In effect, close to 1,000 families have been served.

The District’s Department of Mental Health funds the ChAMPS program, which provides 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 children receiving CFSA in-home services, or DC wards residing in Maryland foster homes. 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.

Outcomes:

- Improved coordination of service delivery to families will result from collaboration with other community partners (public and private), including the Collaboratives.
- Children will be safely maintained in their own homes whenever possible and appropriate.
- The network of community-based resources and District partners providing services to at-risk children and their families will be expanded.

**Goal 2:** *Develop and implement organizational and practice improvements that will position CFSA to ensure safety for children and youth that are the subject of reports of abuse and neglect.*

**Objective:** **Improve the timeliness of the responses to investigate reports of child abuse or neglect.**

CFSA has implemented several important improvements to improve both timeliness and effectiveness of the Agency's investigations of child maltreatment reports. These include technology upgrades to the CFSA Hotline as well as the development of a detailed [\*Hotline Practice Guide \(HPG\)\*](#) for all Hotline workers in the CPS Administration. The Agency is also implementing the evidence-based DR model, which will dramatically strengthen CFSA's ability to tailor response according to a child or family's needs, limiting the need for removals and increasing in-home services.

CFSA has made significant improvements to its child abuse and neglect Hotline response processes and practices. The improvements began with extensive technology upgrades to the Hotline in 2008 and 2009. It was an upgrade that gave the Agency access to real-time statistical information on abuse and neglect reports, and allowed supervisors and managers to evaluate and modify practice as required. The improvements continued with case practice enhancements to intake operations that were incorporated through CFSA's HPG. This change in practice provided Hotline social workers with comprehensive step-by-step procedures and action steps for responding to the various types of abuse and neglect reports that the Hotline receives every day. In concert, these two activities have promoted timely and uniform response to abuse and neglect reports among CPS investigators.

Following its progress on the timeliness of responses to abuse and neglect reports, CFSA has turned its attention to improving the appropriateness of the Agency's response to such reports. In July 2011, CFSA begins full implementation of its newly developed Differential Response (DR) model. The new model is the result of a process that began in the fall of 2009 with the convening of a District-wide work group of representatives and experts from CFSA and the DC Departments of Human Services, Mental Health, and Youth Rehabilitation Services; DCPS; and Metropolitan Police Department. It culminated in September 2010 with the *Differential Response Implementation Plan* in September 2010.

DR (also known as "dual track," "multiple track," or "alternative response") changes the way CPS handles certain abuse and neglect reports. The model provides the Agency with tools to discern the gravity and clinical intensity of various reports, and it adjusts the response and intervention accordingly. DR recognizes the reality that reports of child abuse and neglect vary widely. An isolated incident of lack of supervision or even multiple truancies from school are very different than repeated beatings or sexual molestation of a child. Severe allegations need the traditional investigation. But where a child's safety is not immediately threatened, CPS can conduct a family assessment that looks at needs and strengths. Research shows that when families participate in an assessment, which is non-adversarial, they are more receptive to and likely to engage in helping services. An assessment leads to service options the family can choose to accept, but unlike an investigation, there is no finding or entry of names into the Child Protection Registry.

This model has worked in a number of states for several years. Evaluations have shown the following benefits:

- Better protection of more children over time as a result of engaging parents in the process of change with effective support.
- A decline in repeat reports of abuse and neglect.
- Increased satisfaction and relationship building between families and child protection workers.
- Effective use of resources that is cost-neutral over time.

Through implementation of DR, Child and Family Services Agency, other District agencies and community partners seek to achieve enhanced safety of children; more skillful engagement with families; increase family and employee satisfaction and establish a continuum of services that consists of government, community-based and neighborhood resources.

**Objective: Improve the timeliness of completed investigations.**

In order to improve the timeliness of investigations, CFSA has provided intense training to CPS investigative social workers on specific procedures detailed in the newly-published IPOM, based on updates to both the [Investigations](#) and [Diligent Search](#) policies.

CFSA continues to strive to complete investigations within 30 days of receiving a Hotline report. As part of the CFSR PIP, CFSA made policy and practice enhancements to ensure that CPS social workers are equipped with the resources and skill sets to complete timely and high quality investigations following reports of abuse and neglect. In FY 2010, CFSA updated its [Diligent Search Policy](#) and provided social workers with guidance on how to use publicly available resources to search for the adult relatives of the child subjects of abuse or neglect investigations. Taking steps at the outset of the investigation to identify and locate noncustodial or absent family members enabled the Agency to increase family engagement while also minimizing any potential investigations backlog.

Moreover, recent significant revisions to the Agency's [Investigations Policy](#) in April 2011 have resulted in a series of new investigation standards and detailed procedures, all of which are incorporated into policy guidance along the continuum of front-end services.

As noted, following formal issuance of the [Investigations Policy](#), CFSA promulgated a comprehensive step-by-step guide to conducting investigations in May 2011. The CPS IPOM is an easy-to-use reference tool for investigating child abuse and/or neglect allegations received by the Hotline. Designed specifically for the CPS social worker, the HPG provides hands-on, step-by-step procedures for giving children the immediate attention they need for their safety and protection, followed by long-range planning for their permanency and well being. It reinforces the guiding principles of the CPS Administration:

- Quality & Competence
- Excellence
- Accountability
- Efficiency
- Timeliness

The updated policies and the newly published IPOM work in concert to address all practice expectations and process requirements associated with investigations, and to provide social workers with the roadmap and tools to perform timely and effective investigations.

**Objective: Ensure full and systemic analysis of family situation and risk factors during investigation.**

As noted earlier, CFSA is now implementing the DR model to complement its ongoing use of the uniform Family Risk Assessment tool during all CPS investigations. Together these approaches ensure that decisions are based on full and systemic analysis of the family's situation. The Agency's Quality Improvement Administration also continues its case-specific quality assurance processes, particularly the monthly grand rounds, which is a multi-disciplinary team discussion process that allows for in-depth examinations of a family's strengths, needs, and challenges.

Since the end of FY 2005, CFSA has been utilizing its uniform Family Risk Assessment tool during all CPS investigations. This tool, which is part of a suite of Structured Decision Making (SDM) tools employed by CFSA and private agency social workers at various points throughout the life of a child

welfare case, helps the social worker determine the likelihood that a child may be abused or maltreated in the future. The Family Risk Assessment tool assesses families for low, moderate, high, or intensive probabilities of future abuse and/or neglect. The empirical results of the instrument guide the social worker's clinical judgment in his/her decision of whether to open an ongoing case, refer the family to a Collaborative, or close an investigation with no further services.

In July 2011, the Family Risk Assessment will also be the fulcrum of implementation of the DR model. DR will allow all appropriately screened-in cases of certain allegations to be deflected from the investigative system, while connecting families to necessary services. These allegations include, singly or in combination:

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

For hotline reports in which these allegations are indicated, investigative social workers perform a Family Risk Assessment to confirm the appropriateness of the DR-based Family Assessment pathway. The Family Assessment pathway is appropriate when a referral (neglect) indicates that the child is safe but the family still presents with issues that require further assessment. The social worker will assess the family and work to get the needed support and services. A key facet of this approach is that these reports are not substantiated and the names of alleged maltreaters are not entered into the Child Protection Register. Rather, families are offered voluntary services and family engagement is the primary vehicle to mitigating the family's risk factors and protecting the focal children against further contact and involvement with the child welfare system.

CPS continues to use its case-specific quality assurance processes to provide immediate feedback to management for the purpose of improving case practice. The process includes a mandatory review by CPS management's staff regarding any investigation that has been open for at least 18 days. This process has enabled CPS to provide critical insight and strategic planning recommendations for completion of the investigation within the required 30-day window. Additionally, CFSA's Quality Improvement Administration's monthly grand rounds allow a multi-disciplinary team discussion uncovering the strengths, needs, and systemic challenges of investigative practice as were revealed in two randomly selected investigations. All of these enhancements have supported the full and systemic analysis of family circumstances, improving the quality of investigations and subsequent interventions and timely responses to families in need.

Outcomes:

- Investigations of alleged child abuse and neglect will be initiated within 48 hours of Hotline screening.

- Investigations of alleged child abuse and neglect will be completed within 30 days of Hotline screening (with the exception of institutional investigations of group homes and other congregate care settings, which will be completed within 60 days).
- Appropriate family functioning and risk assessments will be completed within agency designated timeframes during the investigation process.

## Safety & Permanency

**Goal 3:** *Enhance community-based in-home case management and support services so that CFSA-involved children are safely maintained in their homes whenever possible, and families have enhanced capacity to provide for their children's needs.*

**Objective:** **Ensure that family functioning and risk assessments are completed periodically and appropriately, as required by Agency policy.**

Integration of the SDM tool with CFSA's statewide automated child welfare information system (FACES.net) helps ensure that assessments, including those for risk, safety, and a family's strengths and needs, are properly completed and documented in a timely fashion. Policy and social worker training further reinforces the importance of conducting these assessments as needed throughout the life of a case.

CFSA social workers utilize the SDM tools at critical points during the life of a case to ensure that crucial case characteristics, safety concerns, and domains of family functioning are assessed for every family, every time they are utilized. The goals of SDM are to reduce (1) subsequent maltreatment to children and families, (2) subsequent referrals, (3) subsequent substantiations, (4) subsequent injuries, (5) subsequent foster care placements, and (6) to expedite permanency for children.

While CPS social workers complete the Family Risk Assessment during the initial investigation of abuse or neglect allegations, following the opening of a case for ongoing case management with the Agency, CFSA in-home social workers utilize three additional SDM tools:

- *Parent and Child Strengths and Needs Assessment/Reassessment* – This SDM is to be completed within 30 days of the opening of an in-home case. The tool identifies priority strengths and needs for the parent and all children included in the family case plan.
- *In-Home Safety Assessment* – In-home social workers complete this tool immediately upon receiving information that impacts the safety of the children in the home. Use of the tool must be documented within one day of receipt of the information. This SDM assists the social worker in determining whether the child(ren) may remain in the home (with or without interventions to stabilize the in-home environment), or whether it is in their best safety interests to be removed and placed in out-of-home care.
- *Risk Reassessment* – This is an ongoing SDM tool that the social worker completes every 90 days for as long as the case remains open. Its completion is critical for informing social workers whether or not it is safe to close the case, or if the case is to remain open, whether changes are necessary to contact guidelines or case management efforts and approach.

These SDM tools provide social workers with a uniform mechanism to empirically “score” risk and safety levels for children. Last year's full-system FACES.net integration of the SDM tool has increased the reliability, validity, and utilization of these tools. The SDM tools have been built into the FACES.net case planning functionality, and their completion is now a required element of every case plan that is

developed for every family being served in an in-home capacity. If a family's assigned social worker fails to complete the SDM at the time he/she is creating an initial family case plan, or each time he/she performs the semi-annual update to the plan, the FACES.net functionality will not allow it to be entered as completed and referred for approval to the social worker's supervisor. In this respect, Agency management is able to identify issues with timely completion of the SDM by maintaining close oversight of the case plan completion percentages for youth and families.

As is emphasized in the Agency's [In-Home Practice Guide](#), a key element of the SDM assessment and re-assessments is communication with families about the results of the various SDM's. The tools are used by social workers to engage family members as to their strengths and challenges, and families are invited to provide feedback on the results of these assessments and to actively participate in establishing their own goals and action steps to work toward safe case closure.

**Objective:     Ensure that family visitation takes place in a timely and effective manner.**

CFSA considers family visitation a crucial component of quality child welfare practice and has made sure that several practice procedures ensure its timeliness and effectiveness. These procedures include the establishment of the previously noted PCBS, a cross-agency and cross-system coordination that enhances access to the families on the PCBS caseload and facilitates family visits. CFSA has also updated its [Visitation Policy](#) so that all aspects of visitation are detailed, monitored, and documented in the FACES.net system.

During FY 2009, CFSA and its Collaborative partners launched the PCBS, whereby 10 CFSA In-Home and Permanency Administration social worker units were co-located into the community-based offices of the Collaboratives. PCBS emphasizes a child-centered, family-focused, and community-connected approach to in-home services. The strategic teaming of CFSA social workers with the Collaborative FSWs has been a successful cross-agency and cross-system coordination on behalf of families and children. With respect to visitation specifically, the co-location of Agency social workers in these community-based offices enhances access to the families on the PCBS caseload and facilitates family visits.

CFSA closely monitors the frequency of social worker visits to in-home families through data entry into the FACES.net system. The Agency has also taken steps to ensure their quality and effectiveness through publication of and social worker training in CFSA's [In-Home Practice Guide](#), which requires social workers to continually reassess risk and safety, not only through the use of formal SDM tools, but also through consistent application of their own clinical training during regular contacts and home visits with families. The protocol emphasizes consistent information gathering throughout the life of a case to ensure that the Agency can proactively address or readily respond to potential risk factors.

Since January 2009, CFSA has been using its CFSR PIP Practice Improvement Case Reviews to perform quarterly evaluations of the frequency and quality of social worker visits with families receiving in-home services. Its average performance over the past four quarterly reviews has exceeded the federally established performance benchmark. Ongoing PIP Practice Improvement Case Reviews will continue through the end of FY 2011.

**Objective:     Expand the network of community-based entities and service providers working with families receiving in-home services.**

This section includes specific examples of the Collaboratives' capacity building efforts to ensure that appropriate resources are available to community residents. In addition, the Agency partners with the



District's Department of Mental Health (DMH) to ensure that the mental health needs of children and families receiving in-home and foster care services are adequately met.

CFSA and its Collaborative partners are continually working to expand the network of organizations and service providers that work with the families who come into contact with the child welfare system. The Collaboratives' capacity building efforts best exemplify this commitment. As part of their contractual agreements with CFSA, the Collaboratives must engage in (and report on) activities that encompass a wide range of effort to strengthen and expand the neighborhood resources available to community residents. Community capacity building is intended to foster and/or improve collaboration among neighborhood service providers and to improve the ability of communities to respond to resident needs. It is a two-pronged approach whereby Collaborative staff members work with partner organizations and agencies within their areas to increase the range of quality supports for families. Meanwhile, the Collaboratives provide ongoing community engagement activities to promote awareness of such services and supports to the residents they serve.

Examples of capacity building efforts that the Collaboratives undertook in 2011 include:

- The Columbia Heights/Shaw Family Strengthening Collaborative launched the new Strengthen Ward One Together (SWOT) blog to share information about services, resources, and events in its catchment area specifically and throughout the District.
- The East River Family Strengthening Collaborative's Parent Coordinator facilitated 16 separate parent education workshops, entitled *The Celebrity in You*, at various locations throughout the ERFSC's catchment area.
- In March 2011, the Edgewood Brookland Family Strengthening Collaborative coordinated the Community Networking Meeting at Shaed Elementary School for the purpose of presenting resources available to the school, parents, and community. Various community organizations, including Calvary Healthcare Inc., Washington Hospital Center, Washington Youth Garden, Perry School Community Service Center, Housing Counseling Services Inc., and Advocates for Justice, presented on current programs and services as well as how to properly access and utilize these resources.
- During the month of March The Far Southeast Family Strengthening Collaborative conducted four meetings with community stakeholders to plan collaboration on resource development opportunities. The meetings were held on March 10th with Charles Wilson of R.E.E.L. (River East Emerging Leaders), March 12th with Trayon White, H.I.C.K.S. (Helping Inner City Kids Succeed), March 17th with Barry Lenoir of the United Black Fund, and March 22nd with LaRuby May of Vision of Victory, which is the community development arm of the Allen A.M.E. Church.
- In November 2010 the Georgia Avenue Rock Creek East Collaborative worked with *Pep Rally for Peace in the Streets* to engage 720 individuals at the "Feed the Homeless/Coat Drive" event.
- The Southwest Washington/West of the River Family Strengthening Collaborative (SWWR) organized a "Gathering of Men" at St. Augustine's Episcopal Church on March 24th. Participants received information regarding upcoming community events and SWWR programs and services. The event was organized by a member of SWWR's Community Engagement Team and facilitated by staff from Sasha Bruce Youthworks, Inc.

Additionally in FY 2011, CFSA and DMH are continuing their partnership to build the District's capacity for effectively meeting the mental health needs of children and families receiving in-home and foster care services. In addition to the Crisis Mobile Response services already mentioned, DMH contracts with a dedicated network of Choice Providers, who provide diagnostic, assessment, and therapy services to CFSA clients and families in the District and Maryland.

CFSA, DMH, and the Choice Providers have also developed quarterly tracking reports that document timeliness of service referral and inception. These reports are used during bi-monthly management meetings to identify and build upon performance achievements. The intent of this oversight is to reduce delays in the provision of critical mental and behavioral services and interventions.

Reducing attrition among the pool of specialized mental health providers is also a joint priority of CFSA, DMH, and the Choice Providers. During FY 2010, Choice Providers experienced turnover among highly trained professionals, which adversely affected the timeliness and efficacy of services to youth and children. With a recently re-calibrated and very competitive Medicaid rate for specialized services, this sort of activity can no longer be attributed to a lack of compensation. CFSA and DMH continue to explore other potential reasons for attrition so that strategies can be tailored to enhance retention.

Lastly, in the area of mental and behavioral health, CFSA has made language access for non-English speakers another priority for FY 2011. While the vast majority of children and families receiving services (either in-home or out-of-home) are English speaking, there is a growing population of non-English speakers who require mental health services. The Choice Providers must be prepared to adequately address this population's needs. CFSA is further working with DMH to assess the level of language needs of District residents in general and CFSA clients in particular, and to identify the appropriate resources to address those needs.

**Objective: Help families build independent support systems to allow for safe case closure.**

In March 2009, CFSA and the DC Family Court embarked on a collaborative effort to develop a new Model Court initiative for at-risk children and families. The Safe and Sound program includes an intervention team that supports at-risk families in jeopardy of having children removed and entering the foster care system. This program is detailed below. In addition, CFSA continues to reinforce safe case closure procedures as outlined in policy and in the [In-Home](#) and [Out-of-Home Practice Guides](#), which guides social workers in the specific steps necessary to assess a family's ability to function at an acceptable level (as defined by the SDM tool).

The two primary goals of the Safe and Sound project were (1) to reduce the number of child welfare cases that convert from in-home cases to court-involved foster care cases; and (2) to gather quantitative data on the barriers to successful closure of in-home cases with an eye toward enhancing practice to address those barriers. By October 2010, Safe and Sound had grown into a partnership among CFSA, the Family Court, the Court Improvement Project (CIP), the Office of the Attorney General, the East of the River Family Strengthening Collaborative, and the District Parent Advocate Project (PAP).

Safe and Sound has been robustly developed to offer alternative in-home interventions for families at risk of having children removed and entering foster care. Under its current piloted FY2011 implementation, families are recruited and invited to participate in the initiative if they meet the criteria indicating that they are at high risk for removal of children from the home. Through the convening of periodic Family Action Meetings, the intervention team (including family members and their invited stakeholders) engage in open discussion regarding the risk factors and together, they make determinations for how best to overcome these factors.

What sets Safe and Sound apart from other in-home or community-based interventions is the role of the Family Court judge. Rather than a directive influence as is required in court proceedings, here the judge plays the unique role of an *equal* member of the family team. His/her role is not to compel the other members of the team to action, but to re-state for clarification what the team members have determined for themselves. As a judicial officer, he/she is highly trained and skilled at listening to the facts of a situation and focusing in on the most important points. With this expertise, the judge helps team members to sort through many complex issues and to focus on the most critical barriers so that the team can begin

identifying solutions. The judge can also provide a realistic and accurate view of how the family's life can and would be impacted if a child is removed or if the case becomes court-involved. The judge is best qualified to answer any questions about the judicial system and to address expectations and risks of further penetrating the child welfare system.

Evaluation of the Safe and Sound Pilot initiative will be conducted by CFSA's Office of Planning, Policy, and Program Support along with the CIP. The evaluation team has developed tracking and evaluation tools, including a participant exit survey, to assess outcomes of the selected participants and the control group for the first year of the project. Every six months, the evaluation team will generate reports that will identify findings to help in refining the pilot project.

With respect to families receiving conventional in-home services, CFSA's [\*In-Home Practice Guide\*](#) provides social workers with all the necessary practice considerations for safe case closure. Prior to closure, social workers engage families during visits using a strength-based case management approach to assist family members to achieve their treatment goals, and to address and reduce or eliminate risk behaviors. This approach includes working with the Collaborative FSWs who provide linkages to nearby services and supports that are made available through the Collaboratives' capacity building efforts. With the assistance of formal and informal supports, including individuals and organizations, in-home workers further help families to create linkages through the following steps:

- Coaching families to advocate for themselves, and modeling self-advocacy, patience, and problem-solving skill sets.
- Assisting the family to identify its service needs.
- Exploring how families have solved problems in the past and identifying what formal or informal supports may have been helpful in the past.
- Encouraging mothers to identify fathers early in the case, and explaining to the mothers the benefits to their children when the father and/or paternal family members are involved with the child's growth and development.

When the family has achieved its treatment goals and has consistently demonstrated its ability to function at an acceptable level (as defined by the SDM tool), and there have been no substantiated reports of abuse or neglect within a three-month period (and the risk of future abuse or neglect has been appropriately lowered), the social worker engages with the family through the following required case closure activities:

- Visiting the family within 30-days of the case closure date.
- Interviewing each child of appropriate age and completing an SDM assessment that indicates low risk.
- Discussing family progress and family functioning vis-à-vis case goals while emphasizing specific gains.
- Assisting the family with locating appropriate services for continued support following case closure.
- Completing a comprehensive safe case closure summary.
- If the case is being referred to a Collaborative for ongoing supportive services, participating in a case transition staffing prior to closure.

All social worker supervisors must provide a formal review and consultation of closing activities prior to the actual safe closure of the case.

**Outcomes:**

- Strengths and needs assessments in addition to safety and risk assessments are completed within 30 days of case opening and every 6 months thereafter.
- Social workers make twice monthly visits to each family, at least one of which will occur in the family home.

**Goal 4:**        *Strengthen decision making and case planning for service delivery to abused and/or neglected children and their families.*

**Objective:**    Emphasize use of family involved team meetings.

CFSA has incorporated several evidence-based, family-involved meeting models (described below) as part of its commitment to improving family engagement in the case-planning process. These meetings include an opportunity for families to engage in case reviews as well as providing input for a child or youth achieving permanency goals.

#### Family-Involved Meeting Models

In its CFSR PIP, CFSA made the commitment to improve family engagement during the case-planning process. Accordingly, throughout the two-year PIP reporting period, the Agency completed a number of policy and practice improvements with the intent of immediately bringing family members into the case-planning process whenever a case is initially opened, and maintaining their involvement and buy-in to the case plan goals until safe case closure is attained. Family involved team meetings are an integral component to achieving that outcome.

As part of this commitment, the Agency employs an array of family-involved meeting models in its case management approach. While the models vary according to the time and circumstance of the meetings, CFSA's approach to family-involved meetings is uniform:

- Meetings are facilitated in a safe environment by respectful and culturally competent staff.
- Clients are partners in team planning and decision-making.
- Social workers and meeting facilitators employ a strength-based approach.
- Families utilize their own expertise, wisdom, and knowledge to determine their particular needs and services.
- The primary focus remains on child safety and permanency.

The consistent use of family-involved team meetings promotes and increases the likelihood of positive permanency outcomes because family involvement begins at the earliest junctures of the case. This involvement reduces boundaries between the family and the system because the family's insights and contributions are clearly respected and incorporated in the case-planning process.

Throughout the life of a case, CFSA employs the following models of family-involved team meetings:

*Family Action Meeting* – Family Action Meetings are currently being implemented as part of the CFSA's Safe and Sound initiative (described above in Goal #2). Participating families will be responsible for working with the Safe and Sound team to develop a Family Action Plan, which addresses issues surrounding a family's particular risk factors for a child being removed and further proposes solutions toward mitigating those factors. The first step in development of the Family Action Plan is participation in the Family Action Meeting. The goal of these meetings is for the family and stakeholders to discuss and agree on progress expectations as well as a concrete set of action steps for alleviating the family's risk factors. Participating families will be encouraged to suggest potential team members for attendance and

input, and who may provide additional support to the family, especially persons who would put them at ease and help them feel comfortable during the team meetings. Also among the team participants will be a presiding judge of the DC Family Court, a Collaborative FSW, a CFSA social worker (and/or supervisor and program manager), a representative from PAP, and representatives from other resource agencies, based on the family's particular strengths and needs. In most cases, the meeting facilitator will be the judge, who will follow a pre-determined structured agenda. A coordinator will log discussion points and decisions into the Family Action Plan as appropriate.

*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 formal Family Team Meeting (FTM). At-Risk FTMs are offered for all cases assessed as intensive risk following the Child Protective Services SDM assessment performed during an abuse or neglect investigation. CFSA invites FTM participation from the youth or child (when age appropriate), birth parent(s), guardian *ad litem*, caregiver, adult members of the extended family, and any other person 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 Conference (FGC)* – In cases where a child's permanency goal is reunification, CFSA in partnership with the Columbia Heights/Shaw Family Strengthening Collaborative will jointly facilitate an FGC, which incorporates the highest level of family involvement and self-determination among the various family-involved meeting models. While these team meetings may be held at regular intervals as CFSA social workers partner with the age-appropriate child and his/her family to progress toward reunification, FGCs that are held during the days preceding reunification are most critical. The CFSA social worker, Collaborative FSW, and the child, family, and extended family utilize the FGC to address any lingering risk factors that may remain as potential barriers to reunification. The FGC is also an opportunity for the family team to develop strength-based solutions or remedies to risk factors and to participate in strategizing for a timely and lasting reunification.

*Listening to Youth and Families as Experts (LYFE) Conference* – As part of the CFSR PIP, CFSA has committed to reducing the number of youth who have a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA). The LYFE conference is a key process step that CFSA introduced in FY 2009 to mitigate the use of APPLA goals. LYFE conferences focus specifically on the youth's preparedness for independence and developing and maintaining family connections and supports. LYFE conferences are usually attended by the youth in foster care, his/her family and kin, social workers and supervisors, and a trained facilitator. Prior to the conference, the youth identifies key family members who can play an active role in decision-making during the meeting. The youth identifies his/her individual strengths and communicates specific needs while also discussing family strengths and needs.

Collectively, conference participants frame permanency options and determine action steps to achieve the youth's desired outcomes. If it turns out that APPLA is the most appropriate course of action, then a recommendation for such a change will be sent to the Director's office for approval, *but only after the LYFE conference occurs*. One of the key outcomes of LYFE conferences is achieving consensus among the youth and his/her key family members as to the youth's skills, and laying out a formal roadmap with assigned roles and responsibilities for key stakeholders to support the framework outlined for the YTP.

*Youth Transition Planning (YTP) Meetings* – For older youth in care who are preparing to exit the foster care system, the transition planning process includes periodic case management team meetings commencing at age 15 years during the Individual Transitional Independent Living Planning process (ITILP), and then continuing from age 18 through 21 years with the YTP process. These transition

planning meetings are youth driven but family inclusive. They are facilitated by OYE Independent Living Specialists and social workers. The following overarching purposes are included:

- To identify expectations and responsibilities for youth, family members, caregivers, social workers, and other identified stakeholders as they pertain to the youth's preparation for and transition into independence.
- To provide a summary of ongoing services and supports to the youth, as well as a summary of the youth's progress towards identified goals; and, serves as a youth-driven planning process.

Because these transition planning processes are youth driven, the team meetings provide a forum for the youth to make known his/her individual concerns about moving on to independence. Further, they promote open dialogue with other stakeholders (e.g., family, friends, community-members, service providers) by developing a sound plan for transition or by refocusing the youth on his/her goals, as appropriate. A key reform strategy for these meetings is the Agency's acknowledgment that those family members and adult relatives who may not be appropriate as placement resources are still valuable family and community connections for youth during the time of transition. The Agency therefore encourages their involvement in the transition meetings.

Since FY 2010, CFSA has incorporated the YTP meeting model, which begins as soon as a youth turns 18 years old. Since youth in the District are able to receive services until age 21 if they have not yet reached permanency, this allows more time for the youth and key stakeholders to understand the complexities of the youth's upcoming transition, and extend the time available for them to gather the skills necessary to live self-sufficiently and independently following exit from the foster care system

*Structured Progress Review (SPR)* – The SPR (formerly Administrative Review) provides families with an opportunity to come together to discuss the case with an independent reviewer, social workers, supervisors, attorneys, guardians *ad litem*, Court Appointed Special Advocates (CASA) and foster care providers. The SPRs occur every six months (for as long as the youth remains in foster care<sup>2</sup>) with a focus on permanency, i.e., addressing accomplishments, barriers, and next steps. SPRs, their target populations, and goals are discussed in greater detail below.

**Objective:**     **Engage all youth and family members (whenever possible) as full partners in case planning and team decision-making.**

In addition to the family-meeting models described earlier, CFSA has reinforced the importance of family engagement throughout the entire continuum of a family's involvement with the District's child welfare system. This includes policy updates as well as adoption of the PADRE model (described below) to engage fathers for positively impacting permanency and child well-being outcomes.

One of the five major themes of the Agency's CFSR PIP was Engaging Families in Case Planning. For the entire two year period of the PIP, which came to formal closure at the end of December 2010, CFSA steadily revamped existing protocols surrounding effective family engagement while simultaneously developing new practice requirements for specific case circumstances so that further client involvement in case planning could be expanded. As part of the overhaul of its case planning approach, CFSA looked at cases at every stage of involvement in the child welfare system and devised program enhancements to improve family engagement along the entire continuum. From the outset of the Agency's involvement with a child or youth through to permanency and the transition to adulthood, CFSA has made fundamental modifications to its approach to family engagement.

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<sup>2</sup> SPRs occur for children/youth between the ages of 0-17 who are not in pre-adoptive homes.

The Agency's PIP accomplishments toward youth and family engagement in case planning included:

- Revision of diligent search procedures to optimize efforts for locating, contacting, and soliciting case participation of biological and extended family members very early on in the case.
- Enhancement of family outreach and communication processes within the FTM model to maximize family attendance at these critical meetings.
- Introduction (at various life stages of a case) of innovative family-involved team meeting models, including FGCs, LYFE Conferences (as described above), and youth transition meetings.
- Development of a new practice protocol for engaging incarcerated family members so as to minimize barriers to their involvement in case planning during their incarceration.
- Completion of a family engagement protocol specifically for clients and families that have experienced domestic violence.
- Development of a new [\*Permanency Planning Policy\*](#) for system-wide implementation that emphasizes the need (and outlines practice steps) to engage family and relatives at every stage of case planning and permanency plan development.
- Finalization of a formal process that requires the Agency Director's approval before a youth's permanency goal can be changed to APPLA, in addition to protocols that require continuing family engagement in cases where a goal change to APPLA is appropriate.

The Agency recognizes that early engagement of family members is part of building an effective case-planning team. It not only fosters a positive partnership and sense of ownership for successful action steps, it naturally improves outcomes for children and their families. As a result, CFSA's overarching values with respect to case management in general and family engagement specifically are fully integrated into its family engagement initiatives. These case practice attributes are outlined in *the Out-of-Home Practice Model*: child safety-centered, family-focused, community-connected, strength-based, and solution-oriented.

Also as part of its CFSR PIP, the Agency updated policy and created entirely new governance to address fatherhood engagement in case planning. The importance of locating and engaging fathers, especially non-custodial fathers, is completely evident in Agency policy. However, CFSA's ongoing PIP Case Practice Improvement reviews revealed that practice with respect to certain elements of family engagement in case planning was not reflective of the new governance. As a response to case practice concerns, CFSA launched a new fatherhood engagement group in FY 2011. The group is comprised of child welfare professionals from various disciplines within the Agency and advised by a larger community-involved advisory group made up of researchers from the academic community and other human services stakeholders. This CFSA fatherhood engagement group has developed the following PADRE model to outline its objectives for positively impacting case practice and outcomes with regard to engaging fathers:

- **Practice Standards** – The group is working to clarify and distribute core values and procedures regarding fatherhood engagement. Its approach elucidates and strengthens existing policies and procedures while forging partnerships with external agencies and organizations to expand resources.
- **Accountability** – The group will ensure social worker adherence to practice values, standards, and procedures through management monitoring, oversight, and enforcement.
- **Documentation** – The group will support appropriate and timely documentation of all fatherhood engagement activities in the FACES.net management information system.
- **Responsibility** – The group will promote ownership of fatherhood engagement at all staff levels.
- **Education** – The group will work with CFSA's Child Welfare Training Academy to strengthen fatherhood-related aspects of pre-service and in-service trainings for social workers.

The group is also approaching the issue of fatherhood engagement from a day-to-day practice perspective. Its intent among front line staff is to promote the value statement that children have the right to be connected with both of their parents, and that there is inherent benefit in making and maintaining that connection. At the same time, parents have the right and responsibility to be connected with their children, and the benefits are inherent for them as well.

**Objective:     Enhance involvement of family members, youth and stakeholders in the Administrative Review process (now called Structured Progress Reviews - SPRs).**

The Agency actively encourages participation of family, youth, and stakeholders in the SPR process to strengthen practice in general and outcomes for individual families in particular. The SPR provides a forum to evaluate CFSA (and private agency) case practice in general as well as performance on federal and local benchmarks, including the requirements mandated by Fostering Connections Act, the CFSR PIP, and the Agency's newly developed Exit Plan. The following considerations are discussed 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 age-appropriate child involvement in case planning (including signatures on hard copy case plans)
- 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 family at the SPR
- Frequency and quality of social worker visitation with child and family
- Evidence that the Agency has filed a motion for Termination of Parental Rights (if applicable, or as required under the federal guidelines of the Adoption and Safe Families Act)

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 also provides CFSA with an ongoing opportunity to assess whether children, youth, families, and/or foster families are receiving the services and supports they need.

Beyond its utility as a Quality Assurance mechanism, the SPR also provides another valuable opportunity for family engagement in case planning. The SPR unit has made a concerted effort in this regard throughout FY 2010 and 2011 to enhance its outreach and communication strategies to maximize attendance of (age appropriate) youth and family members. Whereas the primary tool for notification of stakeholders of an upcoming SPR is a written notification (generated from CFSA's FACES.net management information system), SPR staff are also required to proactively seek out accurate contact information for parents, especially fathers, and other adult relatives of children in foster care. SPR staff



members work closely with social workers as well as with staff from the CFSA's Diligent Search Unit to identify and locate these stakeholders as appropriate, and then to reach out to them directly to advise them of the upcoming SPR and to invite their participation.

SPRs occur every six months for youth who have been in foster care for at least 180 days.<sup>3</sup> On average, over 95% of these reviews occur on a timely basis. Six weeks prior to a review, the review specialists send written notification of the scheduled SPR to parents and involved family members. The review specialists also telephone family participants with a reminder two to three days prior. All parents are expected to be present for the SPR except in cases where parental rights have been terminated, or the parent is unknown (or incarcerated or otherwise physically unable to attend). The SPR specialists may still inform these parents of the occurrence of the meeting, particularly for those parents whose legal rights are terminated but still have an ongoing emotional bond with the children. There is, nevertheless, no expectation that they attend.

Outcomes:

- CFSA will engage families in team meetings within 72 hours of a child's removal from the home, and regularly thereafter throughout the life of the foster care case.
- With the family's input, CFSA will develop timely, comprehensive, and appropriate case plans that reflect family needs.
- The attendance of family members and/or other supportive adults at SPRs will increase.

## Permanency

**Goal 5:** *Achieve permanency in a more timely manner for children in foster care.*

**Objective:** Minimize placement disruptions for children in foster care.

CFSA integrates two fundamental strategies for minimizing placement disruptions: (1) the engagement of families and resource parents in all team meetings and (2) the use of intervention services for children and youth who are struggling with emotional and psychological challenges that impact placement stability. In addition, after careful examination of the overall historical structure of the Placement Services Administration (PSA), CFSA has implemented a phased-in redesign that includes new policy initiatives along with centralization of the placement function to better coordinate services and utilization of placement resources.

With respect to national standards for placement stability, the percentage of children who experience two or fewer placements within twelve months of entering CFSA's care consistently hovers at or near 80%. The following practices and programs are currently geared toward minimizing placement disruptions:

- *Family-Involved Meetings* – CFSA conducts ongoing family-involved meetings starting from the FTM at case opening and continuing periodically through case closure. A central principle of effective teaming for out-of-home care is the inclusion of family and age-appropriate children in both case planning and decision-making activities. Teaming with the family also provides the social worker with the most advantageous opportunities for applying well-informed and creative approaches to achieving permanency. Family-Involved Meetings are not to be confused with the formal FTM, which is facilitated through CFSA's Office of Clinical Practice. A case-carrying

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<sup>3</sup> SPRs do not occur for children/youth with the goal of adoption who have been in a pre-adoptive placement for 8 months, nor do they occur for youth ages 17 and older.

social worker may schedule and facilitate meetings for a child's support team throughout the life of a case, including meetings for case planning and discussing permanency goals. By convening the case management team on a regular and periodic basis, ongoing family-involved meetings allow youth, foster parents, social workers, and other stakeholders to discuss and resolve potential issues before they escalate or result in a disruption.

- *The Children and Adolescents Mobile Psychiatric Services (ChAMPS) Program* – ChAMPS provides 24-hour, 7 days-a-week intervention for youth facing a behavioral or mental health crisis. Funded by DMH, ChAMPS is free to any child residing in Washington, DC, including DC children in foster care who are placed in Maryland. The primary goal of the program is to help keep children in their homes while also helping them to manage extreme emotional behavior. The ChAMPS' highly trained crisis teams are deployed to the home to assess the situation and determine the best course of action.

Throughout FY 2011, CFSA has been in the process of a phased redesign of its PSA. The focus of the redesign includes strategic structural changes in the roles and functions of CFSA and private agency social workers and staff as well as enhancements to the range of placements and the assessment and matching process. This process includes the development of a new policy, staffing preparation to manage the centralized placement function which will encompass CFSA and the private agencies. This new process will allow CFSA to improve placement stability for children and youth in privately purchased out-of-home placements. The following key elements are included in the PSA 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. The FTM process will be used to properly inform case stakeholders of the individualized needs and available resources for the child.
- *Comprehensive Resource Development for the Continuum of Care Model* – CFSA has established a continuum of care from traditional foster care through specialized congregate care settings, as well as varied independent living programs. Moving forward through the use of Human Care Agreements (HCAs), CFSA will have the flexibility and capacity to ramp up or scale down various placement types within the continuum, based on the variable and changing needs of the population it serves.
- *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 regarding service needs, visitation, treatment expectations, contact information and roles and responsibilities for all participants. This new process step will increase accountability and enhance communication among social workers, foster care providers, and children or youth in the foster care system resulting in a reduction of early placement disruptions and replacements.
- *Placement Resources Utilization Review* – CFSA will be completing quarterly reviews of placement utilization in comparison with placement capacity in order to make adjustments as necessary.
- *Centralized Placement Approvals* – Despite the best efforts of a child's case management team, there are circumstances in which a child under CFSA or private agency case management requires a planned or unplanned placement change. The reasons for these placement changes are many, and may be based upon the recommendation of a replacement staffing or imminent risk associated with the current placement. Irrespective of the cause or nature of the change, as of March 2011 all such placement changes require the formal (and prior) approval of the PSA before the placement change can occur. PSA now has in place a 24-hour triage system that allows for rapid response and approval as the case requires.

**Objective:      Increase the number of children who achieve permanency within 12 months of entry into out-of-home placement.**

To maximize the Agency's potential for achieving positive permanency outcomes for children, CFSA has enhanced its concurrent planning procedures both in practice and in policy. In addition, CFSA has teamed closely with the Family Court to ensure that permanency-related decisions are inclusive of concurrent planning efforts. Reinforcing this practice is the Agency's Permanency Opportunities Project which tailors permanency planning to individual needs of children.

In completing its CFSR PIP, CFSA revised its [\*Permanency Planning Policy\*](#) to address concurrent planning in a more uniform way and on a more consistent basis for appropriate cases. The Agency worked with the Court Improvement Project (CIP) of the DC Superior Court (DCSC) to draft and agree upon a *Joint Philosophical Statement on Concurrent Planning*, which became a guiding principle in the policy development with respect to reunification cases and APPLA cases. Social worker procedures for concurrent planning in both instances are robust, but the central tenets are as follows:

- If it is safe and appropriate for the child, promote and maintain family connections for youth in foster care at all stages of the case, even if reunification is no longer an option.
- Always consider kin as first potential resource for permanency.
- Maximize teaming to minimize placement disruptions.
- Be transparent with parents and stakeholders and keep all participants in the permanency plan accountable for its outcomes.
- Periodically discuss other permanency options with youth who have a goal of APPLA, and explore other possible options for a permanency goal.

Concurrent planning involves a regular and periodic re-visitation and reassessment of every child's permanency goal. CFSA's ongoing SDM assessments and bi-annual case plan updates, combined with the evaluative feedback of SPRs and the ongoing oversight of Family Court permanency hearings keep program staff and family stakeholders on task and in focus for action steps that need to be undertaken in order to affect timely permanency.

A key strategy in CFSA's commitment to concurrent planning for youth with a goal of APPLA is the Permanency Opportunities Project (POP). The POP provides specialized permanency support for all children in foster care who are in need of permanency. The POP Teaming unit is trained to partner with the child's ongoing social worker, supervisor, and permanency specialist for the express purpose of removing barriers to permanency and/or identifying potential permanency opportunities. Methodologies include child-centered recruitment, case staffing, and case mining (whereby the permanency specialist intensively reviews cases for identification and connection with the child's family, extended family members, and other persons with significant involvement in the child's life).

**Objective:      Expedite permanency for children placed in pre-adoptive homes.**

As noted earlier, POP is one of CFSA's most promising initiatives for successful permanency outcomes. At the same time, a comprehensive review of pre-adoptive cases has led to a series of new processes and performance measures for increasing accountability for achieving permanency in a timely manner. Details of the new process implemented by CFSA's Family Resources Division are described below. Lastly, CFSA has implemented the provisions of the Adoption Reform Amendment Act of 2010, which removed a significant barrier to permanency for children in the foster care system.

During the summer of 2010, CFSA performed an internal assessment of pre-adoptive cases to establish an appropriate Agency response and plan of action to move children and youth with a goal of adoption toward permanency. Following the assessment, CFSA also put in place a set of phased benchmarks to ensure positive permanency outcomes for these children and youth.

- For those children and youth whose permanency goal changed to adoption prior to July 1, 2010, CFSA set a goal of 40% for youth being placed in an approved adoptive home by December 2010 and an additional 20% being placed by June 30, 2011.
- For children and youth whose goal changed to adoption on or after July 1, 2010, CFSA committed to placing 80% of those youth in an approved adoptive home within nine months of the goal change.

In order to implement these benchmarks, CFSA's Family Resources Division (FRD), which has purview over recruitment for adoptive parents, has monitored the following process steps:

- Recruitment supervisors continue to review monthly management reports to identify children who have had their goal changed to adoption that month.
- CFSA recruiters are now "embedded" with each private agency or CFSA case-carrying administration, and will serve as single, consultative resources for their assigned business units with respect to recruitment and adoption-related activities.
- Recruiters follow the case of each child who has a goal of adoption but is not currently placed in a pre-adoptive home. The recruiters work diligently either to get a referral to the recruitment unit or to ensure that FACES is updated when a home has been identified.
- Once social workers make a referral to identify a pre-adoptive resource, recruiters work in collaboration with the matching staff members, who either identify an existing family or send the referral on to FRD for child-specific recruitment.
- Recruiters immediately contact all pertinent parties, including the POP team, to initiate a permanency planning team meeting (within 95 days) to create a permanency plan that identifies concrete steps for identifying a permanency resource for the child. Follow-up meetings occur every 90 days until a permanent resource is identified.
- Recruiters conduct case mining and utilize diligent search engines to locate family members.
- Recruiters advise program staff on how best to engage family members to build a team around placement resources.
- Recruiters create digital videos of all children needing pre-adoptive homes, and use appropriate Agency-sanctioned websites to stream these videos to an appropriate audience for increasing recruitment outreach.

In addition to these processes, CFSA has fully implemented the provisions of the Adoption Reform Amendment Act of 2010, which extended the duration of subsidy payments until age 21 years for youth who achieve permanency in the District through adoption or guardianship. This major local legislation aligned the durations of foster care payments and subsidy payments, removing a long-standing subsidy disparity viewed by many local child welfare stakeholders as a barrier to permanency. Moreover, CFSA recently received approval of its Title IV-E State Plan Amendment, which addresses services for older youth in foster care as well as subsidies for older youth who achieved permanency. The Agency looks forward to capitalizing on available Title IV-E funding for these populations.

**Objective: Increase parental, sibling and social worker visits for children in out of home placements.**

CFSA recognizes that in addition to being a federally-mandated practice standard, visitation is an effective vehicle for maintaining authentic communication between family members, CFSA staff, and resource parents. Visitation also maintains the integrity of the case-management team, prevents placement disruptions, secures a child's well-being and safety, and expedites the path to permanency.

In April 2011, CFSA updated its [Visitation Policy](#) to integrate the visitation-related responsibilities of new program staffing positions that were introduced at CFSA within the past year. Newly-introduced FSWs and NCMs are now members of the case management team. Both FSWs and NCMs perform visits to children in out-of-home placement and augment oversight, supervision, and case planning. As new additions to CFSA's case-management team, FSWs and NCMs play important roles in ensuring timely and effective visitation for children in out-of-home placement and their families. The updated CFSA [Visitation Policy](#) acknowledges their input into its processes and addresses their responsibilities and practice expectations surrounding visitation.

*Family Support Workers (FSWs)*

For many years, CFSA had realized a number of benefits from having Social Services Assistants (SSAs) and Social Work Associates (SWAs) as part of its organizational structure. These staff positions performed tasks that freed case-carrying social workers to concentrate on investigations and case management while also providing an extra set of eyes in support of children and families. While this model worked well in its time, continuing efforts to improve outcomes called for a stronger approach. CFSA retooled its case-management approach with the introduction of the FSW model. FSWs have stronger credentials than their SSA/SWA predecessors, more skills in managing cases and serving clients, and greater support in helping children achieve permanency, in addition to helping families achieve self sufficiency. With their well-developed client interviewing skills, FSWs play an integral role in assessing the needs of CFSA clients. With finely tuned data-entry skills, they enhance service planning in particular and case record documentation in general.

*Nurse Care Managers (NCMs)*

In July 2010, CFSA instituted the NCM program. NCMs are registered nurses who carry out a series of activities in pursuit of short- and long-term health and well-being needs. CFSA fully expects the efforts of the NCMs to have positive long-term implications for enhancing the safety, well-being, and quality of a child or youth's life through seamless service provision for children assigned to their caseload. Under this Targeted Case Management model, NCMs are responsible for activities including (but not limited to):

- Completing multidimensional assessments.
- Developing care plans to address medical, educational, social, and other unique needs.
- Coordinating, facilitating, and implementing health and mental and behavioral health services.
- Educating clients and providers about activities supportive to health and any related social and educational outcomes (otherwise known as "health promotion").
- Monitoring and evaluating service outcomes and the progress of client patients.
- Advocating for options and services to meet individual health and related social, educational, and other needs in a comprehensive and proactive manner through communication, linkage, and resources that are available to promote quality and cost-effective outcomes.

NCMs also aim to mitigate crises through a preventive and supportive approach to child well-being.

The [Visitation Policy](#) also includes important new process benchmarks and requirements for each of the following visitation domains: social worker visitation with children in foster care, social worker visitation with parents of children in foster care, and sibling and parental visits for children and youth in foster care. As of October 2010, CFSA implemented a new and important overarching visitation requirement that social workers must, in concert with appropriate clients and stakeholders, develop a written visitation schedule outlining the timing, location, frequency, and duration of visits. The development of a formal schedule increases accountability among all involved parties and promotes frequent and quality visitation.

The Agency also developed a series of best-case practice scenario-specific visitation requirements that have been fully integrated into the updated policy.

#### *Social Worker Visitation with Children in Foster Care*

Bi-monthly program staff visits are required for all children and youth in foster care. One of these visits must occur in the home in which the child is placed and must be completed by the social worker assigned to the child or youth. The other required visit may be completed by the FSW, the NCM, or the assigned social worker, and it may occur outside of the home in which the child is placed. Moreover, during one of the two required visits, the child in foster care (over 18 months of age) *must* be interviewed outside of the presence of his/her caretaker, unless it is documented that it is not in the child's best interest to do so. The updated [Visitation Policy](#) also introduces formal safety assessments for each child in the home at each and every visit. Such assessments must be documented in the child's FACES.net case record.

Lastly, in instances where the child is newly placed in foster care, or has experienced a placement change, the updated policy introduces requirements for more frequent visitation from the social worker, FSW and/or NCM in the weeks immediately following the placement change. There is now a requirement that the social worker also engage the foster parent in conducting a formal needs assessment for the child in order to assist with the adjustment and promote stability in the new placement.

#### *Social Worker Visitation with Parents of Children in Foster Care*

Under the updated [Visitation Policy](#), for all initial placements and re-entries into foster care where the focal child has a goal of reunification, the assigned social worker will visit the parent(s) at least one time per month in the first three months following the child's placement. Additionally, the social worker or the FSW or NCM will conduct an additional visit so that at least two per month occur for those first three months.

At each and every visit, the visitor is to discuss and document parent engagement with respect to the permanency goal, case plan, and overall progress toward family stability and permanency.

#### *Visitation Between Children in Foster Care and their Parents and Siblings*

CFSA's updated [Visitation Policy](#) emphasizes the need for weekly visits between parents and children who have a goal of reunification (unless such visitation among siblings is deemed clinically inappropriate according to Family Court ruling). In the event that such visitation does not occur, the social worker must document in the child's case record why visitation with the parent was not in the child's best interest, is clinically inappropriate, or did not occur despite the best efforts by the social worker and Agency to facilitate it.

While the Agency is required to make reasonable efforts to place siblings together in foster care whenever it is possible and appropriate to do so, if siblings are placed apart the [Visitation Policy](#) contains prescriptive minimum visitation requirements. Unless it is not in their best interest to do so, children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings.

Outcomes:

- Children will have permanency and stability in their living situations.
- Children will have appropriate permanency goals consistent with ASFA and DC ASFA requirements.
- The continuity of family relationships and connections will be preserved for children.
- Children will be in permanent settings after a shorter period in foster care.
- The number of disruptions of permanent placement will be reduced.
- The number of guardianships will be increased.

**Goal 6:** *Improve placement resources for children in foster care.*

**Objective:** Ensure that children are placed in the least restrictive and most family-like setting that will meet their needs.

To ensure that children and youth are placed in the most family-like setting, CFSA has implemented several strategies, outlined below, that include input from stakeholders, foster home recruitment, and revisions to CFSA's former *Placement Policy* (currently the *Placement and Matching Policy*) requiring more stringent standards for placing children or youth in congregate care settings.

The Agency continues to make progress towards the following stated outcomes:

- More children will be placed in the least restrictive and most family-like setting possible.
- Fewer children will be placed in congregate care settings.

*Permanency Forum Events*

Toward the end of FY 2010 and into FY 2011, the Agency organized and hosted a series of three initial "Permanency Forum" events, which was a stakeholder consultation process that sought as its broad goal to identify experiences of existing and potential challenges to the family-based kinship placement model. In addition, the Forum sought to formulate consensual recommendations or action steps that would enable all concerned to successfully navigate and reduce the impact of the challenges.

The final report of these events was distributed to all participating stakeholders, and following the identification of four core development areas, four corresponding workgroups were established to address these priority issues throughout FY11:

1. Improving communication between youth, families, and social workers.
2. Education of stakeholders that permanency can be achieved through adoption for all children and youth, regardless of age.
3. Using safe, calculated flexibility when licensing kinship and foster parents.
4. Improving engagement of families (birth, kinship, foster, and adoptive).

*Targeted Foster Home Recruitment*

The Agency has redoubled its efforts to purposefully recruit family-based providers by partnering closely with the local Collaborative agencies as a means to reach viable resource parents from local communities. At the end of last year, two Agency recruiters were directly affiliated to a Collaborative agency to support

a sustained effort to reach out to a diversified candidate pool. In addition to this main goal, the Agency is confident that this shift will over time facilitate enhanced community awareness of the needs of local children in foster care, raise awareness in local communities about the opportunities to foster and adopt, reduce the rate of community displacement caused by fostering children to outside neighborhoods, and increase the number of resource parents in the District for traditionally “hard to place” populations, including sibling groups, those who have diagnosed as developmentally delayed and medically fragile, and children and youth who self-identify as LGBTQ (Lesbian, Gay, Bisexual, Transgender, and/or Questioning).

In an additional effort to plan family-based placement resources in a more detailed fashion, the PSA has developed a database that tracks the progress of prospective resource parents from the point of recruitment and orientation up through the completion of the licensing process. This system allows staff to monitor the percentage of recruits who are able to complete the whole process and then are eligible to come online as part of the network of available homes accessed through the PSA.

#### *Placements for Children & Youth Diagnosed as Developmentally Disabled & Medically Fragile*

The Agency remains focused on developing the highest quality, local, family-based placements for children diagnosed with disabilities. In a targeted effort to recruit resource parents for the medically fragile (MF) population, dedicated staff is now connected with an array of local home health care providers, local hospital centers and a local university, where they maintain a recruiting presence with these partners by providing workshops and training sessions promoting fostering opportunities. This strategic partnership provides access to an enlarged network of potential resource parents for children and youth presenting a greater range of care needs.

The Agency is pleased to report that local family-based capacity for children and youth diagnosed as developmentally disabled and MF has increased to 75 beds.

#### *Developing Placements for Children and Youth who Self-Identify as LGBTQ*

There has been considerable progress in taking steps to actively recruit resource parents for the LGBTQ community this year.

Agency staff regularly partners with Rainbow Families DC, a non-profit organization for LGBT parents or prospective parents, and participated in an event last November to promote partnerships with providers committed to becoming foster and adoptive parents for LGBTQ youth. The recruitment team has also partnered with Open Door Church, a collective of churches working together to serve the LGBT community, to identify potential resource parents. Additionally, recruiters are participating members of the Human Rights Campaign’s, [\*“All Children, All Families” initiative\*](#). As of June 2011, CFSA has 31 foster family placement slots for youth who identify as LGBTQ.

#### *Placements for Sibling Groups*

The recruitment of resource parents and potential adopters for sibling groups has remained consistent over the past year. Given the demand for resources in this area, it nevertheless remains an area of core focus for recruiters, and continues to be emphasized during each orientation.

#### *Teen Bridge Program*

The *Teen Bridge Program* continues to serve teens in need of support as a transitional living option to prepare for independence. This clientele is typically not prepared for traditional Independent Living Programs (ILPs), so the program bridges the gap between ILPs and traditional group homes. Staff is especially trained and experienced in supporting and developing these residents. The program continues



to be a highly valued placement option. In FY10 the program capacity was 26 beds (14 for females and 12 for males), and this has now increased some 46% to a total of 38 beds. Recent developments have included the creation of a unit for males who identify as GBQ, although most bed increases has been for females.

#### *Stabilization and Respite (ST\*A\*R) Homes*

The ST\*A\*R model provides continuous emergency placement capacity for any child or youth cleared for placement, with the exception of those requiring psychiatric care. The first home opened five years ago and the program continues to serve children and youth until 21 years old, although most ST\*A\*R beds are utilized by teenagers. Under this model, children, youth, and families are provided essential support immediately following initial home removals or placement disruptions, in addition to providing support for returning absconders and/or during other circumstances where an emergency placement is required. The Program also provides short-term (up to 10 days) emergency placements in a family setting for children who come into placement after regular work hours (with the average stay being seven days). During this time, services and resources are put into place to facilitate a smooth transition into an appropriate foster home.

At the end of FY 2010, CFSA maintained 12 beds throughout the District. For FY11, the realistic goal is to increase capacity to a total of 21 beds. Current capacity is 15 beds and recruitment efforts continue so that the end of year target is met.

#### *Stabilization Diagnostic Centers*

Stabilization Diagnostic Centers serve youth between ages 16-21 that exhibit persistently complex behavioral issues. These time-limited interventions provide sufficient time to conduct an assessment and stabilization period with the youth, generally up to 45 days, before discharging to an appropriate longer-term environment.

#### *Mockingbird Family Model for Kinship Resource Parents*

Continuing the excellent work of the Mockingbird Family Model (MFM) project, a specialized kinship constellation was launched in early FY11 that established a supportive network solely for kinship resource parents. This initiative strengthens peer and Agency relationships, and ensures placement stability prior to guardianship finalization. Throughout FY11 and beyond, CFSA will continue promotion of the MFM project to private child placing agencies, reinforcing MFM as a viable and effective means of providing foster care services to the geographic wards in the District that have a high concentration of children and families involved in the child welfare system.

**Objective:     Implement and strengthen foster care services that reflect a continuum of levels of care (LOC) based on children’s specific needs, including traditional and specialized foster homes.**

In addition to the redesign of the PSA which focused on placements based on children’s needs vs. immediate placement availability, CFSA has implemented HCAs. The HCAs are detailed contractual arrangements that specify expectations of providers for placing children with traditional, therapeutic, and specialized needs. These agreements are a shift in practice that complements the redesign of PSA. Whereas decisions and placements may have in the past moved between and within private agencies, the redesign now fully centralizes all placement decisions within PSA.

#### *Placement Services Administration (PSA) Redesign*

The Agency has now completed the repurposing of its PSA. The Agency now offers a considerable array of placement options through performance-based HCA, which demand the highest standards of care, including fully responsive 24-hour placement services from all providers for all children.

Placement decisions are now fully centralized within PSA, eliminating all moves between and within private agencies without CFSA approval. Approximately 200 unplanned placement moves occur each month that are managed by the private agencies. PSA does not itself assess each individual home involved in any change, but approves the request for a placement change once the assessment information and comprehensive rationale for the change has been provided.

The PSA continues to use an effective needs-led matching process to determine appropriate least-restrictive individualized placements for all children coming into care. Additionally, since March 2011 the Agency has a team of placement specialists that remain “on-call” to serve as expert consultants able to make any necessary placement matching decisions 24-hours per day. Wherever it is possible and safe to do so in the best interests of all children being placed, these experts attempt to keep siblings together.

PSA continues to develop a comprehensive work plan that includes short-term and long-term objectives while simultaneously continuing to develop a broad range of resources and supports for its stakeholders, including a directory and network of family supports and available placement resources. In addition, PSA has adopted a community approach for accessing resources and specific services within local neighborhoods and geographical areas. The Agency continues to support its private agency partners to do the same outside of the District and since December 2010, the National Research Center (NRC) has supported the private agency partners with technical assistance to move the community organizing process forward.

#### *Human Care Agreements (HCAs)*

Following its shift away from traditional contracting methods, the Agency has made considerable progress in implementing HCAs to procure an array of flexible, fit-for-purpose placement resources that employ a client-centered approach to child and youth needs. The HCA process does ultimately mean that changes in contract capacity can occur more flexibly according to population and program type needs.

As an additional efficiency measure that ensures procurements are optimized to reflect a needs-led approach at all times, the Agency’s PSA has instituted the ‘Quarterly Utilization Review’ process that closely examines the rate of actual usage and the appropriateness of current, contracted, bed capacity for the reality of trends in identified current needs. This process facilitates greater agility for the Agency to allocate financial resources optimally to desirable placement types according to those identified needs. This process continues to grow following the awards made through January 2011 .

HCAs also better equip the Agency with the leverage to maintain acceptable practice and performance standards of private agencies in order to develop excellent services that benefit outcomes for children and youth. For example, historically there has been a wide variation in the quality of staff training and support provided by private agencies, but in accordance with performance-based evaluations, the private agencies must now invest in training and development opportunities for staff that enables them to deliver safe and highest quality services to children and youth.

As of June 2011, all congregate care and family-based HCAs are 100% completed.

**Objective:      Decrease the number of children in congregate care settings.**

Since the establishment of CFSA as a cabinet-level agency, decreasing placements in congregate care settings has been a primary objective. The Agency is currently experiencing success towards this objective through the collective efforts of staff and stakeholders. The results are increased, local family-based placement options as well as expanding capacity for family-based options for children diagnosed with developmental disabilities and MF conditions. Efforts are further detailed below, including the impact of HCAs and LOC certification.

*Planning and Progress on Diversion or Transition to Local Family-Based Services*

Over the past several years, CFSA's firm commitment to local service developments and family-based placement options has enabled CFSA to make steady progress in transitioning and diverting children and youth from residential treatment centers towards local community-based services.

*Reduction of Disabled Children and Youth in Residential Treatment Centers*

In November 2009, the Agency predicted that by December 2011 the population of District children and youth placed in residential treatment centers (RTCs) would be reduced to approximately 66% of the 2009 level. Since the beginning of FY 2011 (through April 2011) the number children in RTCs placed more than 100 miles away decreased by 33% (n=20), from 60 youth down to 40.

Concerted efforts are made by the Agency to improve family and community supports that promote local placement stability. These planned and targeted efforts will continue to reduce the requirement for more restrictive and "out-of-region" specialized placements in the future. One such family and community resource, an NCM Program, was launched last summer, and greatly enhances the health and wellness supports available to resource families. Under this new approach, NCMs in the Office of Clinical Practice, work alongside FSWs and social workers as members of a core team that carries caseloads providing support to children and youth in local placements. In keeping with an ethos promoting local community integration, these professionals provide expertise supporting families that care for children diagnosed as MF, intellectually disabled or otherwise developmentally delayed. The nurses review individual service needs and assist resource families in navigating the health care service systems. Over time the addition of this significant support will increase the willingness of local resource families to care for children diagnosed as MF and delayed or disabled who would otherwise likely transition up to long-term congregate settings.

Overall in this past year, the Agency has made good progress in advancing the community integration agenda for children and youth diagnosed as MF and developmentally disabled. It has expanded its capacity of accessible local family-based placements for these children, having increased available capacity to 35 with plans to further increase the number of available slots to 50 during FY 2011. These resource parents possess the necessary qualities required to safely and sensitively support these children's needs.

CFSA does continue to provide 51 congregate care placements for children and youth, whose needs cannot be safely met at this present time in local family-based care. Five of these slots are designated for children who are medically fragile while the remaining 46 are for children with developmental disabilities.

As part of the HCA model, PSA conducts a quarterly analysis of bed capacity and identifies which congregate providers are not placing the children and youth they are contracted to take. As a result of this process, overall there are 200 less children and youth in congregate care now than there was a year ago.

During FY11, increased collaboration between District agencies and facility treatment teams has been instituted to assure that all residential treatment and discharge decisions and plans are timely and adhere

to the least-restrictive philosophy. LOC certifications are now reviewed every three months after the initial authorization for treatment has expired. If additional treatment time is requested, the treatment goals and expected length of stay is thoroughly evaluated by the team. These multi-agency teams meet weekly and are comprised of representatives from CFSA, DMH, the Office of the State Superintendent of Education (OSSE), Parent Membership and the Department of Youth Rehabilitation Services (DYRS).

Outcomes:

- More children will be placed in the least restrictive and most family-like setting possible.
- Fewer children will be placed in congregate care settings.

**Goal 7:**        *Enhance services to assure that all teens and young adults in foster care are prepared for adult living.*

*Please note:* As with the previous submission in 2010, CFSA has streamlined the objectives under Goal 7 from the five submitted in the CFSP to four objectives which better reflect the Office of Youth Empowerment's efforts to help youth to make lifelong connections and be equipped with the necessary independent living skills to ensure their success after leaving care. As before, there are no significant modifications to the data measures for this goal, but rather the information has been reorganized to more clearly reflect outcomes.

**Objective:**    Refine existing youth services program model to best meet needs of the older youth population.

CFSA's ability to serve the needs of youth has greatly expanded since the inception of the Office of Youth Empowerment (OYE) and the subsequent development of the *OYE Operational Manual*. The initiatives currently promulgated by OYE are detailed below, along with the impact of the Out-of-Home Practice Model for improving service outcomes for youth.

The mission of OYE is to *empower and educate young adults to think beyond today and envision their tomorrow with vigor, focus, and a plan for their future*. To carry out that mission, OYE has shifted its case management structure and services to provide case management services to youth ages 18 - 21 with a goal of APPLA, with a focus on preparing these youth for exit from care, and assisting these youth in identifying lifelong connections that would sustain beyond their time in foster care.

In addition, OYE staff has expanded the delivery of life skills and educational and vocational supports to reach a broader range of youth ages 15 - 21 in order to engage youth in transition planning at an earlier age. OYE offers a college preparatory curriculum to youth in the 10<sup>th</sup> through 12<sup>th</sup> grades and sponsors twice-annual college tours to encourage pursuit of higher education. Vocational assessments provide youth and their social workers with guidance on potential career skills and options.

Through this realigned approach to supporting youth and young adults in the District's foster care system, OYE strives toward its vision of helping young adults to develop and understand the skill sets necessary to help them make sound decisions in the areas of career planning, daily living, housing, money management, self care, social relationships and their work life as they journey toward independence.

To guide practice in this area, OYE has completed a specialized practice document, the *OYE Operational Manual*, which is a uniform guide for social workers, support workers, supervisors, community partners, and stakeholders who support the mission of CFSA and its contracted private agency partners. The *Manual* also outlines procedures for ensuring that CFSA and its partners are meeting the unique needs of

older youth. It is further designed to articulate the major components and functionalities of OYE's structure and support services. As well, the *Manual* examines the OYE service delivery model, including the highly individualized life skills training provided for each participating youth through the assistance of Independent Living (IL), vocational, and educational specialists. Specifically, the *Manual* provides guidance on the following:

- Link between the Operation Manual and the CFSA Out of Home Practice Model
- Conducting ongoing life skills assessments such as Ansell Casey Online Life Skills Assessment
- Roles and responsibilities of OYE staff and child welfare professionals who are working with youth and young adults
- Guidance for transition planning activities and services, including educational and vocational assessments and preparation, and the establishment of lifelong connections

### The CFSA Out-of-Home Practice Model

The principles outlined in CFSA's *Out-of-Home Practice Model* establish best practice standards for OYE's youth-serving staff. Released in July 2009, the *Manual* is a guide for all Agency and private provider staff in understanding the values and commitments that should be applied to their daily work. The *Out-of-Home Practice Model* emphasizes safety, permanence, and well-being for District children, youth, and families involved in the child welfare system. It articulates the overarching values and goals of the Agency and presents practice standards for achieving timely, positive outcomes for out-of-home cases.

In addition to highlighting child safety-centered, family-focused, community-connected, and strength-based/solution-focused practice, the *Out-of-Home Practice Model* also emphasizes the following key components of excellence in practice:

- Teaming - involving all members of the youth's case team with clear assignments and commitments from all parties to ensure the young person receives the necessary services.
- Engagement - building rapport with youth and families throughout the life of a case to bring them together as full participants in case planning and goal achievement.
- Assessment - assessing the strengths of youth and families to allow for further improvement of these assets as well as identification of areas for growth.
- Permanence – ensuring that youth have an enduring connection with at least one committed adult who is safe and stable.
- Case Planning – developing a “roadmap” for promptly moving a child or youth to permanence while also addressing his/her safety and well-being needs.
- Placement - working directly with biological and foster parents, as well as with other significant adults, to support the youth within their current living situations, while ensuring the youth is receiving direct services that maintain or establish permanence.
- Visitation - establishing regular face-to-face quality contact among the social worker, child or youth in care, and family members.
- Preparation for Court - developing a clear and viable case plan which is vital to ensuring a team-driven permanency planning process.

### The Ansell Casey Life Skills Assessment

Since 2005, CFSA has used the Ansell Casey Life Skills Assessment (ACLSA) to assist youth in preparing for young adulthood. The ACLSA is a comprehensive, strength-based, online assessment that is introduced by specially-trained social workers to youth starting at age 15 and offered annually until a youth achieves permanency.

The assessment consists of statements about nine life-skill domains deemed critical by youth and caregivers for successful adult living. There are also supplementary topics designed to help young people who have specific needs and challenges. These supplements address issues related to pregnancy, parenting infants and young children, homelessness, youth values, education, concerns specific to youth who self-identify as LGBTQ (lesbian, gay, bisexual, transgender, and questioning), and youth in foster care who are members of a federally-registered American Indian tribe.

After the completion of the assessment, the social worker and youth create a customized individual learning plan through use of the Life Skills Learning Guide and possibly other supplemental guides. The learning plan provides a clear outline of next steps within the nine domains. Youth may select one or more of these domains to improve their skill sets through activities and exercises based on free or low-cost curricula, guides, and websites. These activities and resources ultimately assist youth in mastering those skills that will assist them in everyday life as they prepare for adulthood.

### Staff Roles & Responsibilities

The *OYE Operational Manual* provides detailed information on the roles and responsibilities of the case-carrying social worker and Consultative Independent Living (IL) specialist (IL)/social worker as well as supportive team members such as the educational specialist, Education and Training Voucher (ETV) specialist, and vocational specialist.

### Transition Planning

Finally, the *OYE Operational Manual* provides guidance for the array of transition planning services available through OYE including college preparation for youth beginning at 10<sup>th</sup> grade, identification of youth for vocational assessments, provision of support through aftercare services and financial assistance such as ETVs and engagement of potential lifelong connections for the youth, all of which are discussed in greater detail below.

**Objective: Improve permanency planning for youth by improving the quality of, and youth involvement in, transition planning meetings**

In addition to the *OYE Operational Manual*, CFSA has recently implemented a detailed transition planning policy document outlining the specifics of the OYE transition planning model, described below. The two-phase process is a comprehensive approach to ensuring that youth are prepared for young adulthood, starting with the Ansell Casey Life Skills Assessment (ACLSA) and formalized through the YTP.

Through OYE each youth is provided with opportunities to master an array of skill sets useful for a successful transition from the foster care system. During this process, CFSA ensures that the youth are supported by a team of individuals that will help plan for the transition and collectively determine the services that are best suited for each individual path to self-sufficiency. Under the current OYE transition planning model, the full process occurs in two phases. The first includes the Ansell Casey Life Skills Assessment (ACLSA), which commences within 30 days of the youth's 15<sup>th</sup> birthday, along with an

Individual Transitional Independent Living Plan (ITILP) meeting. Currently, OYE trains both CFSA and private agency social workers on how to administer the ACLSA. Training is also offered for staff at the Collaboratives, in addition to individuals functioning as Court Appointed Special Advocates (CASA).

The ACLSA covers nine critical life domain areas, which include (1) Daily Living, (2) Self-Care, (3) Work and Study Skills, (4) Social Relationships, (5) Housing and Money Management, (6) Communication, (7) Home Life, (8) Work Life and (9) Career Planning. After an initial conversation with the youth and the caregiver to explain the Ansell Casey Life Skills Assessment, the assessment process, the benefits it offers to the youth, and a timeframe for its completion, the youth and the caregiver complete their respective assessments online. Once a matching score is generated and sent to the assigned social worker, the social worker then has a conversation with the youth and the caregiver about the youth's strengths and any areas of improvements identified within the score report. The social worker, youth, and the caregiver then develop a learning plan based on the identified areas of improvement. It is then the role of the caregiver to ensure that the tasks created within the learning plan are carried out.

The second phase of transition planning begins 30 days prior to a youth's 18<sup>th</sup> birthday with the YTP meeting. The entire process is always youth-driven. Both ITILP and YTP transition planning meetings are co-facilitated by the OYE IL specialists and social workers who provide a summary of ongoing services/supports to the youth, as well as a summary of the youth's progress towards the identified goals. Transition planning seeks to identify overarching expectations and responsibilities not only for the youth but for his or her family, extended family members, caregivers, social workers, and other identified stakeholders.

Since youth under CFSA's care may continue in the child welfare system until the age of 21, the formal YTP process allows the youth and key stakeholders three full years to understand the complexities of the youth's upcoming transition and to gather the skills necessary to live self-sufficiently and independently following exit from the foster care system. In addition, the YTP meetings provide a forum for the youth to make known his/her individual concerns about moving on to independence.

Both ITILP and YTP meetings require teaming and open dialogue with stakeholders (family, identified friends and adults of importance to the youth, community-members, service providers, etc.) who are invested in the youth's future. Together, the youth and his or her team develop a sound plan for transition. If necessary, the transition team will assist the youth to refocus goals, as appropriate.

The complete array of transition planning activities encompasses educational and vocational assessment and services. The services are available to committed youth aged 15-21. Former foster care youth committed to CFSA at 15 years of age (and older) also qualify for services until the age of 23. Youth are able to access these services through weekly group workshops or individual guidance and counseling sessions arranged by the youth, the social worker, and the educational specialist. Youth who are interested in pursuing a college education must be enrolled in OYE and must also be currently enrolled in high school or in a GED (General Educational Development) program.

The *OYE Operational Manual* provides guidance to begin formal college preparation for youth when they are in the 10<sup>th</sup> grade. The College Prep curriculum for 10<sup>th</sup> and 11<sup>th</sup> graders was developed to reach youth at an earlier age and to assist participating students with meeting and exceeding high school academics. In addition, the curriculum prepares youth for graduation and post-secondary education. The College Prep curriculum for 12<sup>th</sup> graders provides educational resources and college awareness to help explore post-secondary educational options. For all participating, committed youth in foster care between the ages of 15-21. Each spring and fall OYE takes youth on a college tour to expose them to post-secondary educational opportunities and experiences. These tours generally extend over a three-day period and

provide cultural and educational experiences that can inspire the youth to examine concerns and personal interests during the college selection process.

Social workers are responsible for assessing if a youth is appropriate for a vocational assessment and submitting the referral to a vocational specialist. The vocational specialist focuses on engaging youth in both formal and informal educational opportunities. OYE's vocational specialist arranges "prospective employer" tours for youth in the District of Columbia. These tours are interactive and allow the youth to gain insight and exposure to career fields of their interest. This is a hands-on approach to helping youth determine their career paths and to develop connections with local businesses and business owners. The specialist also facilitates training and employment opportunities, and develops resources for internship and employment mentoring opportunities for youth in care. The specialist administers vocational assessments for youth and remains engaged in a youth's vocational performance to ensure that adequate supports are in place for successful completion of vocational programs.

Youth receive additional support for educational or vocational pursuits through Education and Training Vouchers (ETVs). The ETV Program allows CFSA to use federal funding to assist youth with education and training services not covered by another funding source. Based on need, youth may be eligible to receive up to \$5,000 in financial assistance per year. First-time applicants must be at least 18 but younger than age 21 to receive ETV benefits. District regulations also require that the youth be in foster care on or after his or her 15<sup>th</sup> birthday, or be adopted from foster care with the adoption finalized after age 16.

**Objective:     Improve aftercare support services for transitioning youth.**

An array of aftercare support services are provided by CFSA, based on funding through the John H. Chafee Foster Care Independence Program. Details follow, in addition to details on CFSA's Rapid Housing Program (RHP).

OYE is able to use federal funding through the John H. Chafee Foster Care Independence Program to provide support and services to youth who leave foster care after age 18 but who have not yet reached age 21. The goal of the Chafee Aftercare Services is to help improve outcomes for youth transitioning from foster care and to help alleviate homelessness. The program also requires that participants recognize and accept their personal responsibility for making the successful transition from adolescence to adulthood and reaching self-sufficiency.

Youth must be at least age 18 years but less than 21 and have transitioned out of CFSA care to be eligible for Chafee Aftercare Services. Youth must also demonstrate proof of financial need (i.e. signed lease, utility bill, etc.) and show that Chafee funding is the sole subsidy for meeting the youth's housing needs, i.e., the youth cannot be receiving Rapid Housing Funds, Section 8, or funding for transitional living programs. To receive support for educational or vocational activities, the youth must be enrolled in an educational or vocational program and demonstrates satisfactory academic standing or employment (as applicable). Finally, the youth must be participating in life skills training or agree to complete money management and budgeting workshops.

The following services are included under the program:

- **Financial Assistance** (when available and based upon need) - an eligible youth may receive up to \$4,800 of accumulated payments and up to \$800 per month to cover the cost of rent, utilities, and security deposits.
- **Counseling** - youth who struggle with daily or personal challenges related to transitioning to adulthood are eligible for counseling.



- **Independent Living Skills Training** - services include but are not limited to career planning, communication skills, daily living, education, home life, housing, money management, self care, social relationships, study skills and work life.
- **Assistance with Referrals to Community Resources** - assistance may include but is not limited to financial, medical, child care, and/or other services on an as-needed basis.

The RHP is a partnership between the Community Partnership for the Prevention of Homelessness (TCP) and the Collaboratives which provides time-limited housing assistance to youth aging out of foster care and into adulthood. RHP is also a resource for families in need of housing for preservation or reunification. In FY 2011, the program's scope was expanded to include families participating in the FTC Program, a family stabilization program which serves parents with substance abuse issues. In FY 2011 to date, the program has received referrals for 32 families (with 56 children). Of those referrals, 11 families (with 18 children) have secured housing utilizing the Rapid Housing Assistance.

The program also serves youth aging out of foster care and into adulthood. In FY 2011, there have been 32 referrals for youth transitioning out of foster care, 2 of whom have secured permanent housing with Rapid Housing Program support.

In FY 2012, the program is funded with \$700K in local funding.

**Objective:**    **Enhance youth capacity to create and maintain lifelong connections.**

CFSA ensures that all youth in care have received powerful inter-administration support for establishing and maintaining lifelong connections prior to exiting the system. Methods and strategies are outlined in this section.

Social workers in OYE, other CFSA program administrations and the private agencies are responsible for ensuring that all youth have lifelong connections (LLCs) to support the youth during and after their transition into adulthood. LLCs are defined by CFSA as committed adults who are safe, stable, and able to provide the following components of a supportive relationship:

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

The *OYE Operational Manual* outlines procedures for social workers to ensure a youth's lifelong connections to family, friends, and community members.

- Social workers shall help the youth identify LLCs who are willing and able to function in the role.
- Once identified and confirmed, youth are encouraged by social workers to regularly visit LLCs. Social workers may find it helpful to inquire about these visits with LLCs during each conversation with a youth throughout the transition planning process.
- LLCs are invited to YTP meetings.
- If permitted by the youth, social workers also maintain contact with LLCs.
- If an LLC lives out of town, social workers arrange for the LLC to visit with youth and/or vice versa.

- Social workers prepare both the youth and the LLC to use visitation as a means to prepare for transition, and to clarify roles and responsibilities post-permanency.

To reinforce the establishment of lifelong connections, particularly for youth who may not exit the system through reunification, adoption or guardianship, OYE teams with other CFSA administrations to be sure that youth who have identified a goal of APPLA are truly prepared and mature enough to embark on this path. Accordingly, OYE incorporates LYFE conferences into the permanency planning process. The LYFE conference is a mandatory key step that must be taken during a youth's transition process before a permanency goal can be changed to APPLA. All efforts to achieve permanency and lifelong connections must have already been thoroughly explored and will be confirmed during the conference.

Outcomes:

- APPLA is the goal of last resort.
- Youth, families and identified supporters attend LYFE Conferences.
- Youth are invested in their Transition Plans.
- Services for youth transitioning to adult living to ensure stability in living, vocational and/or educational arrangements are strengthened.

**Goal 8:**        *Enhance and broaden CFSA outreach and communication efforts to prospective foster and adoptive family resources.*

**Objective:**    Develop neighborhood-based foster care resources.

The Agency maintains a strong network of neighborhood-based stakeholders as well as support from the National Resource Centers (NRCs) for Organizational Improvement, Permanency and Family Connections, along with Recruitment and Retention for Foster and Adoptive Parents. Further, CFSA collaborates closely with the [Foster and Adoptive Parent Advocacy Center](#) (FAPAC), an important source for developing CFSA's cadre of providers. These collaborations and partnerships are outlined in this section.

Grass roots approaches to community engagement have been successful in targeting social challenges and creating greater collaboration within communities and neighborhoods. In FY 2010, CFSA began a major effort to target individual neighborhoods within the District to engage them in support of the fostering effort. It focused on increasing community awareness of the challenges of child welfare, supporting the needs of foster families to increase participation and retention, and creating new opportunities for social dialogue and community resource development. The effort started in FY 2010 when CFSA enlisted the assistance of the National Resource Centers for Organizational Improvement, Permanency and Family Connections, and Recruitment and Retention for Foster and Adoptive Parents.

The NRCs coordinated a series of focus groups with foster and adoptive parents, including kinship caregivers, throughout the District to help CFSA determine the best methods, avenues, and approaches for local neighborhood based recruitment of willing and able foster family homes. During the focus groups, the foster parents communicated their perceptions of the strengths and barriers to effective fostering within their communities. The feedback included very high level concerns, such as their desire for a greater overall understanding among the District's neighborhoods and communities of the importance of fostering and greater appreciation for the valuable service that foster parents are providing toward building healthy lives, neighborhoods and communities. It also included some very service specific issues, such as a perceived lack of respite services for foster parent who occasionally feel that they need one or two days of respite from fostering.

Following the focus group effort and the formal recommendations of the NRC's, CFSA is now engaging on a neighborhood-specific foster provider resource development initiative, with the intent of building community support for fostering as well as growing the cadre of available services and resources for foster parents and the children for whom they are caring. The pilot area for this effort is area code 20017, which is located in Ward 5 and has among the highest concentrations of licensed foster family homes in the District. Over and above the cadre of existing known service providers in the directory, CFSA's Family Resource Division is making outreach efforts to local vendors, merchants, transportation providers, and other community-based agencies and organizations to develop supportive relationships for foster providers. To that extent, CFSA has:

- Assigned two dedicated Family Resource Division staff to work exclusively with the Edgewood/Brookland Family Strengthening Collaborative to take advantage of its community capacity building efforts with a specific eye toward benefiting foster parents;
- working with merchants to create coupon/discount/loyalty programs for foster providers; and,
- partnering with neighborhood business and establishments to disseminate recruitment brochures and information about fostering;

Beyond the pilot, CFSA continues to maintain and expand upon its existing foster family home resource development processes. The Agency has maintained and updated its annual Community Resources Directory for many years, but in FY 2011, CFSA transitioned the directory from a publication to a searchable online [Community Resources Directory](#). The web accessible and user-friendly database contains contact information for service providers/resources that specialize in issues and/or areas of interest such as: domestic violence, adult education, emergency assistance, employment assistance, therapy, food/clothing, HIV/AIDS services, legal services, mental health, mentoring, and subsistence abuse issue.

The Agency also engages in community education regarding family resources for foster families. The Family Resource Division's quarterly newsletter for foster parents and kinship care providers offers a uniform message on resources and highlights District laws and Agency policies that impact the valuable service that they provide. The Family Resource division has also made on-site visits to CFSA's private agency partners to engage and train staff on CFSA's experience developing Mockingbird Model "constellations", which are self-contained supportive and cooperative networks of geographically located foster family homes. Based on CFSA's successful implementation of this model, private agency partners are interested in emulating it, and CFSA has been forthcoming in information sharing so as to facilitate such initiatives among its private agency partners.

CFSA also partners with local advocacy groups such as the [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. Not least among these is ongoing logistical support for issue-specific foster parent support groups. While years ago CFSA initially coordinated a series of ongoing support groups on such issues as grief and loss, fostering older youth, educational advocacy, and working with birth parents, these support groups are now largely self-sufficient, with the assistance and logistical support of FAPAC. FAPAC is also an ongoing partner in the CFSR and PIP activities.

**Objective: Enhance the agency's recruitment campaign.**

CFSA has an ambitious foster and adoptive parent recruitment plan that addresses a wide range of needs.<sup>4</sup> There remains a general need for more foster family resources in the District, and CFSA's approach

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<sup>4</sup> The FY 2011/FY 2012 Foster and Adoptive Parent Recruitment and Retention Plan is included as an Attachment to this report.

toward increasing those resources is multi-faceted, and it includes a robust media campaign as well as the development and maintenance of important partnerships with agencies, organizations and individuals in the District who share CFSA's goal of finding safe and stable substitute care resources for youth in the child welfare system.

The various ongoing and concurrent strategies for increasing foster and adoptive resources are outlined below.

### *Advertising*

CFSA allocates considerable time and resources toward leveraging print, television, radio & multi-media, and online media to disseminate the message of the importance of (and need for) foster and adoptive parents in the District. Historically, CFSA has distributed press releases to the Washington Post and other print media news outlets in and around the District in order to bring attention to the Agency's successes and positive outcomes with respect to fostering and adoption specifically. In recent years, the Agency has found more traction with the smaller neighborhood based-print media outlets such as the Hill Rag, The Blade, and The Washington Informer. Because these publications maintain a more local news focus and an entirely local readership, CFSA has an opportunity to target particular demographics within the District in order to recruit resource parents for identified populations of youth.

CFSA continues to leverage local television to publicize the need for foster and adoptive parents. The "Wednesday's Child" feature on NBC4 remains one of the Agency's largest referral sources for inquiries, especially among adult residents who have never had contact with the child welfare system and are not licensed foster parents.

CFSA also utilizes radio advertising and publicity and distributes its own multi-media production to promote awareness in the community for fostering and adoption. CFSA has an ongoing relationship with DC area radio stations "Praise" 104.1.FM (Radio One) and 95.5 FM (WPGC) to provide publicity to support the Agency's mission. CFSA targeted the "Praise" 104.1.FM Morning Show with Yolanda Adams because data showed that the predominant listener demographic included CFSA's targeted age range of foster parents caring for children. Through the parent recruitment campaign sponsored by the Council of Government (COG) and the Freddie Mac Foundation, CFSA received advertisement time on the show.

CFSA also utilizes online resources to recruit foster and adoptive parents. Among the initiative in which the Agency is currently engaged are:

- The [Freddie Mac Heart Gallery](#) for Washington, DC has been in existence since November 2005. It is an online exhibit featuring photos and personal profiles of forty children in DC area who are in need of a loving adoptive home. Of the 40 slots featured on the Heart Gallery, there are a total of 28 children from CFSA. Visitors to the site can view not only the profile information of children still awaiting adoptive homes, but also view the "success stories" of children who were matched with adoptive families through the intervention of the Heart Gallery sit.
- Additionally, CFSA continues to utilize adoption-specific online avenues to present children who are ready for adoption and their profiles. When children become legally free for adoption (or if CFSA otherwise obtains a confidentiality waiver for a child in foster care), CFSA features them on various local and national adoption-based websites, including:
  - [adoptdckids.org](http://adoptdckids.org)
  - [adoptionphotolisting.org](http://adoptionphotolisting.org)
  - [adoptuskids.org](http://adoptuskids.org)
  - "Kids Need Families Like Yours" page on Facebook

### *Outreach to Lesbian, Gay, Bisexual, and Transgender (LGBT) Prospective Foster and Adoptive Parents*

In FY 2011, CFSA has redoubled its efforts to recruit foster and adoptive parents among the LGBT community. Historically, the Agency approach has been to attend and partake in community events sponsored by the LGBT community, but in FY 2011, CFSA has made efforts to become full community partners with this crucial target population. Toward that end, CFSA has formulated a [community partnership with Capital Pride](#), which is the annual celebration of the LGBT community in the Nation's capital. Traditionally held over the first full week of June each year, the Capital Pride program serves residents and visitors to the Washington DC metropolitan area. Its scope, popularity and profile among the LGBT community make it an ideal partner for publicizing the need for foster and adoptive parents among its participants.

As a result of our increased dialogue with partners working directly with the LGBT community, the Recruitment Unit is making strides in helping the LGBT community view CFSA as an agency that is supportive and open to working with families of all compositions. Increased imaging of LGBT families will continue to be used in marketing material as well as in speaking engagements. Additionally, specific attention is being focused on retaining the families who have already been recruited from the LGBT community and assuring that they feel supported and valued.

As with all of our resource homes, "word of mouth" continues to be the highest referral source and therefore, particularly in close-knit communities such as the LGBT community, the agency must continue to work diligently to make the process of recruitment, licensure, and placement a positive experience.

CFSA is also playing an active part in the Human Rights Campaign's "[All Children – All Families](#)" initiative, which is a national movement to implement policies and practices that welcome all prospective parents regardless of their gender identity or sexual orientation.

#### *Recruitment of Adoptive Parents for Older Youth in Foster Care*

Throughout FY 2010 and into FY 2011, CFSA continued its efforts to help older youth in foster care become more comfortable and open to the idea of adoption. [Kidsave](#) is a program that affords waiting teens in foster care the opportunity to interact with families at planned events, which are intended to match older youth with a family who will "host" them at their home, two weekends a month. The goal of these events and the subsequent matching process is to introduce the teens to the family's lifestyle and its social, cultural, and religious community, which may potentially lead to a permanent placement.

CFSA's Recruitment Unit has partnered with the CFSA Director's Youth Advisory Board (DYAB) to build and maintain relationships between older youth in foster care and Agency recruiters. This partnership is in place to increase the visibility of older youth in foster care and to break down barriers to permanency for them.

The most important aspect of this partnership has been the development of the Teen Speaker's Bureau support group. The group, which is co-facilitated by DYAB members and a LICSW supervisor, encourages youth who exhibit leadership potential to speak publicly to interested audiences (such as prospective foster and adoptive parents) about their experiences in the foster care system, and to provide their own perspectives on the benefits, caveats, and considerations of fostering teens.

#### *Recruitment of Homes for Children Diagnosed as Medically Fragile (MF)*

To address the need for capable and willing foster and adoptive parents for children diagnosed as MF, CFSA's recruitment staff is connected with an array of health care providers, including Children's National Medical Center, Health Services for Children with Special Needs (HSCSN), and various home health agencies to educate and train health care staff. CFSA recruiters participate in in-service trainings

for the staff to discuss the special requirements and particular needs of this population, and of the great need in the District for care providers for them. These existing partnerships provide access to an enlarged network of potential resource parents for children and youth who comprise the medically fragile and developmentally delayed populations.

#### *Recruitment through Neighborhood-Based Community Outreach*

Working with the Collaboratives is part of recruitment's ongoing strategy to have purposeful and targeted foster home recruitment. Since December 2010, two CFSA recruiters have been assigned to each Collaborative to connect with community partners to support a diversified and sustained neighborhood-based recruitment effort. Anticipated outcomes from this recruitment partnership include, increased community awareness of the children in foster care and the opportunities to foster and adopt; and, increased number of foster and adoptive placements for children in their neighborhoods of origin.

#### **Objective: Recruit and approve foster, kinship, and adoptive parents in the District.**

This section also identifies CFSA's efforts to address changes in District regulations and ongoing use of programs like the Structured Analysis Family Evaluation (SAFE) model to mitigate licensing issues. In addition, the Agency has implemented internal policy changes that require notification of relatives who may be available and appropriate to serve as placement resources.

In addition to the various campaign activities outlined in CFSA's recruitment plan, CFSA also is working to enhance its child-specific recruitment of capable foster and adoptive caretakers, especially kin. Moreover, the Agency continues to bolster existing licensure and approval processes for all foster care providers to as to maximize efficiencies and promote lasting appropriate placements.

CFSA devoted its second annual leadership event at the end of FY 2010 to a three-part series of permanency forums. This event provided an opportunity for an expanded group of community stakeholders to identify, prioritize, and consider how to resolve key barriers to permanency for children and youth in care, particularly the large number of "legacy" youth growing up in the District system. Among the principal barriers to permanency that the forum participants identified was a lack of flexibility when licensing kin as foster parents. Through the discussion and feedback, CFSA and the stakeholder participants developed a plan to address this barrier.

CFSA has already begun the process of changing regulations for kinship care. Taking advantage of the option reinforced in the Fostering Connections legislation to waive *non-safety* related licensing requirements for kinship caregivers, CFSA is currently revisiting the District regulations and Agency policy that address these requirements. The process of changing regulations includes legal review and public comment, which may take some time to achieve. In the meantime, CFSA is determining which factors are related to safety and which are not, and will be recommending amended language for the District of Columbia Municipal Regulations. The Agency's Executive Policy Team will be working concurrently to amend policies to reflect the flexibility in the licensing process for kin.

In order to promote early family engagement in case planning, especially in instances where a child has been removed from his/her care, CFSA is revising its policies and practice for notification of adult relatives. Under the Fostering Connections legislation, child welfare agencies must have a mechanism in place to exercise due diligence to identify and notify all adult relatives of a child's removal from his parents within 30 days of that removal. In the course of completing its CFSR PIP, the Agency revamped its [Diligent Search Policy](#) to improve practice around locating parents and family members of youth in foster care. During FY 2011, the Agency is addressing the next step following the diligent search process: relative notification.

CFSA has created a new standard notification packet for adult relatives of children who've been removed from their caretakers and placed into foster care. The packet meets all of the detail requirements outlined in the Fostering Connections legislation, and it includes:

- a business letter that notifies the relative that the child has been removed, emphasizes the importance of maintaining family connections for that child, and outlines various placement options that the relative might consider providing, and otherwise provides information on how to participate in the child's case planning;
- a Frequently Asked Questions (FAQ) brochure that provides great detail on the various options that the adult relative may wish to pursue with respect to case planning and involvement;
- a Relative Interest form that the packet recipient may complete and submit to CFSA to formally indicate their interest (or lack thereof) in participating in the child's case plan; and,
- a Relative Search form that the packet recipient can fill out with the contact information of additional relatives whom he/she believes might also be willing to become involved in the child's case planning

Because willing and capable kin always represent the best placement option for a child in foster care, the relative notification process enhancements represent a major step forward with respect to child-specific recruitment for foster and potentially adoptive placement. CFSA's early engagement of these adult relatives is integral to its commitment to its goal of "first placement, best placement" while maintaining family connections. In concert with CFSA's efforts to increase flexibility in the licensing process for kin, the Agency hopes that these practice advances beget improved permanency outcomes for youth in foster care.

CFSA continues to utilize the Structured Analysis Family Evaluation (SAFE) modality for licensing foster, adoptive, and kinship parents. This modality increases efficiencies with respect to the timely completion of home studies while at the same time enhancing the quality of the study itself. SAFE provides home-study practitioners with unique information-gathering tools, as well as analytical tools and procedures that enable them to accomplish home studies in an efficient, uniform manner while still producing an in-depth, concise and comprehensive report that surpasses the parameters of a traditional home study. The end result is a uniform home study report that not only contains factual descriptive and identifying information about an applicant but also contains a comprehensive psychosocial evaluation that identifies specific family strengths and addresses issues of concern. The SAFE home study also enhances the child placement process by incorporating these same details into the placement decision-making process.

CFSA also manages various concurrent initiatives to improve child-specific recruitment for foster care and adoption. Some of those initiatives include:

- Since October 2009, CFSA has assigned two to three private agency partners and/or CFSA case-carrying administrations to strengthen and expedite the referral process for children when their goal changes to adoption. This strategy has allowed the recruiter's to obtain information about children who may already be in a pre-adoptive home and update the FACES data base system to reflect this information. In addition, this intervention has allowed recruitment to educate and reiterate to the private agencies the importance of this process, the impact it has on permanency and the overall mission of CFSA.
- CFSA developed "Match Made Forever" (MMF) to bridge the gap between waiting, licensed families and the children who are available for adoption, resulting in more matches. MMF is a childless matching tool where recruiters present comprehensive, realistic, and strengths-based presentations about the children that are currently available for adoption to licensed waiting families. It was created to allow for honest dialogue about the needs of the children who are

currently waiting for adoptive homes to our licensed adoptive parents. The response to this new initiative has been overwhelmingly positive.

- CFSA recruiters regularly attend and present child specific information and profiles to the licensed foster family providers during the Post Permanency Family Center's trainings for families awaiting child placement. These occur at least twice a month.
- CFSA continues its Permanency Options Program (POP), which is a permanency teaming initiative involving a High Impact Team that conducts targeted case-information mining, child-specific recruitment, and barrier identification and reduction activities on behalf of children facing significant barriers to permanency.

Outcomes:

- Foster care resources will be expanded.
- More children with special needs will be in permanent homes.

**Goal 9:** *Improve supportive services for existing foster and adoptive parents.*

**Objective:** Strengthen and expand resources and support services for foster parents.

The Mockingbird Family Model continues to thrive as 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. Building on the seven existing constellations which were up and running by the end of FY 2010, CFSA launched a specialized kinship constellation that established a supportive network solely for kinship resource parents.

Throughout FY11 and beyond, CFSA will continue promotion of the MFM project to its network of private child placing agencies, reinforcing MFM as a viable and effective means of providing foster care services to the geographic wards in the District that have a high concentration of children and families involved in the child welfare system. Toward that end, staff persons' from CFSA's Recruitment Unit have made regular presentations to private agency partners to share first-hand accounts of the benefits of the model and the lessons that CFSA has learned during its planning, pilot, and full implementation. The intent of these efforts is to equip CFSA's private agency counterparts with the tools and understanding to develop and sustain their own constellations.

In addition to the aforementioned community-based supports for foster parents that are provided by FAPAC, CFSA also has a cadre of Foster Parent Support Workers who prepare resource parents for their service to children and families in the District through access of supportive services that also help to prevent the disruption of beneficial foster care placements. The following list includes supportive services that are available to all resource parents:

- Pre-Service training, screening, and licensing.



- In-Service training, which provides foster parents with voluntary opportunities to gain or improve upon parenting skills vis a vis the foster care population, and linkage to supportive literature and materials.
- Participation in family involved meetings as a valued member of the child-specific team.
- Regular visits from the Foster Parent FSW, who is assigned specifically to the foster care provider and not to the children placed therein.
- Crisis intervention services to de-escalate circumstances or dynamics that threaten the continuity of a particular placement.
- Referrals for mental health support services that allow birth parents, foster/adoptive parents, kinship caregivers, and group care providers to access emergency assistance from qualified professionals for children/youth who display extreme behavior but do not require hospitalization.
- Referrals for specialized services, such as child care services for working foster parents, educational assessments, tutoring, or transportation to medical and other appointments.
- Referrals to the [Work of Heart Respite Care Program](#) which offers safe care for children in foster homes when the resource parent needs to travel or attend to personal business, etc.
- Linkage and funding for mentoring, tutoring, and/or summer camps for school-age children and youth.
- Linkage to advocacy groups such as the [Foster and Adoptive Parent Advocacy Center](#), which administers the [Peer Advocacy Training Program](#) that provides foster parents and kin caregivers with tools to better advocate for children in their care and to better understand the system under which they are operating.

Additionally, CFSA now publishes the quarterly *Resource Parents Journal*, which 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.

**Objective: Strengthen and expand post-permanency services for children and families.**

The most significant development in FY 2011 with respect to post-permanency supports was the Adoption Reform Amendment Act 2010, which passed Congress on September 24, 2010. The Act extended the duration of guardianship and adoption subsidy payments until age 21 years for youth who achieve permanency (after May 2010) in the District through adoption or guardianship. This major local legislation aligns the durations of foster care payments and subsidy payments and removes a long-standing subsidy disparity viewed by many local child welfare stakeholders as a barrier to permanency. Accordingly, CFSA has amended and received approval of its Title IV-E State Plan (SPA) to demonstrate its compliance with the federal requirements for Title IV-E with respect to this population. CFSA looks forward to accessing Title IV-E funding for eligible youth receiving these subsidies.

CFSA's guardianship and adoption subsidy rates are tiered according to the level of need of each child subsidy recipient, and are generally tied to the foster care board payment that the child received while a ward of the District. However, either during the initial subsidy agreement or throughout the duration of the subsidy agreement, if the child or family's needs warrant, the adoptive parent or guardians may negotiate with CFSA to have the Agency cover costs for support services that are not covered under the conventional subsidy formula.

At the time that a youth in foster care achieves permanency, the Agency's adoptive and guardianship families receive notification of the availability of post-permanency referral and supportive services. CFSA continues its contractual partnership with the community-based organization Adoptions Together to administer the [Post Permanency Family Center \(PPFC\)](#), which provides support services for post-permanency children and families throughout the District. The center offers a wide range of direct services, formal training, and community and peer supports, including:

- Family and Individual Counseling
- Support Groups
- Training
- Case Management & Advocacy
- Parenting Classes
- Respite

The PPFC publishes a bi-monthly newsletter that highlights the most recent research on issues affecting post-permanency families, such as attachment disorders, anger management, and grief and loss. It also contains calendar and event information (including upcoming trainings and support groups) for post-permanency caregivers, recommended reading for caregivers, and creative and/or artistic contributions from subscribers themselves. The PPFC also maintains a very well-utilized resource library, which contains current research, literature, and academic materials on the subject of child safety, permanency, and well-being, as well as specialized clinical research and materials addressing common post-adoption issues.

The PPFC administered respite program, "A Place to Go and Grow" is for adoptive, foster, kinship, and guardianship families raising children between the ages of 8 and 14 with traumatic histories of abuse and neglect. The program's goal is to enhance family stability and reduce the risk of disruption by providing parents with a break from the challenges of raising children with significant behavioral and emotional issues. Likewise, the respite program is intended to provide a therapeutic environment for traumatized children to grow and develop positive peer relationships and enhanced self esteem.

Throughout FY 2011, the PPFC has offered continuous trainings, some of which offer Continuing Education Units for licensed professionals, for both post-permanency caregivers as well as CFSA social workers. The trainings are schedule for weekday evenings and weekends in order to accommodate the busy schedules of post-permanency caregivers, and they are often available online.

A mutual goal of CFSA and the PPFC for FY 2011 and 2012 is to increase outreach to and participation of post-guardianship families. Stakeholder discussion during the Permanency Forums that CFSA hosted at the close of FY 2010 highlighted widespread perception in the direct service and advocacy community that while the PPFC is well-utilized by post-adoptive families, there is disproportionately less inquiry and traffic among post-guardianship families. Because the PPFC's approach is directed at these families to a great extent, the Agency and the PPFC are strategizing as to how to better inform guardians of the PPFC's service and capacity and promote it as a valuable resource to them.

**Objective: Provide foster and adoptive parents with the tools and skills to attend to the varying needs of children in foster care.**

CFSA provides foster care providers with pre-service training utilizing the Model Approach to Partnerships in Parenting (MAPP) program, which is a comprehensive guide for prospective foster parents that leads them through the discernment process into effective child fostering. MAPP training is a topical ten-week program that informs foster parents as to what to expect from the children in their care.

Greater detail on the entire MAPP curriculum and approach is included in the attached Child Welfare Training Academy Training Plan for FY 2011 and 2012.

The model encourages a positive and strengths-based approach to fostering, based on shared decision-making, problem solving, and mutual selection, all of which are necessary to building trust and teamwork among the case management team.

Additionally, CFSA licensed foster parents are required to receive 15 hours of in-service training per calendar year in order to maintain licensure in good standing. The CFSA trainings, provided by the Office of Training Services (OTS) are frequent and wide ranging, touching upon various subjects and issues that are specific to the child welfare population in the District. The program features a “Parenting Partnerships Series” that addresses outcomes-related topics such as permanency planning, sibling & family visits, and empowering non-custodial fathers. as well as community-connected topics such as working with law enforcement, schools and the community at large. Among other training topics are:

- Cardio Pulmonary Resuscitation and Basic First Aide (both certification and re-certification for infants, children, and adults)
- Emergency Preparedness for CFSA Families and Children
- Preventing Disease Transmission
- Maintaining a Lead-Safe Home: Understanding the Effects of Lead Poisoning in Children
- Understanding the Developmental Psychology of the Black Child
- Working with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth
- Grief and Loss: How it Affects Children, their Families, and Social Workers
- Understanding and Preventing Human Trafficking: A Guide for Social Workers and Resource Parents
- Preventing Child Sexual Abuse
- Health and Sexual Wellness: Preventing Teen Pregnancy and Fatherhood
- Trends in Substance Abuse and Treatment
- A Parent’s Guide to Back-to-School Readiness and Services for Gifted Children
- CFSA Discipline Policy Review
- Guide to De-escalation, Passive Restraint, and Therapeutic Assault Prevention
- Understanding the Intersection Between Child Maltreatment and Domestic Violence
- Suicide Prevention for Children and Teens
- Child Passenger Safety Workshop
- Strengthening Relationships Between Father and Mother: A Case for Family Stabilization
- HIV/AIDS and the Foster Child

Finally, following participant feedback from the Foster Parent Summit that CFSA hosted in May 2010, the Agency now compiles and mails hard copy policy advisories that impact foster parents. When foster parent participants indicated that they were sometimes unaware of Agency policies that address foster parenting service delivery, CFSA devoted resources from the Recruitment Unit to ensure that every licensed foster parent and kinship care provider was given hard copies of all Agency policies that impact foster parents. Moreover, the Agency has now implemented a periodic 3-hour in-service cross training session for foster parents and social workers to introduce and outline new Agency policies and procedures that have been recently formalized and implemented.

Outcomes:

- Placements for children in foster care will be stable.
- Foster parents are better able to meet the needs of children.

- More children with special needs will be placed in permanent families.
- Children achieve stability in their permanency arrangement

## Well Being

**Goal 10:** *Improve the assessment of educational needs and the achievement of positive outcomes for children involved in the child welfare system*

**Objective:** Identify educational decision-maker for children in foster care.

All CFSA and private agency social workers are required to complete an Education/Vocation Assessment for all school-aged children receiving in-home or foster care services. Education/Vocation Assessments are tools used to ensure children get the educational support they need. Past comprehensive assessment included sections on educational decision-makers and their role and level of engagement in the child's case plan.

This year, in order to strengthen practice, services, and educational supports for older youth, CFSA has included in the assessment a section that addresses educational involvement and needs of youth in foster care between the ages of 18 and 21 years. These educational assessments are completed twice annually and educational decision-maker information is regularly revisited and updated.

**Objective:** Improve educational teaming, planning and decision-making between child welfare and the state and local education agencies (SEA & LEA).

Efforts engaged a year ago between CFSA's Office of Clinical Practice (OCP) and the Office of the State Superintendent for Education (OSSE) continue and are now part of the core practice around education related matters:

- Educational Assessments are now completed 2x/year for youth involved with CFSA. The assessment identifies areas of educational need that are then addressed by the social work team with the OSSE or LEA as needed, with the support of OCP.
- CFSA Educational Specialists continue to raise awareness around identifying educational decision-makers.
- The school enrollment processes developed between CFSA and the OSSE is effectively facilitating immediate enrollment and enhancing educational stability for children and youth in foster care.
- Continued partnership with the DCSC Educational Sub-committee, that includes judges, educational advocates, the OSSE, and representatives from DCPS) to address key areas of educational teaming and planning.

**Objective:** Conduct timely and thorough assessments of children's educational needs.

In November 2009, OCP's Education Assessments were included as part of the Agency's metrics to track and improve educational outcomes for school-aged children served by CFSA. In 2010, CFSA has added the component of Vocation to the Education Assessment to ensure that youth who are in a vocation program, now called the Education Vocation Assessment. The assessments will continue as a benchmark in CFSA's PIP, extended previous education-related data collection efforts to achieve the following objectives:

- To provide social workers with a tool to assess the educational strengths and needs of children on their caseload and to guide them in addressing challenges as they arise.
- To provide supervisors with insight into the educational needs of the children on their workers' caseload and to support supervision by guiding discussions re: follow-up and interventions, if necessary.
- To enhance the completion of education screens in FACES.net.
- To provide information to OCP on education-related referrals.
- To establish Agency-wide education baseline data.

The Education Vocation Assessments are designed for submission twice annually. In fall 2010, 1821 Educational Vocation Assessments were submitted from CFSA and contracted agencies combined. This comprised a third (57%) of the total population of school-aged children. The statistic for the Spring 2011 submissions is reflected in the data measures for Goal 10.

**Objective:     Improve educational stability for children in care.**

CFSA has most recently been collaborating with OSSE and the LEAs from surrounding jurisdictions for the purposes of promoting awareness around the new educational stability requirements of the Fostering Connections legislation. CFSA worked collaboratively with OSSE to develop a tip sheet for District schools highlighting the basic tenets of the new requirements and underlining the importance of working together with CFSA social workers to either maintain children in their schools of origin following a home removal, or to facilitate their rapid enrollment in the neighborhood school closest to their foster care placement. Internally, CFSA also developed an educational stability protocol that guides social workers through a series of considerations and action steps for determining a child's best interest with regard to school placement following a home removal.

CFSA continues to develop transportation resources to ensure that children can attend their schools of origin. When appropriate, the Agency will seek newly available Title IV-E funding to offset costs associated with transportation to the child's school of origin.

**Objective:     Strengthen early intervention supports and services for children in foster care ages Zero to Five.**

The District of Columbia's *Individuals with Disabilities Education Act (IDEA) Part C Early Intervention* program for children ages 0-5 is administered jointly by the Office of the State Superintendent for Education (OSSE) and the DCPS.

The OSSE *Early Intervention Child Find* program for children from birth to age 2 years and 9 months is a system that locates, identifies and refers children who may have a disability or developmental delay in speech, language, fine or gross motor skills, social/emotional skills, vision, and/or hearing. The program features a Child Find Information Line through which concerned parents, family members, providers, or other professionals may obtain referrals for a full developmental screening for a particular child at Howard University Hospital, Children's National Medical Center, or Mary's Center for Maternal and Child Care.

The DCPS *Early Stages Child Find* program for children ages 2 years and 10 months to 5 years receives phone calls from parents, family members, educators, child care professionals, and clinicians who are interested in conducting early intervention assessments for the District's children. For CFSA-involved children who may be exhibiting potential developmental delays or learning disabilities, parents, social workers, or any member of the case management team (with parental consent) may refer the child to the *Early Stages* program.

Beyond referrals from the members of a particular child's case management team, CFSA's Healthy Horizons clinic is a primary vehicle for these referrals as well. Every child coming into foster care or experiencing a placement change has a health screening at the on-site Healthy Horizons clinic, at which point CFSA's clinical staff and NCMs may initiate further developmental screening referrals if they feel that there are issues that merit such course of action.

Efforts are currently underway to train staff from CFSA's Office of Clinical Practice (OCP) to conduct developmental screenings for all youth ages 2 years and 10 months to 5 years of age who enter foster care. Screenings will be conducted at CFSA using the Ages and Stages Questionnaire (ASQ). If delays are suspected in the screening, children will be referred to Early Stages for further evaluation and consideration of interventions.

All of the above-cited efforts are specific to protecting and nurturing a child's most vulnerable and early, natural developmental stages, while simultaneously securing a child's future capacity for learning and meeting his or her age-appropriate educational benchmarks.

Outcomes:

- Children will receive services to meet their educational needs.
- Children will succeed academically.

***Goal 11: Provide health and well being services for children receiving CFSA services.***

In December 2009, CFSA opened an on-site 24-hour clinic, the Healthy Horizons Assessment Center (HHAC), to identify the medical needs of children and youth in the care and custody of CFSA. Healthy Horizons provides initial or re-placement health screenings for children and youth entering and re-entering out-of-home care, or changing to a different placement, as well as comprehensive health assessments within 30 days of entry into foster care. A team of two medical professionals – a nurse practitioner and a medical assistant – staff the Center. Healthy Horizons nurse practitioners are licensed and fully qualified to conduct pre-placement and comprehensive health screenings. Healthy Horizons also schedules and tracks dental screenings for all newly placed youth. Following the comprehensive assessment, children are referred back to their primary care provider (PCP) of record or assigned a new PCP for ongoing health care needs while in foster care. Children with needs beyond the amount or type generally required may be referred to an NCM.

In July 2010, CFSA instituted the NCM Program. Within the NCM model, registered nurses provide Targeted Case Management (TCM) services to carry out the following activities in pursuit of short- and long-term health and well-being needs for children assigned to their caseload:

- Completing multidimensional assessments.
- Developing care plans to address medical, educational, social, and other unique needs.
- Coordinating, facilitating, and implementing health and mental/behavioral health services.
- Educating clients and providers about activities supportive to health and any related social and educational outcomes (otherwise known as health promotion).
- Monitoring and evaluating service outcomes and the progress of client patients.
- Advocating for options and services to meet individual health and related social, educational, and other needs in a comprehensive and proactive manner through communication, linkage, and resources available to promote quality and cost-effective outcomes.

The NCM role also delivers important returns on investment by reducing crises through its preventive and supportive focus. It further has positive long-term implications for enhancing the safety, well-being, and quality of a child's or youth's life through seamless service provision.

The following six principles define and characterize the CFSA NCM role:

- Provides child-centered care and resources.
- Negotiates, coordinates and procures services and resources in an efficient and sensitive manner.
- Supports and engages families and caregivers as partners to the holistic care planning process.
- Forms relationships to address the immediate health and long-term well-being of children in out-of-home care using a continuum-focused approach.
- Maintains long-term relationships and care networks with stakeholders who are central to the success of the child's wellbeing.
- Uses clinical reasoning and client management skills to facilitate effective care outcomes.

The fundamental objective of the NCM Program is to provide targeted case management and oversight specific to the medical, social, educational, and other service needs of children in foster care who require a type or amount of these services beyond that required by children generally. As such, each NCM will have a caseload of children assigned based on their medical, social or educational needs. Not all children in foster care will have an NCM. The NCM will also collaborate with the Core and Support team members to effectively improve child well-being. Toward meeting these fundamental objectives, CFSA has installed a series of short- and long-term process objectives for the NCMs.

**Short-Term 'Process' Objectives:**

1. Development of a professional relationship for each assigned child in foster care to address unique health and educational, social, and other needs.
2. Identification of the health status and current health needs/acuity for the assigned child engaged in foster care.
3. Connecting clients with an appropriate primary care provider and specialty health providers in a timely and cost effective manner.
4. Development of working relationships and feedback mechanisms for care plan activities outcomes.
5. Development and oversight of a TCM care plan to monitor and facilitate the health needs of the assigned children in foster care
6. Regular assessments of children's progress to achieve health and wellbeing on multidimensional factors.

**Long-Term 'Outcome' Objectives:**

1. Improved timeliness and seamlessness of service provision for children in out-of-home care.
2. Enhanced client quality of life and wellbeing.
3. Empowered clients and/or caregivers for self-direct care, self-advocacy, and sound health-related decision-making.
4. Satisfies all reporting and audit procedures for quality management and documentation of health services.

5. Develops a seamless and multi-focused, community-based healthcare delivery system to effectively address all client health needs of foster care clients.

**Objective:     Improve medical documentation and follow-up for children in foster care.**

It is the policy of CFSA to maintain the medical records of children in its care according to prescribed Agency record-management standards so as to ensure that the timing and effectiveness of all client health care services are maintained with superior quality, even in the event of staff turnover, case transfer, placement change or disruption, or other potential case changes,. FACES.net is the central repository for all child and case-related information within the Agency, and as such includes a specific health care information component that provides a mechanism for safe information recording and sharing that in turn promotes the continuity of health care services for children and youth. CFSA's expectation of the Healthy Horizons Assessment Center and NCM programs is to increase the accuracy and efficiency of medical documentation by housing the responsibilities for such under the CFSA roof.

The CFSA Health Care Coordination Plan sets forth in detail the Agency commitment to ensuring that the most reliable and accurate information is documented on children's health when they are in out-of-home placement. CFSA updates the plan annually to reflect the system's current processes and all practices directed at achieving positive well-being outcomes for children. The Plan clearly outlines Agency requirements with respect to health care records management, content, format, and methods of monitoring and evaluation.

**Objective:     Improve mental health service provision for children entering foster care.**

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

With respect to the range and availability of mental health services for children in foster care, CFSA and DMH continue to build the clinical capacity to treat children locally and to further mitigate the frequency of distant out-of-state placements in specialized facilities. From FY 2009 to the present, CFSA has continued to work alongside DMH to develop additional local mental health services capacity:

- *Crisis Mobile Response:* Services are immediately put into place to stabilize a child's in-home living situation or foster home placement to prevent a placement change.
- *Choice Providers and Core Service Agencies:* 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 both in DC and in 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 are 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*: DMH has contracted with a vendor to provide this service.
- *Functional Family Therapy (FFT)*: This is a short-term multi-systemic program, which works with children and families in their homes. FFT is an evidenced-based program that focuses on supporting families in their environment and helping families to use their strengths to improve functioning. The program serves children 10-18 years of age who display a range of disruptive behaviors in the home, school, and/or community. FFT provides weekly visits for an average of 3-4 months.
- *Trainings*: Parent Child Interaction Therapy (PCIT) and Child Parent Psychotherapy for Family Violence.

Outcomes:

- Children receive quality services to meet their physical and mental health needs.
- The general health status for all children in foster care is improved and monitored.
- The number of children exiting the foster care system with complete medical records is increased.
- Children entering foster care will have Early Periodic Screening and Diagnosis Treatment (EPSDT) screenings and follow-up.
- The healthcare coordination system will be further strengthened<sup>5</sup>.

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<sup>5</sup> Please note that this outcome used to reference the DC Kids Program, which has been replaced by the Office of Clinical Practice's Healthy Horizons Assessment Center.

## II. BASELINE INFORMATION AND MEASURES OF PROGRESS

To the extent that a key requirement of CFSA’s Title IV-B goals and objectives be quantifiable and measurable, this section of the report details the data-driven and statistical baselines against which CFSA’s progress will be measured over the course of the next five years. Please note that CFSA has slightly modified some of the measures since the submission of last year’s APSR so as to clarify parameters of some of these measures. *Such modifications are indicated within the footnotes.*

The measures herein correspond to the goals and outcomes detailed in the previous section of the report.

In the FY 2010 APSR, CFSA calculated a performance baseline as well as projected performance targets for FY 2011 and FY 2012. In the FY 2011 APSR, CFSA has calculated projected performance targets for FY 2013 and FY 2014.

“Actual” statistics reflected herein are FFY year-to-date through April 30, 2011 unless otherwise noted.

### Safety

#### 1. To prevent children from coming into the child welfare system.

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The average number of CFSA diverted families served monthly by the Collaboratives.	31	23 (YTD Avg)	40	30

#### 2. To develop and implement organizational and practice improvements that will position CFSA to ensure safety for children and youth that are the subject of reports of abuse and neglect.

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of child protection investigations initiated within 48 hours of Hotline screening	72%	92%	90%	95%
The percentage of non-institutional child abuse and/or neglect investigations completed within 35 days	91%	93%	90%	90%
The percentage of investigations in which family functioning and risk assessments will be completed within agency designated timeframes.	91% <sup>6</sup>	93%	90%	90%

<sup>6</sup> CFSA is still in the process of developing management reports for the SDM risk assessments. FACES.net functionality precludes investigations from being completed unless the required SDM tools are completed. Therefore, until the SDM-specific management reports are fully developed, the completed investigations measure (immediately above this measure) will stand as a proxy.

**Safety & Permanency**

**3. To enhance community-based in-home case management and support services so that CFSA-involved children are safely maintained in their homes whenever possible, and families have enhanced capacity to provide for their children’s needs.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of cases with completed strengths and needs assessments and safety/risk assessments within 30 days of case opening and every 6 months thereafter for as long as the case remains open. [See Footnote]	86% <sup>7</sup>	90%	95%	95%
The percentage of cases receiving twice-monthly visits to each family, at least one of which occurs in the home.	72.5%	89%	85% <sup>8</sup>	85%

**4. To strengthen decision making and case planning for service delivery to abused and neglected children and their families.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of children for whom there is an FTM or FGC within 72 hours of a child’s removal from the home.	54%	74% (as of March 2011)	75%	75%
The percentage of current child case plans <sup>9</sup> .	94.3%	94%	95%	95%
The percentage of SPRs with the focal child’s family members and/or supportive adults in attendance <sup>10</sup> .	Set in the FY 2012 APSR		Set in the FY 2012 APSR	Set in FY 2013 APSR

**Permanency**

**5. To achieve permanency in a more timely manner for children in foster care.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of children in out of home placement for at least 8 days but less than 12 months who experience two or fewer placements. <sup>11</sup>	80%	81%	88%	83% <sup>12</sup>
The percentage of children in out of home placement	92%	92%	90%	90%

<sup>7</sup> CFSA is still in the process of developing management reports for the SDM risk assessments. FACES.net functionality precludes case plans from being completed unless the required SDM tools are completed. Therefore, until the SDM-specific management reports are fully developed, the percentage of current *family* case plans will stand as a proxy. In the FY 2010 APSR, the baseline reflected herein was for current *child* case plans, but because this is an in-home measure, family case plans is a more meaningful statistic.

<sup>8</sup> This projected goal has changed so as to be aligned with a similar measure in the Exit Plan.

<sup>9</sup> CFSA modified this measure to reflect child-specific case plans, which was the original intent when we developed the measure (as opposed to family case plans, as was stated in the CFSP).

<sup>10</sup> CFSA has recently modified its family engagement tracking processes with respect to SPRs. At this time, the Agency can report on the number of mothers, fathers, and supportive adults who attend, but not in a mutually exclusive manner (as is required under the language of the measure). For next year’s APSR we will have data that reflects performance on this measure.

<sup>11</sup> CFSA has clarified this measure since the CFSP and aligned it with the appropriate National Standard for timely permanency.

<sup>12</sup> The FY13/FY14APSR goal is aligned with that of CFSA’s consent decree Exit Plan.

who have appropriate (by ASFA standards) permanency goals.				
The percentage of children in out of home placement with a goal of reunification who have weekly visits with their parents.	52%	62%	85%	85%
The percentage of children in out of home placement with monthly visits from their social workers.	93%	94%	90%	95%
The percentage of reunifications that occur within 12 months of the child's entry into foster care.	71%	71%	70%	75%
The percentage of finalized adoptions that occur within 12 months of the child's placement into a pre-adoptive home.	36%	36%	90% <sup>13</sup>	90%
The percentage of children who experience re-entry into the foster care system within 12 months of reunification.	9.7%	12.5% <sup>14</sup>	6%	9.9% <sup>15</sup>

**6. To improve placement resources for foster children.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of children in out of home placement who are placed in the least restrictive and most family-like settings (kinship or foster homes).	71%	78%	70%	75%
The percentage of young children (age 12 and under) in out of home placement who are placed in congregate care settings for more than 30 days.	4.3%	1%	1%	1%
The number of children placed in Residential Treatment Centers located more than 100 miles outside of the District.	85	40	40 <sup>16</sup>	40

**7. To enhance services to assure that all teens and young adults in foster care are prepared for adult living.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of youth with a goal of APPLA for whom that goal is age-appropriate (age 14 or older). <sup>17</sup>	99%	99%	99%	99%
The percentage of youth with a goal of APPLA who attended a LYFE Conference prior to the goal change.	95%	56% <sup>18</sup>	95%	Set in FY 2011 APSR
The percentage of youth between the ages of 18 and 21 who participated in developing YTP within 180 of aging out of Foster Care. <sup>19</sup>	NA <sup>20</sup>	56%	90%	90%

<sup>13</sup> Going forward, this measure will reflect CFSA performance on children who newly enter pre-adoptive homes.

<sup>14</sup> Cohort is exits to reunifications for 24 month period ending May 2011.

<sup>15</sup> Goal for this measure is aligned with National Standard for performance.

<sup>16</sup> Goal for this measure has been changed (was 82) and is now aligned with that of a similar measure in CFSA's Exit Plan.

<sup>17</sup> CFSA has clarified this measure since the CFSP to make it a more relevant measure for older youth in foster care.

<sup>18</sup> Thus far in FY 2011, 16 youth have experienced a goal change to APPLA. Nine of those attended a LYFE conference prior to the goal change. Of the remaining 7 youth, the court changed the goal to APPLA against the Agency's recommendation for 6 of them. In these instances, LYFE conferences may not occur prior to the goal change.

<sup>19</sup> CFSA has expanded this population to include all youth between the ages of 18 and 21. CFSA actively engages youth in transition planning as of their 18<sup>th</sup> birthday. This measure is aligned with a similar measure in the Exit Plan.

**8. To enhance and broaden CFSA outreach and communication efforts to prospective foster and adoptive family resources.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The number of foster/adoptive parents approved and licensed during the fiscal year.	138 (through May 2010)	128 (through April 2011)	148 (for the entire FY)	160 (for the entire FY)

**9. To improve supportive services for existing foster and post-permanency parents.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of children in out of home placement who have experienced three or more placements in the last 12 months <sup>21</sup> .	22%	24%	5%	15%
The percentage of children who re-enter foster care within 12 months of achieving permanency.	8%	8%	5%	5%

**Well being**

**10. To improve the assessment of educational needs and the achievement of positive outcomes for children involved in the child welfare system.**

Measure	Baseline	Actual	Projected Goal FY11/FY12	Goal FY13/FY14
The percentage of children in foster care who have a current educational checklist.	44%	55%	55%	65%

**11. To provide health and well being services for children receiving CFSA services.**

Measure	Baseline	Actual	Projected Goal FY11/FY12 <sup>22</sup>	Goal FY13/FY14
The percentage of children entering foster care who receive an initial health screening.	63%	92%	95%	95%
The percentage of children who receive a comprehensive EPSDT assessment within 30 days of entry into foster care.	70%	82%	85%	85%

<sup>20</sup> This measure has changed from a dynamic number to a percentage following modification of the measure narrative and its alignment with the similar Exit Plan measure.

<sup>21</sup> CFSA has clarified this measure since the CFSP to include time and placement activity parameters that make it more precise and meaningful.

<sup>22</sup> FY11/FY12 projected goals for both measures under this objective have been revised since last year so as to be aligned with measures/requirements of CFSA's consent decree Exit Plan.

## **III. ADDITIONAL PROGRAM AND SERVICE UPDATES**

### **Geographic Information Systems Mapping**

CFSA's Geographic Information Systems (GIS) technology allows the Agency to produce statistically overlaid maps and charts that inform decisions about allocating resources effectively and efficiently, by visually assessing statistical information at a detailed level.

Since 2003, CFSA has conducted a variety of geographic analyses, producing very useful and crucial information.

- CFSA uses the GIS technology to analyze socio-demographic characteristics of neighborhoods against abuse/neglect reports (by Ward and zip code) to inform the Collaborative Council about the neighborhoods that are in greatest need of prevention and family support services. The GIS information has been crucial in informing the Collaboratives' process of resource allocation to address neighborhood-based needs.
- During the congregate care facilities licensing process, GIS information informs CFSA's Facilities Licensing Unit of potential regulatory conflicts that may arise if prospective facilities applying for licensure are out of compliance with local regulations that prohibit congregate care facilities from being within a certain proximity of one another.
- CFSA utilizes GIS to map the locations of fatalities throughout the District to support and inform the work of the Child Fatality Review unit.

### **Quality Improvement Administration**

For many years, CFSA was engaged in significant quality improvement activities but without a formal continuous quality improvement (CQI) framework that was vetted and approved. In 2009, CFSA developed such a framework with the assistance of Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement (NCWRCOI). The results of these efforts were published in 2010 as the Comprehensive Quality Improvement Plan, which described the range of quality assurance measures implemented and maintained in 2009 as well as the Agency's work plan and timetable for 2010. In January 2011, the Quality Improvement Administration under CFSA's Office of Planning, Policy, and Program Support (OPPPS), updated its [Continuous Quality Improvement Plan \(CQIP\)](#).

Given that the quality improvement processes within CFSA are dynamic, evolving and designed to achieve national and local outcomes that improve the lives of children and their families, new elements have been added to the plan while others have been amended. The current document serves as an update to the 2010 CQI Plan and describes enhancements to existing practices as well as the additional quality assurance measures implemented in 2010 and the direction in which CFSA is moving over the next year. Among the initiatives and accomplishments noted in the 2011 CQIP are:

- Hotline – The CFSA Quality Assurance unit (QA) and CPS management collaborated to tighten stakeholder understanding of the internal quality assurance tools used by the Hotline supervisors, so as to promote consistency in evaluation data. The CPS Screening Panel also meets daily to review hotline referrals, discuss appropriate response and case assignments, and promote team

understanding and information and resource sharing in determining the best Agency response to each.

- Investigations – In collaboration with CFSA’s court monitor, QA updated the tool for reviewing investigation practices and outcomes. The Agency continues to utilize the 18-Day Review Meeting, whereby any investigation that has been open for at least 18 days goes through a collaborative review among CPS managers and the General Counsel, to present the CPS investigator with recommendations for completion and safe closure of the investigation. Moreover, CFSA updated the Grand Rounds review process to focus on Agency investigations practice with respect to families with prior agency involvement.
- DC ChildStat – ChildStat is a macro-level case review process that looks at both systems and practice issues by reviewing a case in the context of Agency performance and a critical look at how decisions are made, what promotes effective decision-making and what components of the system need improvement.
- Office of Youth Empowerment (OYE) – QA worked with OYE to put in place a new monthly case review process that addresses case management issues, considerations, and expectations specific to the older population of youth in foster care.
- Office of Fair Hearings (OFH) – OFH continues to team with internal and external stakeholders to inform the Agency’s continual evaluation of the fair hearing process. In FY 2011, OFH piloted a survey among CFSA staff regarding issues and trends specifically noted by fair hearing examiners. The results of these initial surveys will be to inform practice (and OFH) improvement strategies going forward.
- Quality Service Reviews (QSR) – The QSR/Case Practice Unit have made slight adjustments to their sample selection processes for the QSR. Whereas in past years it has been a social worker “unit-based” sample, in FY 2011 it is in part population based, and in part administration-based. The population-based QSR focused on youth in foster care between the ages of 18 and 21 years, with a particular emphasis on the transition planning process. The administration-based review will include a sample of 36 out-of-home cases from CFSA’s Out of Home and Permanency Administration. Despite the modification to the sample selection process, the QSR remains very inclusive of supervisors and social workers, who receive the benefit of immediate feedback on case practice issues. Moreover, the follow-up component of the QSR, which involves a meeting of the reviewer and the case management team, used to occur within 60 days but now occurs within 30 days so as to reinforce case practice and outcomes for the sampled cases.
- Child Fatality Review – This CFSA unit conducts an internal review of any fatalities of a child who had any contact with the Agency within four years of the fatality. The term “contact” includes (1) current, active cases, (2) cases active in the past but now closed, and (3) reports that were investigated and found to be unsupported. QA conducts child fatality reviews monthly, compiles extensive data on deaths of children with CFSA contact, and uses findings to modify practice to eliminate preventable child deaths. Additionally, the Agency utilizes this forum/review process to better understand service delivery, identify systemic issues, improve case practice, suggest change or refinement to policy and procedures, and to identify training needs for social work staff.
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### **Office of Structured Progress Review (SPR, formerly Administrative Review)**

The 'Office of Administrative Review' became the 'Office of Structured Progress Review (OSPR)' in May 2010. Originally, Administrative Reviews were developed to monitor and improve the Agency's compliance with federal and local mandates, and with Agency policy on timely permanency planning. These outcomes-focused meetings were held every six months for all children residing in Agency care and custody and enhanced the accountability of all case stakeholders in moving each child's case toward permanency. Following the Agency's successful redesign and reorganization effort in the summer of 2010, this process now benefits from greater expert input aiding the pursuit of permanency for two traditionally challenging populations:

1. For youth ages 17 to 21 years, the process has been integrated into ongoing periodic meetings administered by the Office of Youth Empowerment (OYE). These reviews are customized to the processes and outcomes specific to older youth, such as services for preparation for adult living, promoting meaningful relationships and connections, and self-sufficiency in daily living.
2. For children with a goal of adoption who are in a pre-adoptive home for less than nine months, referrals are made for periodic barrier staffings through the 'Permanency Opportunities Project (POP)', which focuses on removing barriers to permanency.

All other children in out-of-home care receive a Structured Progress Review (SPR) every six months for the duration of their placement in foster care. These reviews are facilitated by SPR Specialists, all of whom are licensed clinical social workers and are attended by family and youth (where appropriate) as well as case managers, attorneys and other members of the case team. The SPR staff evaluate the progress of each case and provide recommendations to the case management team to support effective safety, well-being and permanency planning. The review maintains the system of accountability that was in place under the previous Administrative Review framework, including the prescriptive requirements for planning, participating in, and following up on the review. The structured agenda continues to allow for a thorough appraisal of the child's well-being, including verification of annual medical, vision, dental, developmental, psychiatric and any other evaluations and/or treatment. The child's school, grade, academic services and progress are also addressed in addition to discussions related to any risks or safety issues, and steps required to address such concerns. This approach supports the case management team to plan for appropriate services.

In addition, 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 benchmarks, including the requirements mandated by Fostering Connections Act, the CFSR Performance Improvement Plan (PIP), and the Amended Implementation Plan (AIP). This evaluation is accomplished most effectively through a thorough review of the case record, which occurs prior to the facilitated meeting. 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 also provides CFSA with an ongoing opportunity to assess whether children, youth, families and/or foster families are receiving the services and supports they need.

Since the inception of the SPR format, over 95% of reviews have occurred within the required timeframe (i.e. each case is reviewed within 180 days of a child's removal and every 180 thereafter). Six weeks prior to a review, the OSPR sends written notification to parents and involved family members of the scheduled SPR. The SPR support staff also telephone family participants with a reminder two to three days prior to the review date. All parents are invited to attend and contribute to the SPR except in cases where parental rights have been terminated, or the parent or their whereabouts is unknown. Parents that are incarcerated or otherwise physically unable to attend are encouraged to participate by phone. Unless it is determined to not be in the child's best interest, efforts are made to engage and include the parent in the review, either in person or by telephone.

To increase the participation of birth fathers in the Structured Progress Review process, the OSPR implemented the Fathers Participation Enhancement Project. This initiative seeks to maximize participation of fathers through direct contact with social workers and diligent search staff to identify potential contact information for fathers who had not been identified as participants in case planning prior to the review. Engagement of fathers includes educating them on the purpose and benefits of case planning process, and encourages their participation in the reviews and lives of their children. In many instance, these fathers responded to this initiative by participating in the reviews and contributing to permanency discussions. Expanding on the Fathers Participation Enhancement Project, the OSPR is also reaching out to paternal relatives in ongoing efforts to engage family members in the case planning and decision making process.

Other significant developments to positively affect the OSPR include:

- In Fiscal Year (FY) 2010, in response to an evaluation of the Administrative Review process, the SPR program developed guidelines for writing Review Summaries. It was mandated for recommendations to contain timelines for goal achievement to better measure permanency outcomes and other case goals. These guidelines capture the requirements for reimbursement by Medicaid and Title IV-E.
- The Program Manager and all staff have made themselves available in order to conduct early morning and evening Reviews to optimize participation by family members and other team members.
- The opportunities for family members and stakeholders to participate by telephone continue to be made available to further engage and team with them in the case review and planning process.
- SPR instituted a process of elevating those recommendations that were made at a previous review but remain unmet in the most recent review, to bring them to the attention of CFSA's and private agencies' senior staff for immediate follow-up.
- CFSA integrated the Alternative Planned Permanent Living Arrangement (APPLA) review process into standard case practice so that cases can be monitored and evaluated on an ongoing basis. This sustainability plan charged SPR staff to build accountability measures to ensure timely action and follow-up on all APPLA review recommendations. SPR staff began elevating APPLA

cases for which action steps have not been addressed through the appropriate chain of command. Through this sustainability plan, SPR staff continuously assess if youth with the goal of APPLA could move toward permanency through more permanent permanency options. Furthermore, over the past six months there has been an ongoing evaluation of the SPR function in the interests of advancing its effectiveness and continuous quality improvement for children and youth placed out of home.

### **Permanency Opportunities Project (POP)**

In an effort to improve permanency outcomes, CFSA, in concert with a local non-profit Adoptions Together, has also implemented the Permanency Opportunities Project (POP). In its original inception in November 2008, the POP focused on “high-impact” cases of youth who were encountering barriers to permanency that were particularly difficult to overcome. The High-Impact Team worked to reduce those barriers and move toward permanency, or at the very least to ensure that the youth had a “lifelong connection” with a responsible adult (or adults) for support during post-emancipation.

In late FY 2009, the POP program expanded to provide specialized permanency support not only for high-impact cases, but for all children in foster care who were in need of permanency. The POP Teaming unit, including 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. Under this model, the team works together to:

- Conduct periodic permanency-related case reviews, assessments and planning activities;
- Identify and prepare prospective permanency resources;
- Prepare children and families for placement;
- Facilitate activities that enhance each youth/child’s level of preparation for permanency;
- Develop adoption/guardianship reports; and,
- Help children/youth prepare his/her life book, which is a pictorial and written representation of the child's life designed to help the child make sense of his unique background and history. The life book includes birthparents, other relatives, birthplace and date, etc.

The POP team’s methods include case mining (whereby the permanency specialist reviews cases intensively 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.

### **Fatherhood Engagement**

As part of its CFSR PIP, the Agency updated policy and created more clear expectations to address fatherhood engagement in case planning. The importance of locating and engaging fathers, especially non-custodial fathers, is evident in Agency policy. However, CFSA’s ongoing PIP Case Practice Improvement reviews revealed that practice with respect to certain elements of family engagement in case planning was not reflective of the new guidelines. As a response to case practice concerns, in FY 2011, CFSA launched a new fatherhood engagement group comprised of child welfare professionals from various disciplines within the Agency. The work group is also advised by a larger community-involved advisory group made up of researchers from the academic community and other human services stakeholders. The CFSA fatherhood engagement group has developed the PADRE model to outline its objectives for positively impacting case practice and outcomes with regard to engaging fathers:

- **Practice Standards** – the group is working to clarify and distribute core values and procedures regarding fatherhood engagement. It's approach will be to elucidate and strengthen existing policies and procedures and forging partnerships with external agencies/organizations to expand resources.
- **Accountability** – the group will ensure social worker adherence to practice values, standards, and procedures through management monitoring, oversight, and enforcement.
- **Documentation** – the group will support appropriate and timely documentation of all fatherhood engagement activities in the FACES.net management information system.
- **Responsibility** – the group will promote ownership of fatherhood engagement at all staff levels.
- **Education** – the group will work with CFSA's Child Welfare Training Academy to strengthen fatherhood-related aspects of pre-service and in-service trainings for social workers.

The group is approaching the issue of fatherhood engagement from a day-to-day practice perspective and its intent is to promote among front line staff the value statement that children have the right to be connected with both of their parents, and that there is inherent benefit in making and maintaining that connection. At the same time, parents have the right and responsibility to be connected with their children, and the benefits are inherent for them as well.

## Program Additions/Changes for FY 2010

### **Agency Reorganization and Realignment**

In FY 2011, CFSA continued implementing important organizational and process realignments intended to strengthen case practice, fortify services to children and families, and to remove barriers to permanency for children in care. These changes are highlighted in the section below.

#### Placement Services Administration Redesign

In April of 2005, CFSA centralized the management of all placements of children in need of emergency, therapeutic, traditional and teen focused services in the Placement Services Administration (PSA). Initially, the PSA consisted of four operating units: emergency placement, therapeutic placement, District ICPC office, and Maryland ICPC office. In 2007, the PSA expanded to seven operating units, with the addition of the placement reconciliation unit, the court liaison/Medicaid card distribution unit, and diligent search unit. The PSA operates 24 hours per day and is responsible for all initial placements resulting from home removals and all replacement requests initiated by all CFSA and private provider social workers.

The Agency has now completed the repurposing of its Placement Services Administration. The Agency now offers a considerable array of placement options through performance-based Human Care Agreements (HCA), which demand the highest standards of care, including fully responsive 24-hour placement services from all providers for all children.

Placement decisions are now fully centralized within PSA, eliminating all moves between and within private agencies without CFSA approval. Approximately 200 unplanned placement moves occur each month that are managed by the private agencies. PSA does not itself assess each individual home involved in any change, but approves the request for a placement change once the assessment information and comprehensive rationale for the change has been provided.

The PSA continues to use an effective needs-led matching process to determine appropriate least-restrictive individualized placements for all children coming into care. Additionally, since March 2011 the Agency has a team of placement specialists that remain ‘on-call’ to serve as expert consultants able to make any necessary placement matching decisions 24-hours per day. Wherever it is possible and safe to do so in the best interests of all children being placed, these experts attempt to keep siblings together.

The PSA continues to develop a comprehensive work plan that includes short-term and long-term objectives, and is continuing to work to develop a broad range of resources and supports for its stakeholders, including a directory/network of family supports and available placement resources. In addition, PSA has adopted a community approach to building a network of support for families, which includes access to resources and specific services within local neighborhoods and geographical areas. The Agency continues to support its private agency partners to do the same outside of the District, and since December 2010, the National Research Center (NRC) has supported the private agency partners with technical assistance to move the community organizing process forward.

#### Office of Clinical Practice Nurse Care Manager (NCM) Model

In July of 2010, CFSA’s Office of Clinical Practice (OCP) implemented the Nurse Care Manager (NCM) model to enhance medical/clinical/behavioral services and case management for CFSA clients. The features of this model are highlighted below in Section G. Collaboration with Physicians and Medical Professionals, and greater detail is provided in the attached Health Care Coordination Plan.

### **Program Updates**

The narrative elements of the Goals, Objectives, and Measures section of the APSR provide a great deal of detail on the various new and continuing initiatives, including those incorporated into the CFSA PIP, that CFSA is undertaking with respect to the four focal areas of the Title IV-B Subpart II (Promoting Safe and Stable Families) program. Below, CFSA concisely highlights those initiatives.

#### **Child Protective Services**

CFSA’s Child Protective Services (CPS) Administration provides the critical function of receiving reports to the abuse and neglect Hotline and investigating the circumstances of those reports. CPS is continually developing and implementing program enhancements in order to better fulfill its mission of conducting timely, high quality abuse and neglect investigations. In keeping with its commitment to best practices, and in keeping with the requirement of the “Ensuring Child Safety” theme of its PIP, CPS has made various program improvements in FY 2011.

One such improvement included the 2008 extensive technology upgrades to the abuse and neglect Hotline. It was this upgrade that allowed the agency the ability to experience real-time call capability. Additionally, in 2009, the agency incorporated the case practice enhancements to intake operations through its Hotline Practice Guide (HPG). This change in practice is advantageous to CPS because it provided Hotline social workers with comprehensive step-by-step procedures and action steps for responding to the various types of abuse and neglect reports that the Hotline receives every day.

An additional benefit to CPS is the introduction of the Investigations Practice Guide. In April 2011, a workgroup was assembled to begin drafting an Investigations Practice Guide. The Child Protective Services (CPS) *Investigations Practice Operational Manual (IPOM)* is an easy-to-use reference tool for investigating child abuse and/or neglect allegations received by the Child and Family Services Agency

(CFSA) Hotline. Designed specifically for the CPS social worker, the Guide provides hands-on, step-by-step procedures for giving children the immediate attention they need for their safety and protection, followed by long-range planning for their permanency and well being.

Among the core elements of the new investigations policy was the integration of the Agency's Diligent Search functions into the investigations process. CFSA finalized a new Diligent Search policy and related protocol which provides guidance to social workers on when and how to search for, identify, and locate non-custodial parents (or other relatives) of at-risk children or children already in foster care. A benchmark in the PIP was the development and implementation of an updated Diligent Search policy, the intent of which is to empower social workers to use online tools and resources to look for family members. By performing preliminary searches prior to making a referral to the CFSA Diligent Search Unit (DSU), social workers will save valuable time for the staff of the DSU, thus allowing the DSU to concentrate on searching for parents who cannot be located via other available means.

Taking steps at the outset of the investigation to identify and look for absent family members has enabled the agency to make great strides in completing timely investigations and minimizing any potential backlog. This strategy has also enabled CFSA 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.

Also, CFSA and its sister agencies in the District, with the assistance of the National Resource Center for Child Protective Services (NRCCPS), were able to continue with the finalizing the implementation of the new Differential Response (DR) model for child abuse and neglect reports. In the fall of 2009, CFSA convened a work group to develop an implementation plan for bringing differential response to the District. Among those who came to the table were the DC Departments of Human Services, Mental Health, and Youth Rehabilitation Services; DC Public Schools; and Metropolitan Police Department. This resulted in the *Differential Response Implementation Plan* in September 2010. A multidisciplinary core work group is on track for the phased implementation scheduled to begin in July 2011 and continue throughout FY12.

This model has worked in a number of states for several years. Evaluations have shown the following benefits:

- Better protection of more children over time as a result of engaging parents in the process of change with effective support.
- A decline in repeat reports of abuse and neglect.
- Increased satisfaction and relationship building between families and child protection workers.
- Effective use of resources that is cost-neutral over time.

Through implementation of DR, Child and Family Services Agency, other District agencies and community partners seek to achieve improved safety of children; deeper engagements with families; increase family and employee satisfaction and establish a continuum of services that consists of government, community-based and neighborhood resources.

Differential response will change the way Child Protective Services handles certain reports that are initiated at the agency 24-hour hotline. Traditionally, when the hotline accepts a report, CPS investigates.

This process will assist CPS investigators whose goal it is to determine whether abuse or neglect occurred and to identify the child victim and maltreater. Investigators also need to make a finding—substantiated, inconclusive, or unfounded. Depending on the finding, CFSA may move beyond the investigation stage and open a child welfare case. Child removal may be necessary, Family Court may need to be involved, and CFSA may enter the name of a maltreater into the Child Protection Registry.

Differential response will assist by allowing workers to take a nonadversarial approach to assisting families. This process takes into account that reports of child abuse and neglect vary widely. There are instances that take place within the household that do not warrant the removal of a child. In the instances where a child's safety is not immediately threatened, CPS will now have the ability to conduct a family assessment that looks at needs and strengths.

Through implementation of DR, Child and Family Services Agency, other District agencies and community partners seek to achieve improved safety of children; more meaningful engagement with families; increase family and employee satisfaction and establish a continuum of services that consists of government, community-based and neighborhood resources.

### Family Preservation and Family Support

CFSA continues its partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives), which are strategically located in six neighborhoods in the District that have large numbers of families who enter the child welfare system. The Collaboratives provide access to community resources for the families in their communities, and CFSA contracts with them to provide a range of Family Preservation and Support services:

- Family Supportive Services, which include:
  - Emergency assistance
  - Crisis intervention
  - Information and referral
  - Homemaker services
  - Financial guidance and skill building
  - Employment counseling
  - Housing referrals
  - Parenting education and training
  - Family Group Conferencing (FGC)
  - Fatherhood engagement
  - Case Management Services
- Partnership for Community-Based Services (PCBS), which includes joint case management and teaming with CFSA on cases that are open with the Agency, but do not involve a home removal. The PCBS intervention is designed to stabilize families in their home environment and mitigate risk factors that might otherwise lead to a child's entry into foster care.
- Youth Aftercare, which includes the provision of intensive case management services to youth before, during and immediately after their transition from the foster care system. Collaborative Family Support Workers (FSW) team with CFSA social workers and the transitioning youth in the months leading up to the youth's emancipation. Following exit, the FSW assumes full case management responsibility for up to 24 months or until the youth has achieved the various goals of his/her Youth Transition Plan.
- Community Capacity Building, which encompasses a range of efforts on the part of Collaborative staff and their community partners to strengthen and expand neighborhood resources available to community residents, foster and/or improve collaborations among

neighborhood service providers, and improve the ability of communities to respond to their own needs by developing various issue-based activities and initiatives.

Additionally, the Agency is the District's designated lead agency for Community-Based Child Abuse Prevention (CBCAP) funds, and it continues to support an array of prevention resources in the District. CFSA utilizes its CBCAP funding to support the Parent Education and Support Project (PESP), which promotes sustained engagement of parents in specialized parent education programs and development of ongoing or peer supported post-intervention programs. Its community-based grantees are non-profit organizations that work within specific neighborhoods and/or address specific populations with unique needs. In its initial FY 2010 estimates, CFSA anticipated serving 200 District families through the PESP program. In effect, close to 1,000 families have been served.

The District's Department of Mental Health funds the Children and Adolescents Mobile Psychiatric Services (ChAMPS) program, which provides 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 children receiving CFSA in-home services, or DC wards residing in Maryland foster homes. 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.

In years past, the ChAMPS program also provided respite beds for children and parents who need a very temporary break in order to mitigate the crisis and stabilize the home situation. The service mitigated unnecessary visits to the emergency room or phone calls to the police as well as placement disruptions. However, in FY 2011, the respite component was discontinued due to District-wide budgetary constraints.

In October 2010, the "Safe and Sound" pilot project began. The program is a partnership among CFSA, the Family Court, the Court Improvement Project (CIP), the Office of the Attorney General, the East of the River Family Strengthening Collaborative, and the District Parent Advocate Project (PAP). The Safe and Sound program, which is being piloted in FY 2011, gathers an intervention team around an at-risk family that is in jeopardy of having children remove and entering the foster care system. The families are recruited and invited to participate in the pilot if they meet a series of risk factors that determine them to be at risk for a home removal. Through the convening of periodic Family Action Meetings, the intervention team (including family members and their invited stakeholders) engage in open discussion regarding the risk factors and conclude together how best to overcome them.

What sets the Safe and Sound pilot apart from other in-home or community-based interventions is the role of the judge. The involvement of a judicial officer in the project builds a unique partnership and support system among the family, the child-serving agency(ies) and the judicial system. The role of the judge is that of an *equal* among members of the family team. While the role of the judge in the courtroom is directive, characterized by final authority and decision-making power, the role of the judge in the Safe and Sound project is informative and facilitating. His/her role is not to compel the other members of the team to action, but to re-state for clarification what the team members have determined for themselves.

CFSA's Office of Planning, Policy, and Program Support (OPPPS) along with the CIP will be conducting an evaluation of the pilot to determine its effectiveness. The evaluation team has developed tracking and evaluation tools, including a participant exit survey, to assess outcomes of the selected participants and the control group for the first year of the project. Every six months, the evaluation team will generate reports that will identify findings to help in refining the pilot project.

With respect to families receiving conventional in-home services, CFSA's [In-Home Practice Guide](#) provides social workers with all the necessary practice considerations for safe case closure. Prior to closure, social workers engage frequent family visitation with a strength-based case management approach to assist family members to achieve their treatment goals, and to address and reduce or eliminate risk behaviors. This approach includes working with the Collaborative Family Support Workers to provide linkages to nearby services and supports that are made available through the Collaboratives' capacity building efforts. In-home workers further help families to create linkages with formal and informal supports, including individuals and organizations, through the following steps:

- Coaching families to advocate for themselves, and modeling self-advocacy, patience, and problem-solving skill sets.
- Assisting the family to identify its service needs.
- Exploring how families have solved problems in the past and identifying what formal or informal supports may have been helpful in the past.
- Encouraging mothers to identify fathers early in the case, and explaining to the mothers the benefits to their children when the father and/or paternal family members are involved with the child's growth and development.

When the family has achieved its treatment goals, and has consistently demonstrated its ability to function at an acceptable level (as defined by the SDM tool), and there have been no substantiated reports of abuse or neglect within a three-month period (and the risk of future abuse or neglect has been appropriately lowered), the social worker engages with the family through required case closure activities:

- Visiting the family within 30-days of the case closure date.
- Interviewing each child of appropriate age and complete an SDM assessment that indicates low risk.
- Discussing family progress and family functioning vis-à-vis case goals, emphasizing specific gains.
- Assisting the family with locating appropriate services for continued support following case closure.
- Completing a comprehensive safe case closure summary.
- If the case is being referred to a Collaborative for ongoing support services, participating in a case transition staffing prior to closure.

All social worker supervisors must provide a formal review and consultation of closing activities prior to the actual safe closure of the case.

### Time-Limited Reunification Services

In FY 2011, CFSA completed the programmatic requirements of its CFSR Program Improvement Plan (PIP), many of which were direct enhancements of the Time-Limited Reunification Services that the Agency offers. Among the organizational improvements completed were:

- Finalization of a series of policies and protocols geared toward uniform case practice in engaging families, especially paternal kin, in case planning;
- Alignment of practice expectations and processes, especially with respect to concurrent planning, between CFSA and the Family Court to help move children in foster care more quickly toward permanency;



- Updated Training offerings through CFSA's Child Welfare Training Academy to address and reinforce best case practices with respect to visitation, reunification, and permanency; and,
- A formal arrangement between the District and the State of Maryland to facilitate kinship caregiver licensure in Maryland for willing caretaker relatives of District wards;

In addition to its program enhancements resulting from the PIP, in April 2011 CFSA updated its year-old [Visitation Policy](#) to integrate the visitation-related responsibilities of new program staffing positions that were introduced at CFSA within the past year. These new additions to CFSA's case management team play important roles in ensuring timely and effective visitation for children in out-of-home placement and their families. The updated CFSA visitation policy acknowledges their input into its processes and addresses their responsibilities and practice expectations surrounding visitation.

#### *Family Support Workers*

For many years, CFSA had realized a number of benefits from having Social Services Assistant (SSA) and Social Work Associates (SWA) positions as part of its organizational structure. They performed tasks that freed case-carrying social workers to concentrate on investigations and case management while also providing an extra set of eyes in support of children and families. While this model worked well in its time, continuing to improve outcomes called for a stronger approach. CFSA retooled its case management approach with the introduction of the Family Support Worker (FSW) model. FSW's now give social workers partners with stronger credentials than their SSA/SWA predecessors, more skills in managing cases and serving clients, and greater support in helping children achieve permanency and helping families achieve self sufficiency. With their well-developed client interviewing skills, FSW's play an integral role in assessments of need for CFSA clients, and with finely tuned data entry skills, they enhance service planning in particular and case record documentation in general.

#### *Nurse Care Managers*

As the FSW's were joining the CFSA staff and becoming integrated into case management functions, in July 2010, CFSA instituted the Nurse Care Manager (NCM) program. Nurse Care Managers are registered nurses who carry out a series of activities in pursuit of short- and long-term health and well-being needs, although CFSA fully expects the efforts of the NCMs to have positive long-term implications for enhancing the safety, well-being, and quality of a child's or youth's life through seamless service provision for children assigned to their caseload. Under this Targeted Case Management model, NCM's are responsible for activities including (but not limited to):

- Completing multidimensional assessments.
- Developing care plans to address medical, educational, social, and other unique needs.
- Coordinating, facilitating, and implementing health and mental/behavioral health services.
- Educating clients and providers about activities supportive to health and any related social and educational outcomes (otherwise know as health promotion).
- Monitoring and evaluating service outcomes and the progress of client patients.
- Advocating for options and services to meet individual health and related social, educational, and other needs in a comprehensive and proactive manner through communication, linkage, and resources available to promote quality and cost-effective outcomes.

NCMs also aim to mitigate crises through a preventive and supportive approach to their focus on child well-being.

The updated policy also includes important new process benchmarks and requirements for each of the visitation domains to which CFSA is committed: social worker visitation with children in foster care,

social worker visitation with parents of children in foster care, and sibling and parental visits for children/youth in foster care. As of October 2010, CFSA implemented a new and important overarching visitation requirement that social workers must, in concert with appropriate clients and stakeholders, develop a written visitation schedule outlining the timing, location, frequency, and duration of visits. The development of a formal schedule increases accountability among all involved parties and promotes frequent and quality visitation.

The Agency also developed a series of best-case practice scenario-specific visitation requirements that have been fully integrated into the updated Visitation Policy.

#### *Social Worker Visitation with Children in Foster Care*

Bi-monthly program staff visits are required for all children/youth in foster care. One of these visits must occur in the home in which the child is placed, and must be completed by the social worker assigned to the child/youth. The other required visit may be completed by the FSW, the NCM, or the assigned social worker, and it may occur outside of the home in which the child is placed. Moreover, during one of the two required visits, the child in foster care (over 18 months of age) *must* be interviewed outside of the presence of his/her caretaker, unless it is documented that it is not in the child's best interest to do so. The new policy introduces formal assessments of the safety for each child in the home at each and every visit, and such assessments must be documented in the child's FACES.net case record.

Lastly, in instances where the child is newly placed in foster care, or has experienced a placement change, the new policy also introduces requirements for more frequent visitation from the social worker, FSW and/or NCM in the immediate weeks following the placement change, and there is now a requirement that the social worker engage the foster parent in conducting a formal needs assessment for the child to assist with the adjustment and promote stability in the new placement.

#### *Social Worker Visitation with Parents of Children in Foster Care*

Under the updated Visitation Policy, for all initial placements and re-entries into foster care where the focal child has a goal of reunification, the assigned social worker will visit the parent(s) at least one time per month in the first three months following the child's placement. Additionally, the social worker or the FSW or NCM will conduct an additional visit so that at least two per month occur for those first three months.

At each and every visit, the visitor is to discuss and document parent engagement with respect to the permanency goal, case plan, and overall progress toward family stability and permanency.

#### *Visitation between children in foster care and their parents and siblings*

CFSA's updated Visitation Policy also emphasizes the need for weekly visits between parents and children with a goal of reunification (unless such visitation is deemed clinically inappropriate according to Family Court ruling). In the event that such visitation does not occur, there is to be documentation in the child's case record as to why visitation with the parent was not in the child's best interest, is clinically inappropriate, or did not occur despite the best efforts by the social worker and agency to facilitate it.

While the Agency is required to make reasonable efforts to place siblings together in foster care whenever it is possible and appropriate to do so, the Visitation Policy contains prescriptive minimum visitation requirements for siblings who are placed apart. Unless it is not in their best interest to do so, children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings.

## Adoption Promotion and Support Services

In the later stages of FY 2010 and into FY 2011, CFSA made concerted efforts to increase outreach, recruitment, and retention of foster and adoptive resources. These efforts included system-wide approaches to increasing adoptive resources for youth in foster care in need of adoptive homes. They include:

- Outreach to Lesbian, Gay, Bisexual, and Transgender (LGBT) prospective foster and adoptive parents;
- Recruitment of adoptive parents for older youth in foster care;
- Recruitment of Homes for Medically Fragile Children; and,
- Recruitment through Neighborhood-Based Community Outreach (in conjunction with the Healthy Families/Thriving Community Collaboratives);

CFSA has already begun the process of changing regulations for kinship care. Taking advantage of the option reinforced in the Fostering Connections legislation to waive *non-safety* related licensing requirements for kinship caregivers, CFSA is currently revisiting the District regulations and Agency policy that address these requirements. The process of changing regulations includes legal review and public comment, which may take some time to achieve. In the meantime, CFSA and our stakeholders are determining which factors are related to safety and which are not, and will be recommending amended language for the District of Columbia Municipal Regulations. The Agency's Executive Policy Team will be working concurrently to amend policies to reflect the flexibility in the licensing process for kin.

In order to promote early family engagement in case planning, especially in instances where a child has been removed from his/her care, CFSA is revising its policies and practice for notification of adult relatives. Under the Fostering Connections legislation, child welfare agencies must have a mechanism in place to exercise due diligence to identify and notify all adult relatives of a child's removal from his parents within 30 days of that removal. In the course of completing its CFSR PIP, the Agency revamped its Diligent Search policy to improve practice around locating parents and family members of youth in foster care. During FY 2011, the Agency is enhancing its efforts regarding relative notification.

CFSA has created a new standard notification packet for adult relatives of children who've been removed from their caretakers and placed into foster care. Because willing and capable kin always represent the best placement option for a child in foster care, the relative notification process enhancements represent a major step forward with respect to child-specific recruitment for foster and potentially adoptive placement. CFSA's early engagement of these adult relatives is integral to its commitment to its goal of "first placement, best placement" while maintaining family connections. In concert with CFSA's efforts to increase flexibility in the licensing process for kin, the Agency hopes that these practice advances beget improved permanency outcomes for youth in foster care.

CFSA continues to utilize the Structured Analysis Family Evaluation (SAFE) modality for licensing foster, adoptive, and kinship parents. This modality increases efficiencies with respect to the timely completion of home studies while at the same time enhancing the quality of the study itself. SAFE provides home-study practitioners with unique information-gathering tools, as well as analytical tools and procedures that enable them to accomplish home studies in an efficient, uniform manner while still producing an in-depth, concise and comprehensive report that surpasses the parameters of a traditional home study. The end result is a uniform home study report that not only contains factual descriptive and identifying information about an applicant but also contains a comprehensive psychosocial evaluation that identifies specific family strengths and addresses issues of concern. The SAFE home study also enhances the child placement process by incorporating these same details into the placement decision-making process.

CFSA also manages various concurrent initiatives to improve child-specific recruitment for foster care and adoption. Some of those initiatives include:

- Since October 2009, CFSA has assigned two to three private agency partners and/or CFSA case-carrying administrations to strengthen and expedite the referral process for children when their goal changes to adoption. This strategy has allowed the recruiter's to obtain information about children who may already be in a pre-adoptive home and update the FACES data base system to reflect this information. In addition, this intervention has allowed recruitment to educate and reiterate to the private agencies the importance of this process, the impact it has on permanency and the overall mission of CFSA.
- CFSA developed “Match Made Forever” (MMF) to bridge the gap between waiting, licensed families and the children who are available for adoption, resulting in more matches. MMF is a matching tool where recruiters present comprehensive, realistic, and strengths-based presentations about the children that are currently available for adoption to licensed waiting families. It was created to allow for honest dialogue about the needs of the children who are currently waiting for adoptive homes to our licensed adoptive parents. The response to this new initiative has been overwhelmingly positive.
- CFSA recruiters regularly attend and present child specific information and profiles to the licensed foster family providers during the Post Permanency Family Center’s trainings for families awaiting child placement. These occur at least twice a month.
- CFSA continues its Permanency Options Program (POP), which is a permanency teaming initiative involving a High Impact Team that conducts targeted case-information mining, child-specific recruitment, and barrier identification and reduction activities on behalf of children facing significant barriers to permanency.

CFSA makes support services available to post-adoptive children and families through its partnership with the Post Permanency Family Center (PPFC), which is administered contractually by Adoptions Together. The PPFC provides information and referral and supportive services to children, youth and families following adoption and guardianship finalization. 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, permanency, and well-being. During FY 2011, the PPFC has offered continuous trainings, some of which offer Continuing Education Units for licensed professionals, for both post-permanency caregivers as well as CFSA social workers. The trainings, which are flexibly scheduled for working parents and often available online, range across the entire continuum of child welfare.

Legislatively, CFSA has fully implemented the provisions of the Adoption Reform Amendment Act of 2010, which extended the duration of subsidy payments until age 21 years for youth who achieve permanency in the District through adoption or guardianship. This major local legislation aligned the 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. Moreover, CFSA recently received approval of its Title IV-E State Plan Amendment addressing services to older youth in foster care and subsidies to older youth who achieved permanency. The Agency looks forward to capitalizing on available Title IV-E funding for these populations.

## Independent Living Services

CFSA provides services to teens in foster care in a number of program areas, based upon the permanency goal for the teen. To ensure continued emphasis on permanency, CFSA has employed many mechanisms to plan for children for whom reunification is no longer viable. CFSA believes that independent living must be in the child's best interests, and it should be the last option after reasonable efforts to reunify, adopt, and find secure guardianship for a child have been exhausted.

See the APSR section on Chafee Foster Care Independence Program below for detailed additions/changes to the Agency's independent living services.

## COLLABORATION

CFSA has worked diligently to identify common goals and priorities with other District agencies/entities and to build and sustain partnerships with District stakeholders who serve the District's vulnerable children and families. In many cases, these are partnerships with District government sister agencies, as exemplified by its partnership with the DC Department of Mental Health (DMH) to implement the recommendations of the multi-year implementation plan that the agencies put in place to address the findings of the 2007 Mental Health Needs Assessment.

In other cases, the partners are community-based agencies such as the Healthy Families/Thriving Community Collaboratives or The Community Partnership for the Prevention of Homelessness. Of course, the Consortium for Child Welfare, which consists of the private child placing agencies that have case management responsibility for many children in foster care in DC, is an integral partner. All of these partnerships are in place to meet the needs of children and families along the entire child welfare continuum, from early intervention and prevention through post-permanency and/or independent living. Depending on the scope and complexity of particular client service needs, the entities involved and the extent of the resources available to the participating agencies/partners, these partnerships may take different forms: from highly structured contractual agreements to memoranda of understanding between DC government agencies. Collaboration with stakeholders from the above-mentioned organizations and entities was illustrated by the participation of numerous staff persons and volunteers in CFSA's comprehensive efforts to respond to the various CFSR requirements.

CFSA's relationship with its foster parent organizations is extremely important to its mission. There are two entities that currently represent the interests of foster parents in the District of Columbia, the Foster and Adoptive Parent Advocacy Center (FAPAC) and the DC Metropolitan Foster/Adoptive Parents Association (DCMFAPA). CFSA leadership meets monthly with representatives from these organizations to identify issues on both sides, to identify major concerns of stakeholders, and to problem solve. This ongoing dialogue includes input into Agency policy as well as feedback from the organizations on how practice changes will affect foster parents and the children in their care. Representatives from FAPAC contributed to CFSA's efforts on the most recent Statewide Self Assessment, CFSR On-Site Review, and PIP development.

Toward the end of FY 2010 and into FY 2011, collaboration among a wide array of District child welfare stakeholders was at work during the CFSA-hosted Permanency Forum. The three-part Forum gathered representatives from across the entire child welfare spectrum. They worked together to identify, prioritize, and consider how to resolve key barriers to permanency for children and youth in care, particularly the large number of "legacy" youth growing up in the District system. Participants volunteered to take part in four follow-up work groups assigned to tackle specific barriers to permanency that they identified collectively during the forum discussions. The work groups are:

- Communicating among youth, families, foster/adoptive parents, and social workers.
- Educating stakeholders and reinforcing the message that older youth in foster care are "adoptable".
- Engaging birth parents and family stakeholders in discussion permanency.
- Enhancing and facilitating licensure for kinship caregivers.

Since the last forum discussion, the individual workgroups have met regularly and devised plans of action with tangible work steps to address their specific issues/barriers. Their work is underway and ongoing.

The Citizen Review Panel and the Director's Youth Advisory Board remain important partners for CFSA. The Citizen Review Panel, mandated by CAPTA, reviews CFSA service delivery. The panel is comprised of interested DC residents, child welfare professionals, and community advocates. In 2010, the CRP published a report with findings and recommendations regarding CFSA and DMH's implementation of the multi-year plan to address the findings of the Mental Health Needs Assessment. In FY 2011, the CRP provided formal insight to CFSA as to its APSR goals and objectives for older youth in foster care. CFSA staff have consistently participated and provided support to the Panel. In addition to representation on the CFSR statewide team, the CRP also provided input into the development of the Program Improvement Plan. In FY 2011, the CRP is also conducting an oversight project on short stays in foster care with an eye toward making recommendations to enhance CFSA practice and performance surrounding home removals and reasonable efforts to prevent them.

### Collaboration with the Court

In addition to contracted providers, CFSA maintains its strong and collaborative relationship with the DC Superior Court Family Court Division through the Court Improvement Project (CIP). The District's court system and child welfare system have established and continue to maintain a close and positive working relationship, which was illustrated by the instrumental collaboration of the Court Improvement Project (CIP) in the Agency's CFSR/PIP efforts over the past 36 months, especially with respect to concurrent permanency planning policy enhancements.

CFSA's most recent collaboration with the DC Family Court's Court Improvement Project (CIP) involved CFSA's Title IV-E Foster Care Eligibility Review Program Improvement Plan. In September 2009, reviewers found that CFSA occasionally maintained foster care payments (as opposed to subsidy payments) to caretakers after the child in their care achieved permanency through guardianship or adoption. The issue had to do with delays in the initiation of the subsidy payment in the FACES.net management information system. CFSA and the CIP worked closely together to enhance the court order communication process between the Family Court and CFSA, which increased efficiencies in initiating subsidy cases in FACES.net and therefore remediated the compliance issue noted in the IV-E Foster Care Eligibility Review.

Following 18 months of planning, CFSA, the CIP, the East of the River Strengthening Collaborative, and the District Parent Advocate Project launched the pilot "Safe and Sound" program in October 2010 to offer an alternative in-home intervention for at-risk families. The program gathers an intervention team around an at-risk family that is in jeopardy of having children removed and entering the foster care system. While it is not uncommon practice to convene support teams around at-risk families, what sets the Safe and Sound pilot apart from other in-home or community-based interventions is the role of the judge. The involvement of a judicial officer in the project builds a unique partnership and support system among the family, the child-serving agency(ies) and the judicial system. The role of the judge is that of an *equal* among members of the family team. While the role of the judge in the courtroom is directive, characterized by final authority and decision-making power, the role of the judge in the Safe and Sound project is informative and facilitating.

CFSA's Office of Planning, Policy, and Program Support (OPPPS) along with the CIP will be conducting an evaluation of the pilot to determine its effectiveness. The evaluation team has developed tracking and evaluation tools, including a participant exit survey, to assess outcomes of the selected participants and the control group for the first year of the project. Every six months, the evaluation team will generate reports that will identify findings to help in refining the pilot project.

The Family Treatment Court Program (FTC) continues as a collaborative effort between CFSA and the Family Court. This voluntary residential program, which is CFSA funded and coordinated through the Family Court, is a substance abuse treatment program for CFSA-referred women with dependent children who are the subject of a child neglect case. The FTC is a court-supervised comprehensive treatment program that allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes. The FTC is targeted to enhance family reunification through the provision of comprehensive substance abuse treatment and supportive services and supports CFSA and the court in complying with the federally mandated timelines of the Adoption and Safe Families Act (ASFA) to achieve timely permanency for children. Services include:

- Complete assessment of individual and family needs;
- Individualized family treatment care planning;
- Individual therapy, group therapy, cognitive behavioral therapy, motivational interviewing, family therapy (where appropriate), other necessary supportive therapies;
- Mental health assessment and referral to mental health treatment services;
- Parenting classes;
- Trauma/domestic violence classes;
- Family bonding activities; and,
- Referral to primary medical care, transitional or permanent housing programs, employment assistance programs, childcare programs, and other services.

The program has a capacity in FY 2011, for 18 women who may each bring up to 4 children under the age of 10 with them while in treatment.

Lastly, The Mayor's Services Liaison Office (MSLO) to the Family Court of the District of Columbia is an ongoing collaboration which is mandated by the District of Columbia Family Court Act. It is a multi-agency partnership where liaisons are assigned to an onsite service center at the DC Family Court from CFSA, DC Public Schools, DC Department of Mental Health, DC Department of Youth Rehabilitation Services, DC Department of Disability Services, DC Housing Authority, Metropolitan Police Department, DC Department of Human Services, DC Department of Employment Services, HillCrest Family & Children Center, Psychiatric Institute of Washington (PIW), DC Department of Parks and Recreation, Office of the State Superintendent of Education (OSSE), and the Executive Office of the Mayor. Its primary purposes are to:

- Support District agency social workers, attorneys, judicial officers, case workers, and probation officers in identifying and accessing information about social and related services across District agencies and in the community for children and families involved in Family Court proceedings;
- Facilitate coordination in delivery of services among multiple agencies to support timely judicial decision-making; and,
- Provide information to the Family Court on availability and provision of services and resources across District agencies.

The MSLO also facilitates a case expediting process, which requires it to coordinate all agencies' court-ordered follow up actions with the Office of Attorney General. In an effort to reduce post-adjudication waiting time for evaluations and to avoid duplicating efforts on existing evaluations on youth, the MSLO works with participating agencies to expeditiously produce all psychiatric, psychological, psycho-educational and drug screening evaluations as individual educational plans in their possession that are less than one year old. The MSLO also coordinates drug test results for juveniles and adults for child abuse and neglect cases.



## Program Support Additions/Changes

### Training

The 'Office of Training Services' was relaunched as the 'Child Welfare Training Academy (CWTA)' in August 2010. The introduction of CWTA has further integrated training into the Agency's overall effort to improve outcomes for children, youth and families. The CWTA has implemented a four-tier training curriculum for CFSA and private agency staff that includes pre-service training (tiers 1 and 2) and in-service trainings (tiers 3 and 4). The pre-service trainings are required for all case-carrying social workers from CFSA and private agencies and include both classroom training and Applied Professional Training (APT). APT provides the social workers with opportunities to apply the skills and knowledge gained in the classroom into practice through simulated practice experiences and exercises. The in-service trainings include courses that reinforce the principles of the Practice Model, as well as a specialized (tier 4) intensive supervisory training curriculum that is mandatory for all new supervisors of case-carrying social workers. Lastly, in addition to the required trainings, the CWTA has the capacity to develop and deliver trainings on special topics in response to best practice initiatives or based on needs identified through quality assurance measures.

All of the pre-service and in-service courses offered by CWTA have been approved for Continuing Education Units (CEUs) by the DC Board of Social Work as meeting its professional standards for social work training curriculum. The CWTA has developed an extended calendar of training events that details the schedule of all trainings offered up to a year in advance, allowing social workers and supervisors to plan their professional development and monitor compliance with local licensing requirements. Furthermore, the CWTA recognizes the important role of foster parents, foster youth, and kinship and adoptive families in achieving the best outcomes for families and is committed to expanding inter-professional and shared learning opportunities to include such stakeholders in the courses offered by the CWTA.

### Technical Assistance

Thus far in FY 2011, CFSA has sought and received federal approval for technical assistance from the following National Resource Centers (NRC) for the following purposes:

- The District of Columbia is developing a Differential Response (DR) Model that will provide all District agencies with an opportunity to improve services and outcomes to children and families. The National Resource Center for Child Protective Services (NRCCPS) has been providing consultation on the implementation of this practice approach, particularly as we create procedures and policy and develop strategies for leading this significant change in Child Protective Services practice in the District and in developing best staffing patterns for implementation of this model.
- CFSA requested T/TA from the National Resource Center for Permanency and Family Connections related to family engagement with particular emphasis on engagement of birth fathers in case and permanency planning for children in foster care. On May 12, 2011 a Program All Staff meeting was held that included the participation of direct services social workers and supervisors. A presentation by the Family Engagement Project (Randy Jenkins, et al) served as a kick-off on this very important topic and organizational journey. We also requested assistance in the development, execution and analysis of a survey that will assist us in assessing the perceptions of staff about their effectiveness in the two aforementioned topic areas. Additional training and consultation guidance will be developed based upon the lessons learned from the survey process.

## Research and Evaluation

On a bi-annual basis, the Agency completes a Needs Assessment that is not limited to, but focused on, current and projected placement and placement resource services for children, youth and families served by the child welfare system. In 2011, the Agency's Needs Assessment will assess placement support services, to determine what services are available, and the number and categories of additional services and resources, if any, that are necessary to meet the needs of children and families served by CFSA.

Findings from the Needs Assessment directly inform the Agency's Resource Development Plan (RDP). 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.

The RDP is updated internally on a quarterly basis, providing senior leadership with the opportunity to address challenges or concerns with proposed action steps throughout the implementation period to make adjustments as needed based on current fiscal and other constraints.

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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.

## Management Information Systems

On February 27, 2006, the District of Columbia became the first jurisdiction in the country to fully implement an internet-accessible Statewide Automated Child Welfare Information System (SACWIS). The District's web-based system, entitled FACES.NET, immediately eliminated the need for both virtual private network (VPN) tokens and for use of Citrix software by CFSA's private agency foster care partners. FACES.NET now lays the technological groundwork for relocating CFSA staff closer to the communities served. The system was upgraded in FY2008 from Microsoft .NET version 1.1 to version 3.0 which resulted in continued technical support, the elimination of some third party tools, and a reduction in page post backs.

All Federal reporting measures are produced by FACES.NET which captures information for over 90% of the Court Monitor's Amended Implementation Plan. The application generates over 100 monthly reports that are used by managers to monitor case management activities. CFSA understands that improved data quality allows the District to make better decisions for children and families. Accordingly, CFSA

continues to make substantial progress in data quality which has been demonstrated by tracking performance on several management reports in addition to looking at the data longitudinally. Employees are consistently held accountable for updating information in real time (for the Hotline) or within 48 hours for all data requirements.

In March of 2007, the Children's Bureau of the Administration for Children and Families (ACF) completed a secondary SACWIS assessment which consisted of a two-day system demonstration of SACWIS requirements and an additional two days of end-user interviews. The following strengths were identified during the assessment review:

- The FACES.NET project team committed to implementing a system that meets Federal requirements, supports District management needs, and reinforces the Agency's established child welfare policy and practices.
- Staff has great confidence in FACES.NET data.
- FACES.NET management reports are well integrated into CFSA's monitoring of child welfare activities by Agency staff and private providers.
- CFSA considers FACES.NET an essential tool to support child welfare policy and practices.
- Court data interfacing provides timely access to calendar information.
- FACES.NET provides a flexible, user-friendly interface.
- The Internet platform augments system usefulness.
- Strong and consistent training reinforces system use and promotes data quality.
- Medical information is automatically uploaded from DC KIDS.
- Management participation in the Change Support Committee promotes continual improvements to FACES.NET.

The complete ACF findings, which were released in November 2007, revealed that FACES.NET was compliant with all but 19 of 88 requirements. The system was considered, however, conditionally compliant with those 19 requirements. The District submitted additional information, including detailed enhancement descriptions and/or action plans. Additionally, Advanced Planning Documents have described how non-compliant requirements were resolved. The most recent SAR update found the District to be in conformity with 72 of the 88 requirements; in conditional conformity on 12 of the 88 requirements; non-conformity on two (2) of the requirements; two (2) requirements were not applicable. In addition, there are still unresolved General Usability findings. The current completion date for addressing the SAR findings is FY 2013.

In FY2010, the District completed a number of enhancements to the SACWIS; including kinship guardianship assistance, electronic data exchange with the DC Superior Courts and application and infrastructure upgrades.

The kinship guardianship assistance project scope involved creation of new screens and modifications to existing FACES.NET modules to integrate the Title IV-E Guardianship Subsidy eligibility determination process within FACES.NET application. The enhancements allow for the capture of data as soon as the guardianship referral is initiated by the program staff; for better record keeping of case data by validating all required data elements for claiming purposes; and for more applicable approvals throughout the process.

The data exchange with the DC Superior Courts allows for the electronic initiation of cases between the Child and Family Services Agency (CFSA) and the Family Court. The process automatically gathers the complaint form data upon supervisory approval of the complaint. The data is formatted in Extensible Markup Language (XML) and transmitted via secured file transfer protocol to the Family Court twice a

day at regularly scheduled intervals. The data is received and uploaded into the Courtview, the Family Courts system, and a response file containing critical information is returned to CFSA. FACES.NET will be updated with the information contained on the response file thereby completing the cycle of storing clients' identification information in both the CFSA system and the Family Court system.

In FY2010, the District completed a major project to make several changes and upgrades to the application architecture and infrastructure in order to maintain and improve critical business functions. In addition to performing software and hardware upgrades, the project also involved shifting of the FACES.NET hardware infrastructure from CFSA's data center to the District's consolidated data center managed by the Office of the Chief Technology Officer. The project scope involved:

- Database platform upgrade: This involved the upgrade of the FACES.NET database platform from Oracle 9i to Oracle 10g.
- Application Server virtualization: The FACES.NET application is hosted on three application servers which provide redundancy and fault tolerance. These application servers are connected to a load balancer which is configured to balance the user load on each of the application servers and route the users effectively without impacting the performance of the system or any one server.
- As part of the Infrastructure upgrade enhancement, the District also chose to upgrade the batch program application code that supports the FACES.NET functionality from COBOL to PL/SQL. COBOL had been the batch programming language from the inception of the District's SACWIS. This upgrade not only resulted in technological upgrades to a newer platform and reduced dependency on legacy code, but also resulted in cost savings as the District was able to avoid the purchase of additional hardware necessary to continue running COBOL.

For FY2011 the District completed two significant enhancements to FACES.NET. These are the National Youth in Transition Database and Fostering Connections changes related to title IV-E claiming for youth between the ages of 18-21 who remain in foster care. Additionally, the District will complete the first phase of system changes related to its Differential Response implementation.

### **AFCARS Improvement Plan**

The District has made significant improvements in the areas identified for improvement in the AFCARS Improvement Plan which was issued in April 2005, as a result of findings from the AFCARS Assessment Review conducted by ACF in December 2004. The review focused on AFCARS data submission (2004B) for the reporting period between April 1, 2004 and September 30, 2004. As a result of the review, ACF found data quality and accuracy to be areas in need of improvement and required the District to provide quarterly updates to ACF that include tracking improvements in the specific areas identified. The District made its final AFCARS Improvement Plan submission in May 2008.

The AFCARS Improvement Plan focuses on three main areas in need of improvement: (1) enhancement of processes to capture timely and accurate information, (2) provision of training to users, and (3) the creation and utilization of management reports based on the AFCARS Data Quality Utility and Frequency Utility tools. These main areas are all addressed by activities cited within the Improvement Plan. The AFCARS component of the social worker in-service training curriculum was finalized.

- An initiative to receive and implement technical assistance from NRC-CWDT was concluded.
- A plan was drafted to initiate the use of online management reports as a case management tool to assist workers in the timely monitoring and updating of foster family demographic data.
- CFSA provided a response to ACF's letter of concern, dated January 2007, in regards to specific data elements embedded in the AFCARS Improvement Plan.

In the final submission, the District provided the following information to ACF:

- AFCARS Test Deck 16 Case Scenarios and FY 2008B TEST Foster Care and Adoptions
- AFCARS Extraction Code Files for Foster Care and Adoption
- AFCARS Picklist Codes Reference Table
- FACES.NET Screen Prints of AFCARS Foster Care Elements 10, 11-15, and 16
- SARR Requirement 84 – for Foster Care Element 62 – Title IV-D (Child Support)
- Re-submission of the District’s 2004B AFCARS Foster Care and Adoption
- Re-submission of the District’s 2006B, 2007A, and 2007B AFCARS Foster Care

On October 20, 2009 the District received a new version of the AFCARS IP based on ACF’s review of the data from the 16 AFCARS Test Deck Case Scenarios that were part of the District’s AFCARS IP closeout. The District reviewed ACF’s findings related to the data on the test cases. Below are few of ACF’s findings:

- For several data elements, the dates did not populate correctly in the extraction file within the report period.
- Default values were reported.

The District informed ACF that its AFCARS extraction code has changed as a result of the system upgrade from Microsoft .Net version 1.1 to version 3.0 since its last AFCARS IP submission. ACF requested that the District resubmit its AFCARS extraction code from 3.0.

On January 21, 2010, the District submitted the 3.0 version extraction code to ACF and is awaiting a response from ACF regarding possible resubmission of the AFCARS 16 Test Deck Cases.

## CONSULTATION WITH PHYSICIANS OR APPROPRIATE MEDICAL PERSONNEL

CFSA’s organizational structure is unique to child welfare, as the Agency maintains in-house clinicians through its Office of Clinical Practice (OCP). In fact the Deputy Director for Clinical Practice is herself a pediatrician. The OCP is CFSA’s referral and service clearinghouse for all medical, dental, and behavioral health services accessed by children in foster care. The office was featured in the [September 2009 issue of the Children’s Bureau Express Online Digest](#) as a model for health and mental health services delivery in child welfare. Since publication of the article, CFSA has introduced two enhancements to the OCP’s service delivery model:

- In December 2009, CFSA opened an on-site 24-hour clinic, the Healthy Horizons Assessment Center (HHAC), to identify the medical needs of children and youth in the care and custody of CFSA. Healthy Horizons provides initial or re-placement health screenings for children and youth entering and re-entering out-of-home care, or changing to a different placement, as well as comprehensive health assessments within 30 days of entry into foster care. A team of two medical professionals – a nurse practitioner and a medical assistant – staff the Center. Healthy Horizons nurse practitioners are licensed and fully qualified to conduct pre-placement and comprehensive health screenings. Healthy Horizons also schedules and tracks dental screenings for all newly placed youth. Following the comprehensive assessment, children are referred back

to their primary care provider (PCP) of record or assigned a new PCP for ongoing health care needs while in foster care.

- In July 2010, CFSA instituted the Nurse Care Manager (NCM) Program. Within the NCM model, registered nurses provide Targeted Case Management (TCM) services to carry out the following activities in pursuit of short- and long-term health and well-being needs for children assigned to their caseload:
  - Completing multidimensional assessments;
  - Developing care plans of care to address medical, educational, social, and other unique needs;
  - Coordinating, facilitating and implementing health and mental/behavioral health services;
  - Educating clients and providers about activities supportive to health and any related social and educational outcomes (otherwise know as health promotion);
  - Monitoring and evaluating service outcomes and the progress of client patients; and,
  - Advocating for options and services to meet individual health and related social, educational, and other needs in a comprehensive and proactive manner through communication, linkage, and resources available to promote quality and cost-effective outcomes.

Children with needs beyond the amount or type generally required may be referred to a NCM. The NCM role delivers important returns on investment by reducing crises through its preventive and supportive focus and has positive long-term implications for enhancing child and youth safety, well-being, and quality of life through this seamless service provision.

CFSA's Health Care Coordination Plan provides further details the Agency's strategy, policies, and practice regarding consultation with physicians and medical personnel.

## DISASTER PLAN

CFSA's Continuity of Operations Plan (or Disaster Plan) is a "living document" that is periodically updated. It is included as an attachment to this report.

## MONTHLY CASEWORKER VISITS

The details regarding CFSA's updated caseworker [Visitation Policy](#) are included in Section I.B, Goal #5. Perhaps the highlight of the policy enhancement is the new requirement that social workers are required to formalize a written visitation plan with parents and foster parents. The plan will contain a visitation schedule outlining when and where caseworker-child visits will occur and the purpose of the visits. CFSA's intent with this enhancement is to increase accountability among all stakeholders for committing to timely and high-quality visitation among the child in foster care, his/her social worker, and his/her parents and siblings.

CFSA's Office of Facilities and Fleet Management also maintains an online vehicle reservation system to ensure that vehicles in the in-house remain available for social workers to meet their professional obligations with respect to visitation, child transportation, and community-based meetings and events.

## **IV. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

### *Description of Program Design and Delivery*

Prior to this reporting period, the Office of Youth Empowerment (OYE) provided services funded by the Chafee Foster Care Independence Program through The Center of Keys for Life (CKL). CKL was a specialized program designed to promote permanency by assisting adolescents and young adults to acquire the skills and knowledge necessary to live independently through life skills development as well as through educational and vocational support. While the programs and services provided by CKL were successful in terms of encouraging participation, the historic challenge was the limited number of teens in foster care who were actually able to participate due to resource and logistical limitations. OYE has since infused the concepts and programs of CKL into daily practice management with all OYE-involved youth in order to reach a broader scope of youth and to expand services beyond OYE to include opportunities offered by other administrations and to include youth who are case managed by private agencies.

As of the writing of this report, the OYE team consists of four case management units with 15 social workers, four supervisory social workers, and a team of Family Support Workers (FSWs). The primary role of this team is to ensure safety, permanency, and well-being through the provision of case management services. There is also a consultative division which is comprised of a team of consultative social workers and independent living (IL) specialists, as well as two educational specialists, one vocational specialist, supervisors, managers and support functions. The primary role of the consultative team is to ensure that CFSA administrations and private agencies have direct access to a consultative social worker and/or IL specialist to support the administering of the Ansell Casey Online Life Skills Assessment and to ensure that every youth is current on Youth Transition Planning (YTP) beginning at the age of 17.5, as opposed to earlier practice whereby planning began at age 20.

Since establishing a community-based office in the Georgia Avenue/Petworth section of the city, OYE has developed stronger local ties and supports from community-based organizations. With its new community location, OYE has also seen an increase in the number of youth who consistently stop by the office to participate in activities or to receive support with life skills activities. This increase in OYE interest is thought to be largely due to the removal of the stigma of reporting to the main child welfare building location. In addition, the OYE building layout is less clinical and more conducive to relaxed interactions. Finally, the office is very conveniently located to the public transportation system via rail and bus.

### ***Support for Transitioning to Adulthood***

An array of aftercare support services are provided by CFSA, based on funding through the John H. Chafee Foster Care Independence Program. Details follow, in addition to details on CFSA's Rapid Housing Program (RHP).

OYE is able to use federal funding through the John H. Chafee Foster Care Independence Program to provide support and services to youth who leave foster care after age 18 but who have not yet reached age 21. The goal of the Chafee Aftercare Services is to help improve outcomes for youth transitioning from foster care and to help alleviate homelessness. The program also requires that participants recognize and

accept their personal responsibility for making the successful transition from adolescence to adulthood and reaching self-sufficiency.

Youth must be at least age 18 years but less than 21 and have transitioned out of CFSA care to be eligible for Chafee Aftercare Services. Youth must also demonstrate proof of financial need (i.e. signed lease, utility bill, etc.) and show that Chafee funding is the sole subsidy for meeting the youth's housing needs, i.e., the youth cannot be receiving Rapid Housing Funds, Section 8, or funding for transitional living programs. To receive support for educational or vocational activities, the youth must be enrolled in an educational or vocational program and demonstrates satisfactory academic standing or employment (as applicable). Finally, the youth must be participating in life skills training or agree to complete money management and budgeting workshops.

### ***Educational Services***

The OYE College Prep curriculum for 12<sup>th</sup> graders provides educational resources and college awareness to help facilitate post-secondary educational options for all participating, committed youth in foster care between the ages of 15-21. Former foster care youth committed to CFSA at 15 years of age (and older) also qualify for services until the age of 23. Youth are able to access these services through weekly group workshops or individual guidance and counseling sessions arranged by the youth, the social worker, and the educational specialist. In an effort to reach youth at an earlier age, OYE has implemented a College Prep curriculum for 10<sup>th</sup> and 11<sup>th</sup> graders. This curriculum was developed to assist participating students with meeting and exceeding high school academics. In addition, the curriculum prepares youth for graduation and post-secondary education.

The OYE educational specialist supports youth and their caregivers through the college application and financial aid process, ensuring the smooth processing of ETV payments, and providing guidance and support to youth attending post-secondary institutions. The educational specialists in OYE provide pre-college support for youth in high school, including securing resources for SAT/ACT prep, determining college readiness, etc. The educational specialists also support youth and their parents through the college application and financial aid process, ensuring the smooth processing of ETV payments, and provide guidance and support to youth attending post-secondary institutions.

CFSA collects and monitors information regarding the educational and vocational status of all youth in care via Education/Vocation Assessments. These instruments are completed twice per year and contain all relevant educational and vocational information on each youth, including grade level, educational goals, and any current or planned vocational training.

### ***Vocational Services***

Social workers are responsible for assessing if a youth is appropriate for a vocational assessment and submitting the referral to a vocational specialist. The vocational specialist focuses on engaging youth in both formal and informal educational opportunities. Vocational specialists connect youth to vocational tours, training and employment opportunities, and develop resources for internship and employment mentoring opportunities for youth in care. The specialist administers vocational assessments for youth and remains engaged in a youth's vocational performance to ensure that adequate supports are in place for successful completion of vocational programs.

### ***Transitional and Aftercare Services***



The Rapid Housing Program (RHP) is a valuable source of assistance for youth aging out of foster care as well as for families in need of housing to preserve family unity or to secure reunification. After a reduction in the program due to budgetary constraints in FY09, the program was restored in FY10 and then expanded in FY11 to support families transitioning out of the residential component of Family Treatment Court, a family-based substance abuse treatment program which allows families to stay together while parents receive substance abuse treatment. The RHP program will be further expanded and funded in FY12.

Budgetary constraints also precipitated a reduction in aftercare services through the community-based Collaboratives in FY10. Nevertheless, contract negotiations for FY 2011 included a restoration of aftercare services at all six Collaborative locations with capacity levels based on the projected number of youth aging out of foster care for the fiscal year. The following aftercare services are referred by social workers for access by youth:

**Financial Assistance** (when available and based upon need) - an eligible youth may receive up to \$4,800 of accumulated payments and up to \$800 per month to cover the cost of rent, utilities, and security deposits.

**Counseling** - youth who struggle with daily or personal challenges related to transitioning to adulthood are eligible for counseling.

**Independent Living Skills Training** - services include but are not limited to career planning, communication skills, daily living, education, home life, housing, money management, self care, social relationships, study skills and work life.

**Assistance with Referrals to Community Resources** - assistance may include but is not limited to financial, medical, child care, and/or other services on an as-needed basis.

### ***OYE Special Events***

Several special events are sponsored by OYE throughout the year, some on an annual basis and others when interest and support are identified. In addition to providing independent living skill development, these types of events offer youth opportunities to build leadership skills and to explore multicultural adventures. In many cases, the youth are directly involved in the planning and production of the events. The following are examples of such special events:

- **OYE Kick-Off** - Each fall, OYE begins the new school year with a Kick-Off celebration to present and inform the youth and community of plans for supports and services that help youth develop independent living skills. The Kick-Off is an opportunity for CFSA and OYE to connect with the community and to provide information regarding youth services and sessions surrounding education, vocation, life skills, aftercare, rapid housing, transitional planning, and online life skills assessments. Youth are able to speak directly to OYE IL specialists and to obtain information on the various services. The Kick-Off also provides an occasion to inform and educate CFSA's stakeholders about its services and partnership opportunities.
- **Vocational Tours** - OYE's vocational specialist arranges "prospective employer" tours for youth in the District of Columbia. These tours are interactive and allow the youth to gain insight and exposure to career fields of their interest. This is a hands-on approach to helping youth determine their career paths and to develop connections with local businesses and business owners.

- **Career Fair** - This venture is another opportunity for youth in care to explore future career options and to meet potential employers in the workplace in the local area. Each year approximately 30-40 vendors from Washington, DC businesses, DC government agencies, and community organizations gather to learn more about youth in foster care and to meet their potential “future employees”. The youth are exposed to diverse career settings and connected with internship as well as employment opportunities.
- **College Tours** - Each spring and fall OYE takes youth on a college tour to expose them to post-secondary educational opportunities and experiences. These tours generally extend over a three-day period and provide cultural and educational experiences that can inspire the youth to examine concerns and personal interests during the college selection process. College tours are a great way to explore college options, compare and contrast the schools, and make educated decisions for applying to schools that meet a youth’s individual needs.
- **Youth Permanency Forums** - These forums bring youth, public agencies and community partners together to discuss permanency and its impact on the District of Columbia’s community, families, and children. The purpose of these forums is to establish a broadened and collective definition of youth permanency, strengthen the shared commitment of all stakeholders, and to enhance the capacity among public agencies and community partners to support youth permanency in the District of Columbia. Formerly an annual event, OYE has moved to a quarterly forum to allow for more focused and in-depth discussion of relevant topics.
- **DC Service and Global Youth Service Day (Community Service)** - Our youth participate in community service projects established by DC Serve. Among many of the service-oriented activities youth have completed include painting murals and planting gardens at schools, removing trash and debris around the Anacostia River, educating youth on emergency preparedness, organizing a “senior prom” for local senior citizens, and preparing meals for homeless individuals.
- **Youth Recognition Ceremony** - This annual ceremony honors youth in foster care for their academic accomplishments throughout the school year. High school, college, and vocational graduates are all honored during this ceremony for accomplishing their educational goals despite the obstacles they face as youth in the foster care system.
- **Summer Enrichment Program** – During the summer months, youth are offered weekly activities and opportunities to enrich their summer vacations. OYE specifically invites CFSA employees to share their talents and skills as part of the activity offerings, including employees who may otherwise have no occasion to interact directly with the youth they serve behind the scenes. Youth have participated in visits to museums, poetry writing, drama classes, dance and yoga, visits with the Metropolitan Police Department’s Horse Mounted Unit and Harbor Patrol, as well as other activities that have engaged youth.
- **National Independent Living Conference** - Each year OYE offers youth the opportunity to attend Independent Living/Leadership Conferences that bring together youth service professionals, independent living professionals, and youth aged 15 and older. These conferences address topics designed to help meet the needs of older youth preparing to transfer from care. Presenters include experts in the field of independent living from around the country. Youth also are able to network and build relationships with various resources that may offer them opportunities for their future endeavors. Former youth in foster care are also invited. In addition, this conference inspires youth to develop their own workshops so they can participate and present

in the future. CFSA youth have presented workshops at various conferences, receiving many accolades from conference participants.

- Social Events and Galas** – Recognizing the importance of social interaction , creative expression, and esteem building activities as preparation for successful adult living, OYE incorporates annual gala events and other social activities into its yearly calendar. During the spring of each year the District’s foster care youth plan and host a fashion show to express themselves artistically and creatively through fashion. The show is an uplifting way to celebrate their academic and community successes. All models are youth in care. Merchandise for the show is donated both from local and from national designers. This annual fashion show serves as a hallmark event for CFSA, bringing together our children, staff, and families in a festive environment.

During winter, OYE hosts an Annual Youth Holiday Gala to provide an opportunity for our youth to enhance their social relationships alongside their peer and adult communication skills while celebrating the holidays in a youth-engaging and family-friendly environment. This December event is an opportunity for siblings in care who are not placed together to create additional memories and for youth to practice social networking with various community partners and stakeholders. The youth are especially encouraged to build relationships that they can maintain after exiting the foster care system and to reconnect with foster care youth with whom they may have resided in the past. The youth play a pivotal role in planning and execution of this event.

**Education and Training Vouchers (ETV)**

The table below outlines the current distribution of ETVs that CFSA administered to District youth and young adults as of May 2011.

PERIOD	NEW AWARDS	ONGOING AWARDS	TOTAL AWARDS
<b>FY10</b>	<b>66</b>	<b>FY06 = 5, FY07 = 9, FY08 = 13, FY09=17</b>	<b>110</b>
<b>FY11</b>	<b>66</b>	<b>FY06 = 1, FY07 = 1, FY08 = 8, FY09 = 15, FY10 = 13</b>	<b>104</b>

**CFCIP-Specific Training Initiatives**

As stated earlier, the Ansell Casey Life Skills Assessment (ACLSA) is a comprehensive, strength-based, online assessment that is introduced by specially-trained social workers to youth starting at age 15. ACLSA is also offered annually until a youth achieves permanency. Currently, OYE trains both CFSA and private agency social workers on how to administer the ACLSA. Training is also offered for staff at the Healthy Families / Thriving Community Collaboratives, in addition to individuals functioning as Court Appointed Special Advocates (CASA).

Life Skills Domain areas covered by the ACLSA include (1) Daily Living, (2) Self-Care, (3) Work and Study Skills, (4) Social Relationships, (5) Housing and Money Management, (6) Communication, (7) Home Life, (8) Work Life and (9) Career Planning. The social worker is trained to develop, along with the youth and the caregiver, a learning plan based on the identified areas of improvement. It is then the role of the caregiver to ensure that the tasks created within the learning plan are carried out. In a sense, the caregiver acts as the life skills instructor. The base learning plan covers two domains at a minimum, two learning goals per domain, and two activities per learning goal.

### Preparation to Implement the National Youth in Transition Database

CFSA is pleased to have fully implemented the District's National Youth in Transition Database (NYTD). The Agency was among the first Title IV-E single-state agencies to successfully transmit its first NYTD data file through the federal NYTD portal in May 2011.

CFSA also administers the online "Youth Speak Out!" survey to the baseline population. The online survey is interfaced with the FACES.net management information system, but contains a confidential login portal for youth to take the survey directly and privately.

## V. SUPPORTING INFORMATION

### Juvenile Justice Transfer

The District retains custody of children in foster care regardless of their juvenile justice status until they age out of the child welfare system or until their commitment to the Agency is terminated through court order. Youth who are in the juvenile justice system and the foster care system are known as “dual-jacketed” youth and are tracked by both systems. As of March 2011 there were 89 dual-jacketed youth in CFSA custody.

### Inter-Country Adoptions

CFSA does not routinely have a role in inter-country adoptions. The Agency’s focus is on serving children in the District’s foster care system. CFSA refers individuals who contact CFSA regarding inter-country adoption to private agencies. Families who adopt outside the United States have a host of support groups and other resources available to them, including post-adoption services from numerous private adoption agencies in the area. According to the federal guidelines in the ACF Child Welfare Policy Manual:

*States must report as a “disruption” a child who came to the United States for the purpose of adoption but entered foster care prior to the finalization of the adoption regardless of the reason for the foster care placement.... States must report such disruptions even if the child’s plan is reunification with the prospective adoptive parents and the stay in foster care is brief.*

*States must report as a “dissolution” a child who was previously adopted overseas (whether the full and final adoption occurred in the foreign country or domestically) but entered foster care as a result of a court terminating the parents’ rights or the parents’ relinquishing their rights to the child. Since the child’s legal relationship with his or her parents may not be severed until some time after the child enters foster care, States must also report to ACF children adopted from overseas who are already in foster care at the time that the adoption is dissolved.*

*A State need not report a child who enters foster care after a finalized adoption if the parents’ legal rights to the child are intact. In sum, the State need only report those children who enter foster care as defined in 45 CFR 1355.20 as a result of disruption or dissolution.*

Based on the reporting standards that are outlined above, CFSA has no documented reports of children who were adopted in foreign countries and subsequently entered the District foster care system during the past fiscal year. Reports of abuse or neglect of any such child residing in the District would be investigated in the same manner as any other referral to the child abuse and neglect Hotline, and CFSA intervention with and services to the child and their family would be the same.

### Child Welfare Demonstration Project

The District does not currently have a child welfare demonstration project.

## Foster and Adoptive Parent Recruitment

**Section I, Sub-section B, Goal 8** of this APSR outlines CFSA's progress on its Foster and Adoptive Parent Recruitment and Retention Plan.

Current Agency policy on recruitment states that the goal of recruitment is to heighten public awareness of the need for caregivers and to develop an ample and diverse pool of prospective foster and adoptive parents. The policy further states that a comprehensive recruitment plan should be developed to identify the numerical and programmatic goals for recruitment, in addition to outlining acceptable recruitment strategies, projecting the length of various aspects of the recruitment process, and specifying necessary resources to accomplish the articulated recruitment goals.

## Adoption Incentive Payment

Adoption incentive payments are utilized to support adoption promotion and support services. Previous adoption incentive payments have been utilized to enhance the Agency's marketing and public relations strategy for recruitment and retention of adoptive parents.

## VI. FINANCIALS

Federal funds provided to the District of Columbia under Title IV-B will not be used to supplant federal or non-federal funds for existing services and activities that promote the purposes of Title IV-B. For FY 2011, the amount to be spent on family preservation, family support, time-limited family reunification, and adoption promotion and support will equal or exceed the amount spent in FY 2010 for family preservation and family support services. CFSA will furnish reports to the Secretary of the Department of Health and Human Services, at such times, in such format, and containing such information as may be required to demonstrate the District's compliance with the above prohibition.

CFSA's local share expenditure amounts for the purposes of title IV-B, subpart 2 was \$9.1 million. The District's 1992 base year amount was \$270,000. Thus, the District meets the non-supplantation requirements in section 432(a)(7)(A) of the Act. Since FY 2005, CFSA has not spent title IV-B, subparts 1 and 2 funds on child care, foster care maintenance, or adoption assistance payments. Moreover, CFSA does not spend any title IV-B, subparts 1 and 2 funds on administrative costs.

Under the areas of Title IV-B, subpart II, Promoting Safe and Stable Families Program (PSSF) (see CFS-101 Part I), CFSA has allocated 40% of total expenditures to community-based family support (i.e., prevention and support services). The goals of child safety, permanency, and well-being are strongly supported by preventive services that use community-based resources to ensure child safety and support, to strengthen families, and to prevent children from coming into the child welfare system. The remaining PSSF expenditures are equally distributed (20%) among family preservation, time-limited family reunification, and adoption promotion and support services.

## ATTACHMENTS

1. [Continuous Quality Improvement Plan](#)
2. CFS 101 Forms
3. Title IV-E Training Plan
4. Health Care Coordination Plan
5. Continuity of Operations Plan (COOP, or Disaster Plan)
6. FY 2011 and FY 2012 Foster and Adoptive Parent Recruitment and Retention Plan