



2014 REDUCING DISPROPORTIONALITY

AN ANNUAL REPORT EXAMINING CFSA PRACTICE

The Office of Planning, Policy and Program Support (OPPPS)

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Overview

The Child and Family Services Agency's (CFSA) research in the area of racial disproportionality seeks to critique and consider varied approaches to the analysis of the issue. Utilizing a three-pronged approach, the first prong introduces a review of the demographic landscape of the District of Columbia, providing a comparative analysis of the DC population as of the 2010 decennial census and the 2012 and 2013 American community survey. The second prong introduces analysis of the CFSA clientele population in contrast to the CFSA employee population. Thirdly, after providing the empirical relevance of racial disproportionality through the lens of the changing demographic landscapes, this report contextualizes CFSA practice within the racial equity standards framework outlined by Black Administrators in Child Welfare (BACW).

I. DC Landscape

A year-end examination of the District of Columbia's population landscape reveals the subtle changes that were occurring among African Americans, Whites, Hispanics, and Asians between the July 2013 and the last decennial census. In 2012 however, the District of Columbia population was 632, 323. As of July 1, 2013 the District of Columbia population was 646, 449. This is an increase of over fourteen thousand residents between 2012 and 2013. Of the 2013 population, 43.4 percent were White, 49.5 percent were African American, 10.1 percent were Hispanic and 3.9 percent were Asian.

Washington DC Demographic Landscape		
Race/ Ethnicity	% in 2010	% in 2012
African American	50.7	49.5
White	38.5	39.6
Hispanic	9.1	9.9
Asian	3.5	3.5

Comparatively, the 2012 White population was 39.6 percent. The African American population comprised 49.5 percent. Hispanics comprised 9.9 percent and Asians comprised 3.5 percent.

In the field of child welfare, disproportionality refers to the inequitable representation of an identifiable population. When discussing child welfare, professionals often think of overrepresentation as the critical issue. Yet, underrepresentation is also disproportionality and cannot be overlooked.

Comparison with the 2010 Census finds the District of Columbia population was 601,723. At that time, the African American population comprised 50.7 percent, Whites comprised 38.5 percent, Hispanics comprised 9.1 percent and Asians comprised 3.5 percent. Population change by race between 2010 and 2012 finds that the White population increased by 8.3 percent.¹ The African American population decreased by 2.7 percent.² The Asian population decreased by 3.8 percent.³ The Hispanic population increased by 14.6 percent between the decennial census in 2010 and the July 2012 population summary.

II. Racial Disproportionality and DC CFSA

Disproportionality and the Mid-Atlantic States: A Comparison															
	DC			Maryland			New Jersey			New York			Pennsylvania		
	Entries	In Care	Exits	Entries	In Care	Exits	Entries	In Care	Exits	Entries	In Care	Exits	Entries	In Care	Exits
Hispanic	0.2	0.2	0.2	0.4	0.3	0.3	1.1	0.9	0.9	0.8	1.1	1.1	1.3	1.2	1.3
White	0	0	0	0.6	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.4	0.6	0.6	0.6
Black	1.2	1.4	1.4	1.8	2	1.9	3.1	3.1	2.7	1.8	2.7	2.5	3.1	3.4	3.1

Source: Disproportionality Rates for Children in Foster Care.” National Council of Juvenile and Family Court Judges. @ May 2013.

The Chicago-based research and policy center, Chapin Hall, among other entities, examines the existence of disproportionality in children welfare formulaically through the examination of the ratio of entries to exits in correlation to the population in care. When discussing child welfare, professionals often think of overrepresentation as the critical issue. Yet, underrepresentation is also disproportionality and cannot be overlooked. “Overrepresentation” refers to instances in which a number or quantity (children, in this case) is disproportionately high or low. Mistakenly the terms overrepresentation and disproportionality are often used interchangeably. Disproportionality refers to the inequitable state of representation. More specifically, disproportionality and over- and under-representation are used with regard to an identifiable population. The racial and ethnic make-up of child welfare is usually compared with the racial and ethnic make-up of the general population.

CFSA’s 2014 employee population reported 74 percent African American but as of 2013, the District of Columbia African American population only reported 50 percent.⁴ In contrast CFSA’s out-of-home population as of December 2014 reported the following: 95 percent African American, 3 percent White, and 9 percent Hispanic. As of December 2014 the in-home population reported 67 percent African American, 2 percent White, and 9 percent Hispanic.⁵

The African American CFSA employee population, as well as the CFSA-served populations (out-of-home and in-home) are disproportionately higher than the reported District of Columbia African

¹ An increase by 19,186 persons

² A decrease by 8,099 persons

³ An increase by 802 people

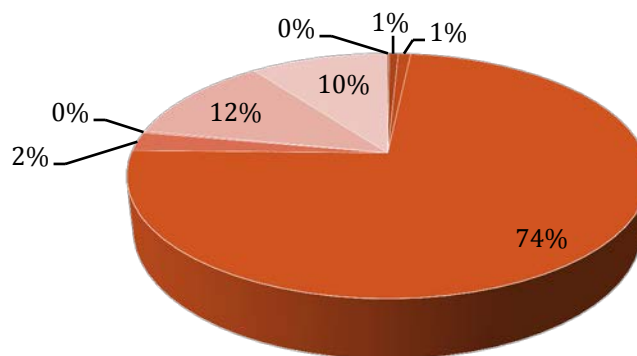
⁴ As of the publication of this report, the 2013 percentages are the latest available data the U.S. Census Bureau.

⁵ For .75 percent of the out-of-home population no race data were reported and .66 percent was unknown. Thirty percent of the in-home population reported unknown.

American populations. Comparatively, both the CFSA-served and employee White populations are disproportionately lower than the most recent District of Columbia profile. Conversely, the Hispanic CFSA served out-of-home and in-home populations mirror the most recent District of Columbia demographic profile.

	% of CFSA In-Home (as of Dec 2014)	% of CFSA Out-of-Home (as of Dec 2014)	% of CFSA Employee (as of Dec 2014)	% of DC Census (2013 Population Estimates: Census Bureau)
African American	67	95	74	50
White	2	n/a	12	43
Hispanic	9	9	2	10
Asian	0	.4	1	4

CFSA Employee Population



III. Aligning CFSA practice with the BACW domains is summarized below through varied lenses that range from data innovation to programs, as well as policies and practices in how CFSA is addressing the concept of cultural competency and racial disproportionality within its current practice frameworks.

1. Data: Innovative
2. Finance: Creative and Flexible
3. Engagement: Parent and Community
4. Kinship Services: Effective and Appropriate Use

5. Youth: Informed Practice
6. Education: Collaboration and Partnerships
7. Health: Thriving Children, Youth, and Families
8. Legal Services: Culturally Informed and Competent
9. Leadership: Culturally Competent
10. Program: Policies, Practice, Review, and Analysis

RESA1 - Data Innovative⁶

Context: Data systems that collect critical information for making policy and practice decisions that improve prevention, placement and reunification outcomes are essential. Through the use of data, agencies can ensure measurable progress on behalf of all children toward improving service outcomes and equity across all programs.

RESA Standards:

1.1 Reporting system includes data specific to the race of families and children in all caseloads.

CFSA Current Practice

- CFSA currently houses a statewide automated child welfare information system (SACWIS) system that captures the race and ethnicity data of the clients served in-home and out-of-home. While a mechanism exists to capture the race and ethnicity data of all families identified on the caseload, the challenge is ensuring the consistent entry of the race and ethnicity data. CFSA continues to work towards improving the accuracy of the race and ethnicity data through internal audits of the data and reconciliation activities conducted by a dedicated data accountability workgroup and the quality assurance unit. CFSA data reports an increase in race documentation since March 2013 from 91percent to current 95 percent, although 2014 shows a 4 percent decrease since the beginning of the year. Comparatively, ethnicity documentation has increased from 88 percent to 95 percent.

1.2 Agency database identifies gaps in services and racial and ethnic treatment disparities.

CFSA Current Practice

- The current SACWIS is a point in time system. It does not disaggregate data to identify gaps between race and ethnicity as they relate to disparate service provision or treatment. This kind of need/gap assessment would be more cohort-based or longitudinal in scope. While it is outside the current platform, CFSA does have data that can inform the initiation of such a gap analysis.

1.3 Data and qualitative measurements are used in program and practice improvements.

CFSA Current Practice

- CFSA utilizes quantitative and qualitative instruments to assess Agency program performance. More specifically CFSA measures qualitative performance through Quality

⁶ RESA (Racial Equity Strategy Areas) is a system established by BACW for ensuring that best practices are developed through a racial equity lens. RESA further embraces a conceptual framework for understanding and achieving anti-racist policies and practices in child welfare. The 10 strategy areas identified in this report are BACW's promotion for equipping child welfare administrators, managers, supervisors, and social workers with critical factors that improve service outcomes for child and families of color while reducing treatment disparities and overrepresentation. For additional information, please see <http://www.blackadministrators.org/pdf/RESA.pdf>.

Service Reviews (QSR) that integrate a shared protocol with the Department of Behavioral Health (DBH) to examine child welfare practice and mental health services for the children and families. CFSA also completes subject matter case review protocols of in-home and out-of-home populations for reviewing elements of safety assessments and case planning. The qualitative reviews involve the development of findings for areas of practice improvement. Additionally, quantitative elements are utilized to assess performance related to key performance indicators by program area.

Practice improvement need is empirically driven, based on the quantitative metrics as well. CFSA measures itself quarterly within the Agency's *Four Pillar Strategic Framework*.⁷ The domains include (1) the front door measuring performance related to entry services, investigation initiation and recurrence of maltreatment among other areas; (2) temporary safe haven: measuring CFSA performance on permanency and placement; (3) well-being: measuring performance related to education, medical and dental services for the foster care population; and (4) measuring exits to permanency. CFSA also measures itself related to the *LaShawn* outcome measures monthly examining areas of visitation, well-being, case-planning and permanency strategies.⁸ CFSA is monitoring over 90 measures that require achievement or need to be maintained within the umbrella of safety, well-being, and permanency. CFSA also measures itself nationally, examining performance within the national standards determined by the federal Administration for Children and Families (ACF). Review of outcome measure performance in the areas of timeliness to reunification, timeliness to adoption, and placement stability are tracked and monitored by CFSA to assess performance, identify gaps and to put into place interventions to enable performance improvement.

1.4 Data driven decision making assessment instruments are available.

CFSA Current Practice

- Empirically driven decision-making results are guided by varied tools at CFSA. Qualitative data driven tools include the QSR shared protocol and case review instruments utilized by CFSA to inform practice decisions related to in-home and out-of-home client service. Additionally, CFSA utilizes the execution of quantifiable survey protocols, as well as the development of key performance indicators to assess performance through metrics, scorecards and multi-method tools to inform decision making.

From the front door to permanency, CFSA utilizes decision-making constructs to ensure the most appropriate response to clients served through the Structured Decision Making (SDM™) tool and the RED team framework.⁹ For example, through the use of the SDM, the

⁷ This framework was developed and implemented in 2012 as the result of a focused effort by CFSA to engage employees and the local child-serving community in developing the District's long-term strategic plan for the child welfare system. The pillars include narrowing the front door to child welfare, providing a temporary safe haven through foster care (only when imminent risk to a child's safety is substantiated), protecting and ensuring child well-being, and supporting positive exits to permanency.

⁸ In 1989, the American Civil Liberties Union (later Children's Rights, Inc.) filed the *LaShawn A. v. Barry* lawsuit over the quality of services the District of Columbia was providing to abused and neglected children in its care. Today, the District is working to meet all requirements of an Implementation and Exit Plan (IEP) negotiated in December 2010, so that the federal court system will return control of local child welfare to the city.

⁹ The RED (review, evaluate, and direct) team framework is a group decision-making process that includes six-to-eight participants comprised of representatives from CFSA's Child Protective Services (CPS) administration, In-Home and

Agency is able to determine the most appropriate response to reports received by the Child Protective Services (CPS) Hotline. CFSA has and will continue to take a comprehensive look at the service and resource needs for these families. SDM and RED teams are expected to bring about an improvement in the quality of investigations as well as timeliness. The RED team group decision-making construct also helps to ensure that the Agency's response to each Hotline report is uniform, appropriate, and effective for each family's individual circumstances.

CFSA's focus on positive outcomes for children and families in the District has resulted in a review of and subsequently significant changes to case management practice. Additionally, CFSA seeks to increase its capacity to enact a comprehensive assessment and customized service planning throughout its entire continuum of services. For example, the Children's Research Center (CRC) is working with CFSA's Office of Entry Services to develop and implement an SDM Risk Hotline assessment tool. This will assist the Hotline to solicit and obtain information that directs the case for further consideration either to the Family Assessment or the traditional CPS investigations track.¹⁰ CFSA has also engaged CRC to assist in updating its SDM Risk Assessment tool and in revising the current caregiver strengths and needs assessment so that it encompasses the family's functioning, not just the functioning of the parent/caregiver. This SDM tool will also support the Agency's In-Home social workers to improve their interaction and planning with families with a chronic and serious history of mental health, substance use, and domestic violence. Another assessment tool being utilized by the Agency is the Child Adolescent Functional Assessment (CAFAS) and the revised SDM Caregiver Strengths and Needs Assessment (Family Functional Assessment Tool). Both represent significant practice changes from that of reporting on referral and linkage to services to one that demonstrates changes in behavior by the child and parents and the potential impact of the service on the change(s) in behavior(s).

The assessment tools that CFSA is incorporating provide a consistent framework for discussion and a means to gain insight and information from a variety of resources familiar with and supportive to families. In addition, it helps direct case planning activities and generates referrals to appropriate services.

1.5 Focused research and reviews are regularly conducted on services provided to children and families of color.

CFSA Current Practice

- In addition to the services reviews mentioned in 1.3, CFSA completed focused research on racial disproportionality in the District's children welfare system in 2010. This research included a review of the disparities in child welfare, focusing on the Hispanic population. The study specifically examined the underrepresentation of Latino children in the children welfare system in the District of Columbia. An update of the report was completed in 2013,

Permanency, Office of Well Being, Kinship Resources, the contracted Healthy Families/Thriving Communities Collaboratives, and other administrations as applicable.

¹⁰ CFSA's use of the Family Assessment track is the direct result of implementation of the Differential Response (DR) model. DR intends to prevent removals by expanding the capability of CFSA to conduct family assessments for cases at low-to-moderate risk. Unlike traditional child protective investigations, family assessments are voluntary and collaborative activities where CFSA social workers engage families to address and overcome the issues that brought them to Agency attention in the first place.

seeking to expand the conversation to look at racial disparity within the context of racial disproportionality. CFSA continues focused research in this area, knowing that there is an overrepresentation of African American children in the DC foster care system compared to the number of child residents in the District's general population. As data reveals disparities in the rates of entry into foster care (e.g., measure of foster care utilization), there is a need to identify how unequal perceptions, practices, behaviors, etc. have contributed to an overrepresentation of African American children in the foster care system when compared to their White and Hispanic counterparts.

Further, CFSA uses the SACWIS database to conduct a monthly review of quality data collection on race and ethnicity. Additionally, during the QSR process, CFSA ensures that needed documentation of the client population's race and ethnicity are located within the record. Outside of examining the issue of racial disproportionality, CFSA also completes focused research on the services provided to the client population through external reviews such as the National Resource Center's examination of CFSA practice in the areas of adoption and in-home practice. CFSA also teams with Chapin Hall, to examine performance in the areas of permanency, entries, and re-entries to improve overall practice. Finally, the review of service provision is identified in CFSA's bi-annual [Needs Assessment](#), detailing supports and resources needed to ensure stabilized placements, as well as services and resources needed to prevent entry or re-entry into foster care.¹¹

RESA 2 - Finance: Creative and Flexible

Context: Child welfare funding that is creative and flexible is critical in reducing disparities.

Financial systems should focus on opportunities to achieve racial equity through culturally appropriate service contracting, alongside monitoring and distribution of funding services. Many believe the child welfare system must do more to prevent child abuse and neglect; to provide specialized treatment to families struggling with problems of mental health, substance abuse or domestic violence; to support grandparents and other relatives who have stepped in to raise children when their parents cannot; and to provide adequate numbers of child welfare workers who are trained to deal with the complex needs of families in crisis.

RESA Standards:

2.1 Budget and funding resources must ensure adequacy of comprehensive services unique to diverse populations of children and families.

CFSA Current Practice

- A key resource in identifying Agency fiscal client needs is the bi-annual *Needs Assessment*. CFSA has completed the bi-annual assessment since 2003 in accordance with the *LaShawn v. Bowser* monitoring requirements. Each *Needs Assessment* examines current and projected out-of-home placements and support services in response to the varied placement needs of the child welfare population. While the *Needs Assessment* is mandated by the *LaShawn* Modified Final Order (MFO) to be placement-focused, the document also considers the relationships among resources, services, and practice standards throughout

¹¹ The *Needs Assessment* acts as a self-evaluation tool for the Agency and relies heavily on the gathering and analysis of external stakeholder input and insight. Through surveys, interviews, and focus groups, CFSA solicits the feedback of age-appropriate children, families, foster parents, advocates, attorneys, community partners, private agencies, and social workers regarding their experiences around out-of-home care. These insights are combined with statistical analyses of placement and other data to identify needs that presently exist or may exist in the future if appropriate interventions are not put in place.

the entire child welfare spectrum. Findings detail both the need and impact of prevention services and permanency-related interventions on the ability of children to achieve positive permanency outcomes. The *Needs Assessment* directly informs the Agency's Resource Development Plan (RDP). The RDP is designed to organize and establish the agenda for service development priorities that most closely reflect the results and client needs identified through quantitative and qualitative assessments. In addition, CFSA budgetary decisions are driven by resource needs, initiatives, and Agency priorities to better serve the client population.

2.2 Resources should be developed and funded specifically to provide services that prevent children from entering the child welfare system.

CFSA Current Practice

- To prevent children from entering foster care, CFSA is utilizing funds that are now accessibly as a result of the Title IV-E waiver. Through the waiver, CFSA is able to use funds that were formerly dedicated to foster care needs, and now re-allocate those funds towards a continuum of services, resources, and interventions that support prevention and family stabilization. As a result, community partnerships have been further expanded, particularly CFSA's long-standing relationship with the Healthy Families/Thriving Communities (HFTC) Collaboratives and their capacity to meet the needs of the families they serve within their communities. Based in five Wards throughout the District, the Collaboratives serve as community "hubs" where residents can gain access to services, resources, and supports that address most all of their needs. CFSA is also providing technical assistance to the Collaboratives to assess their current capacity to achieve optimal service provision and to develop strategies that enhance their skills to do so. Recently (December 2013), CFSA contracted with a consultant to conduct comprehensive assessments of each of the Collaboratives to identify areas of strengths and areas for improvement to develop strategy plans for solidifying the Collaboratives as "one stop shops" for families to access community supports and resources. In addition, CFSA's partnership with the Collaboratives plays a significant role in the development and implementation of the two new evidence-based practices, HOMEBUILDERS®, an intervention that stabilizes families when a child is at risk of being placed into foster care, and Project Connect, an intervention to support families during and after reunification that helps to expedite permanency and prevent re-entry into care. Both practices will be funded under the Title IV-E waiver. CFSA will also contract with the Collaboratives to identify qualified providers to offer services under each of the two models. The Collaboratives will enter into contractual relationships with the community providers and will be responsible for monitoring service delivery. The Collaboratives are also working with CFSA on the revision of the SDM Caregiver Strengths and Needs Assessment tool. As a result, CFSA and the Collaboratives anticipate improved data-sharing, which will enhance the capacity of both entities to come together in a coordinated manner to team on cases and jointly address the needs of families. The assessment tool will also be used to collect relevant data to assess progress related to well-being outcomes and changes in overall functioning as part of the comprehensive evaluation of the Title IV-E waiver.

2.3 Current financial investments should be utilized to support creative and reform initiatives.

CFSA Current Practice

- Among the creative and reform initiatives that CFSA has recently undertaken is Trauma Systems Therapy (TST). CFSA's TST efforts have been greatly bolstered by receipt of a grant from the U.S. Department of Health and Human Services, Administration for Children and Families under the Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare. CFSA has thoroughly embraced trauma-informed care as part of its vision for child welfare practice. This effort is closely aligned with the District's System of Care (SOC) being administered under the Department of Behavioral Health. TST and implementation of evidence-based practices now direct how CFSA identifies, assesses, and treats trauma. In this regard, CFSA is rapidly developing into a transformational child welfare system where children are better off based on operationalizing well-being along the continuum, utilizing current research, and best practices. Most importantly, there is the provision of specialized training, including an in-house trauma coach to support institutionalizing the practice to child welfare staff, senior leadership, mental health providers, and the resource parents who have responsibility for maintaining a standard of care for children involved in the child welfare system. While implementation of TST is still in the emerging stages, the principles of trauma-informed care are inextricably linked to and congruent with the core tenets of the CFSA [*Practice Model*](#). Just as benchmarks and practice standards reinforce the paramount importance of physical safety and well-being to the protection of children, trauma-informed care reminds the child welfare system that science supports emotional safety as equally if not more essential for healing and growth.

Family strengthening is also reinforced through the RED team construct which highlights the assets, resources, and capacities within the family, individuals, and community. The following categories are examined during the decision-making construct:

- danger/harm
- strengths/protective factors
- safety/belonging
- risk

As noted earlier, RED team participants function in a consultative decision-making capacity examining key decision points in a case. These decision points may begin at the onset of the case but also occur throughout the life of a case, including placement changes, case assignment transfers, and permanency reviews. RED team reviews occur in a collaborative setting among multidisciplinary CFSA staff and external stakeholders as applicable. RED teams also give voice to different perspectives while promoting critical thinking and problem solving, and providing validation and support to assigned social workers. Simultaneously, the RED teams reinforce accountability with respect to case planning. With both TST and the RED teams, the Agency has invested significantly in the development, training and monitoring of significant practices changes.

2.4 Financial structures should create innovative demonstration projects that result in system reform.

CFSA Current Practice

- (See 2.3)

RESA 3 – Parent and Community

- **Context:** Effectively engaging parents and community members in the child welfare system is both complex and vital to the success of African American children and families who come to the attention of abuse and neglect agencies. Given this challenge and imperative, social work professionals must develop ways of successfully engaging parents and community members to ensure permanency and connectivity. CFSA recognizes that a truly successful community-based child protection system must meaningfully involve parents, including fathers, extended-family, and other relevant community members in decision-making and service planning.

RESA Standards:

3.1 Acknowledge and embrace black family child rearing practices that stress firmness, not abuse. Alternative child rearing practices should be recognized as healthy parenting.

CFSA Current Practice

- CFSA has incorporated the Effective Black Parenting Program (EBPP) into its practice.¹² Among the grants awarded in FY2014, CFSA reports the model being used among client families in Wards, 5, 7, and 8 through the Healthy Babies Project.¹³ Additionally, clients through the East River Family Strengthening Collaborative and the Community Family Life Services are also utilizing the model. EBPP infuses the creation of new instructional units along the lines of cultural issues. The instructional units fold in an achievement strategy on rearing African American children and links raising children to life goals rooted in understanding the characteristics of the children being raised. The program serves as a skill-building program for parents. EBPP also draws on the perspectives emphasized within the following tenets: (1) to help parents enhance the quality of their relationships with their children, and (2) to employ parenting strategies and skills that research has shown most helpful in raising pro-social, competent, and healthy children.

3.2 Understand, acknowledge, and support the strength of the extended family.

CFSA Current Practice

- The role of the extended family is a priority for CFSA practice. Accordingly, CFSA has revised its diligent search procedures and the [Diligent Search Policy](#) to optimize efforts for locating, contacting, and soliciting case participation of biological and extended family members. The revision of the policy also ensures that very early on in the case, family outreach and communication processes are enhanced within the Family Team Meeting (FTM) model, maximizing the potential for family attendance at these critical meetings. The emphasis on kinship care is reinforced through the diligent search efforts and family team meetings held. As a result, CFSA's placement of children and youth with kin has increased by nearly 10 percent in the past two fiscal periods (from 16 percent to an estimated 24 percent).

¹² The Center for the Improvement of Child Caring's *Effective Black Parenting Program* (EBPP) is the country's first culturally-adapted parenting skill-building program for parents of African American children. Its initial development in the 1970's was stimulated by the fact that none of the then-existing parenting skill-building programs were designed specifically for African Americans. Some of the then-existing programs, and especially behaviorally-based parent training programs like [Confident Parenting](#), had been shown to produce positive results with African American parents (*including inner city African American parents*) but they did not address issues that were particular to African Americans (*such as the impact of slavery on African American child rearing and the need to convey positive messages about cultural heritage*) nor did they honor traditions in African American family life.

¹³ The Healthy Babies Project, Inc. (HBP) is a local program that connects high-risk, underserved pregnant DC women and families to health care, social services, and educational opportunities.

3.3 Ensure and support non-traditional African American community support structures that can be used to fill service gaps and complement other services offered, such as churches and grassroots organizations.

CFSA Current Practice

- CFSA's current practice does not address specific structures within the African American community that fill service gaps. Nevertheless, the Agency does work to identify the community partners that can assist with better serving the children and families in the District. For example, CFSA's partnership with the HFTC Collaboratives is central to the Agency's ability to maintain and build upon its successes to-date, including the strong cross-system collaborations with CFSA's sister agencies and other community-based partners. CFSA also takes advantage of the division of the city by quadrant to focus on Ward-driven case assignments and utilization of the Collaboratives as a support service function throughout case management. Additionally, to support service gaps and structures within the community, CFSA has entered into a contract with the Lydia Home Association¹⁴ and DC 127¹⁵ to provide a model called *Safe Families for Children*. The goal is to work with churches to identify families who can coach and mentor families by providing respite services and addressing resource needs. These groups recruit and screen volunteers who can assist families in crisis by caring for their children on a short-term basis. This arrangement is not a placement but an agreement between the parents and the volunteers. Additionally, through this partnership, the model will develop a database that has information on what volunteer families have to donate – a refrigerator, bed, etc. and what families need to identify a match. This model has been an effective program in Chicago, IL.

3.4 Utilize culturally competent family assessment instruments and measures that speak to the nuances of African American family life, enhancing understanding of African American family needs.

CFSA Current Practice

- CFSA has implemented two specific, culturally competent assessment tools: (1) the Child and Adolescent Functional Assessment (CAFAS) and (2) the Preschool and Early Childhood Functional Assessment Scale (PECFAS). The objective of these assessment tools is to examine demographic variables of the populations served, among other variables in identifying child needs. CFSA's assessment tools are continuously being revised and refined, in addition to the exploration of new tools to ensure the most comprehensive culturally competent tools are being incorporated into practice.

3.5 Expand available resources for children and increase access to services through building community partners and relationships in the neighborhoods.

CFSA Current Practice

- (see 3.3)

¹⁴ The Lydia Home Association is a Christian multi-service agency that strengthens families to care for children and care for children when families cannot.

¹⁵ DC127 is an initiative of Washington, DC churches focused on working together to ensure the success of every child in foster care and those at risk of entering the child welfare system. The group works to recruit and support foster and adoptive homes, and to prevent children from entering the child welfare system by supporting families in crisis.

3.6 Address barriers to fully engaging parents and community participants in the development of resources and services for African American children.

CFSA Current Practice

- Addressing barriers and fully engaging community participants is a focal area in CFSA's work with our community partners, particularly the HFTC Collaboratives. Additionally, CFSA's shift toward trauma-informed practice ensures that correct interventions can be captured from the onset of the case planning process. To the extent that families can objectively identify the issues and barriers facing them, they will be more likely to take ownership for their resolution. This approach and level of involvement dissolves boundaries between the family and the system because the family's insights and contributions are clearly respected and incorporated in the case-planning process.

By way of example, CFSA has been working on best practices with Howard University to mitigate barriers to engaging fathers. CFSA also created a workgroup and leads the campaign called *Connecting Dads*, also dedicated to fatherhood engagement. The objective of this campaign is to reinforce throughout every aspect of CFSA practice the inclusion of fathers in the discussion related to children and youth. The engagement ranges from case planning to visitation, to ensure that fathers are included when examining the life of the case through targeted case management. The *Connecting Dads* campaign further seeks to raise systemic awareness of the importance of the role of fathers in the family. This campaign continues to emphasize to social workers the need to make concerted efforts to engage fathers, and to equip direct service staff with the tools and techniques to do so efficiently and effectively.

RESA 4 – Kinship Services: Effective and Appropriate Use

Context: Kinship care is an important resource for children who are removed from their parents and placed in the child welfare system. Placements with relatives as caregivers affirm the importance of child well-being with support by extended family as the underlying foundational resource for African American children. CFSA strongly supports kinship care programs as a viable placement option for children needing out-of-home placements.

RESA Standards:

4.1 Realize that kinship care is preferred for African American children when their parents are unable to provide for them.

CFSA Current Practice

- As noted, the importance of kinship care is at the forefront of CFSA practice. With the knowledge that kinship placements are the least likely to disrupt and the most likely to experience smooth transitions, CFSA prioritizes this standard. Resultantly, CFSA endeavors to place children first with kin whenever a home removal is necessary. CFSA's Kinship Support Unit is thereby responsible for identifying and engaging kin who are willing and able caregivers. CFSA also dedicates considerable time and resources ensuring that kinship options are thoroughly explored before looking beyond relatives for safe and stable foster care placements. In supporting kinship placement efforts CFSA also tracks and monitors sibling placement and visitation, two areas where performance has steadily increased over the most recent fiscal periods.

4.2 Understand, acknowledge, and support the strength of kinship families

CFSA Current Practice

- Much of the Agency's resources have been allocated toward early identification and engagement of kin, especially for children at risk of entering into foster care. In particular, the Agency provides a temporary licensure process that allows a relative to receive a child into the kinship home immediately upon removal from the home of origin. Using this approach, CFSA does not have to wait for full licensure to place a child with their relatives. Rather, the Agency expedites the process for granting the temporary licensure and then works closely with the kin to help them become fully licensed within designated timeframes. As noted, CFSA's Kinship Support Unit is responsible for identifying and engaging kin who are willing and able caregivers for children entering the foster care system. The Agency dedicates considerable time and resources ensuring that kinship options are thoroughly explored before looking beyond relatives for safe and stable foster care placements.

CFSA also realizes that once the Agency is no longer involved, kinship families frequently need quality post-permanency services. CFSA ensures that supportive services are available to children and families post-adoption and post-guardianship through its partnership with the Post Permanency Family Center (PPFC), which is administered by one of CFSA's contracted agency partners, Adoptions Together, Inc. CFSA's adoptive families receive notification of the availability of post-adoption services at the time that the adoption becomes final. When necessary, the adoptive parents can negotiate with CFSA during the development of the subsidy agreement to have the Agency pick up costs for support services that are not covered under the conventional subsidy formula. In addition to providing information and referral and supportive services to children and families following adoption and guardianship finalization, PPFC also trains professionals, provides intake services to individuals as well as families, and provides outreach to individuals. A well-utilized feature of PPFC is its resource library, which contains current research, literature, and academic materials on the subject of child safety, permanence, and well-being. Throughout the year, PPFC's weekly training series, some of which offer Continuing Education Units for licensed professionals, range across the entire continuum of child welfare as well as on various aspects of child rearing and parenting. CFSA services are also available to children and families following permanency. Additionally, CFSA has implemented an internal post-permanency unit to address the service needs of children and families post-adoption and guardianship finalization.

4.3 Ensure that the kinship triad (child, birth parent, and caregiver) is fully engaged in a collaborative relationship.

CFSA Current Practice

- CFSA practice over the next year will incorporate the *DC Family Link* model highlighting the importance of the kinship triad. This model encourages shared parenting between birth parents and foster parents. It was developed and implemented in partnership between CFSA and Foster and Adoptive Parent Advocacy Center (FAPAC), based on the recognition that permanency potential increases and all parties benefit when birth and foster parents actively work together for the well-being of the child. Over the next year, FAPAC and CFSA will evaluate the outcomes of this effort to determine impact on outcomes for children and youth, including the impact on placement stability as well as exits to permanency, and to inform decisions about changes or expansion of the model. *DC*

Family Link also features a facilitated ice breaker meeting to bring the birth parent and foster parent together within 1-2 days of the child's placement. This meeting focuses on the child's needs and provides an opportunity for the birth and foster parents to exchange information about themselves, their daily routines and those of the child, and how to support the child through the period of separation.

4.4 Ensure that kinship care services are family-centered, strengths-based and needs-driven with culturally appropriate assessment tools to document the services provided.

CFSA Current Practice

- (see 4.1)

4.5 Willingness to be creative in the delivery of kinship care services.

CFSA Current Practice

- (see 4.1)

4.6 Examine and modify policy procedures and licensing standards that create barriers for the placement of African American children in kinship placements.

CFSA Current Practice

- CFSA integrates aspects of this standard through the development of a KinFirst model. KinFirst coordinates the expertise of multiple interagency resources, including CFSA's FTM Unit, Diligent Search Unit (DSU), and Kinship Licensing Unit. Collectively, these resources identify and engage families at the earliest possible stages of a case. As a result, the KinFirst initiative helps to divert some children from entering care and to find relative caregivers for those children who must be placed into out-of-home care. The importance of maintaining relationships with kin or looking at kin as placement resources is woven throughout the following CFSA program policies (including but not limited to the collection of healthcare management policies):
 - [Investigations](#)
 - [In-Home Services](#)
 - [Diligent Search](#)
 - [Engaging Incarcerated Parents](#)
 - [Family Team Meetings](#)
 - [Interstate Compact on the Placement of Children \(ICPC\)](#)
 - [Permanency Planning](#)
 - [Permanent Guardianship Subsidy](#)
 - [Placement and Matching](#)
 - [Relationship with Resource Parents](#)
 - [Resource Parent Training](#)
 - [Supervision and Self-Care of Children in Foster Care](#)
 - [Temporary Licensing of Foster Homes for Kin](#)
 - [Visitation](#)

All of the above policies are reviewed every few years and updated according to changes in practice. Most specifically, the FTM and Temporary Licensing of Foster Home for Kin policies, both of which were initially developed in 2004, have been updated to facilitate expedited placement of children within their family constellations. CFSA also instituted a

waiver process for certain non-safety related licensing requirements that may cause barriers to getting kin licensed.

4.7 Provide kinship families with flexible family support services that may or may not be solely supported by the child welfare system

CFSA Current Practice

- In regards to the flexible family support for kinship families, CFSA has established a Kinship Support Fund that is used to provide the following services:
 - Child care assistance (during the time a child transitions in the home many kinship caregivers need child care services)
 - Mortgage or rent
 - Clothing
 - Food
 - Utility assistance (due to caregivers experiencing an increase in the costs required to provide basic needs for relative children in their care)

RESA 5 – Youth: Informed Practice

Context: African American youth need to experience a reliable support system that enables successful transition to adulthood.

RESA Standards:

5.1 Youth services should focus on readiness and preparation for independent living life skills.

CFSA Current Practice

- CFSA's Office of Youth Empowerment (OYE) provides educational and post-secondary educational services (e.g., connection to tutoring services and on-campus supports) to assist youth in planning for their futures and making a successful transition to a self-sufficient adulthood. Independent life skills, employment services, and vocational supports are also an essential part of preparing youth for a self-sustaining income before, during, and after their transition from foster care. CFSA partners with Bank on DC to carefully weave financial education into the fabric of the Agency's existing program for youth. OYE also ensures that youth are properly educated in and supported with financial management skills, which are vital as they transition into adulthood. To ensure monitoring of a youth's transition to self-sufficiency, CFSA incorporates Youth Transition Planning (YTP) meetings. YTPs are youth-driven and family-inclusive team meetings convened by older youth in care who are preparing to exit the foster care system. CFSA has made strides in making sure that transition plans are more discrete and concrete, allowing youth and other parties to be clear about tasks, timeframes, and responsibilities. Youth services are carefully outlined in the Agency's [Older Youth Services](#) policy.

5.2 Program and support services should address personal and emotional needs.

CFSA Current Practice

- (See 2.3)

5.3 Specialized training for staff should be co-led by youth, and all communication should be culturally and generationally sensitive to the youth.

CFSA Current Practice

- CFSA is working on implementation of this type of co-led youth training.

5.4 Highly structured and intensive interventions that emphasize skill development should focus on behavior change and attitude adjustments that address risk factors for youth.

CFSA Current Practice

- OYE works to achieve permanence for older youth while at the same time providing life skills training, vocational and educational support, and transitional assistance. Most importantly, OYE encourages informal but committed relationships with safe, caring adults willing to act in a mentoring or parental capacity following a youth's exit from foster care. OYE also assists adolescents and young adults to acquire the skills and knowledge necessary to live independently. Through Agency and community services to participants, OYE promotes permanency; encourages lifelong connections to family, friends, and community; provides education/vocational opportunities, and supports the development of life skills that enable adolescents to achieve self-sufficiency.

5.5 Youth services that support emancipation should focus on lifelong connections and family engagement.

CFSA Current Practice

- CFSA practice in conjunction with the *Four Pillar Strategic Framework* strives to ensure that every child exits foster care to a well-supported family environment or lifelong connection as quickly as possible. Families may also receive ongoing support after positive permanency is achieved in order to maintain family connections and stability, and to reduce the likelihood that the child will re-enter the system. The Agency also strives to ensure that older youth exit care with appropriate community-based aftercare services and the education and skills necessary to become successful, self-supporting adults. Additionally, CFSA practice incorporates Listening to Youth and Families as Experts (LYFE) conferences for teenagers in foster care who are preparing for independence, simultaneously taking stock of the family connections and supports that will be available to them along the way.

5.6 Youth who achieve permanence through returning home, guardianship, or adoption should be provided program services, if needed, through the age of 21.

CFSA Current Practice

- CFSA's post permanency services, offer pre- and post-adoption and guardianship supports and services for families that help to assure that children are exiting foster care to a well-supported family environment as quickly as possible. Post-permanency services are available for any child who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved.

RESA 6 – Education: Collaboration and Partnership

Context: A strong educational foundation for African American children in the child welfare system is essential to achieve positive outcomes as adults leading to an improved quality of life. The intersection of race, poverty, and inadequate education affects educational outcomes of African American children unless mitigating actions are taken by all systems involved with the child, including the child welfare system.

RESA Standards:

6.1 Research and reports should indicate long-term educational benefits for children who need consistent support, accountability, teachers, and social workers that care about their performance.

CFSA Current Practice

- CFSA is committed to ensuring the educational success of children and youth in foster care. This commitment begins with identifying needs on the front end of a child's experience in child welfare to identify appropriate services that can enable educational success. For example, CFSA provides developmental screenings for all children within 30 days of their entry into foster care. Children ages 0 to 3 years old coming into foster care are screened at CFSA's on-site clinic, the Healthy Horizons Assessment Center. If developmental delays are indicated at the completion of the screenings for these young children, they are referred to *Strong Start DC*, a program implemented through the District's Office of the State Superintendent of Education (OSSE).¹⁶ *Strong Start DC* services are flexible, culturally responsive, and tailored to meet the individual needs of the child and the family. When children are ages 3-5, they are screened by CFSA's Office of Well Being (OWB). Any developmental delays identified for this age group result in referrals to *Early Stages* (Interventions) through the District of Columbia Public Schools (DCPS). Additionally, CFSA collects data internally for the following three main educational measures: (1) children in foster care perform at grade level in the third grade, (2) the percent of youth who graduate from high school, and (3) the percent of youth who graduate from college. CFSA's educational measures are aligned with the indicators outlined in the District's *Raise DC* initiative and its strategic plan to improve performance within the District of Columbia Public Schools. This data is reported through CFSA's Four Pillar Scorecard, an internal scorecard of benchmarks for achieving positive outcomes.

Last year CFSA executed the A+ Learning Link Educational Assessment which was administered to 557 school-aged children. Preliminary review of the data, which was distributed to social workers, revealed that 58 students were on grade level for both reading and math, 46 students were above grade level in reading, and 32 students were above grade level in math. There were 219 children reading below grade level and 239 were below grade level in math. Twenty-one children were above grade level in both reading and math while 192 students were performing below grade level in both subjects. In conjunction with some data from OSSE, the results of the CFSA-administered A+ Learning Link Educational Assessment were used to help social workers determine the kinds of supports children need to improve or maintain school performance. As a result of the assessment, more children have received tutoring services. Reinforcing the need for a more comprehensive the educational strategy, the Agency adopted the *Blueprint for Change*. This blueprint outlines eight goals dedicated to benchmarking the educational success for children in foster care.

6.2 Educationally competent children increase their potential for positive adult outcomes, socially and economically.

CFSA Current Practice

¹⁶ *Strong Start DC* is a comprehensive, coordinated, multidisciplinary system that provides early intervention, therapeutic, and other services for infants and toddlers with disabilities and developmental delays. Services are also provided for these children's families.

- A focus on the increased potential of youth through educational competency has been undertaken as a priority by OYE. Through OYE's educational services program, older youth are supported to attain the skills and opportunities necessary to lead a sustainable lifestyle. The College Prep Unit is responsible for the identification of youth who are on track to attend college and to provide them with the steps for admission, enrollment and graduation from college. Preparation supports and timelines are developed for 11th and 12th graders to support their transition. The team of supports includes the youth, the social worker, and other external stakeholders that lead the discussion on post-secondary options. Youth who prefer a vocational path are equally supported to achieve their goals, including educational requirements that support their vocation of choice.

6.3 Formal and informal partnerships with Departments of Education, local school boards, child welfare agencies, juvenile justice systems, and family courts are critical for ensuring that all children have equal access to quality education.

CFSA Current Practice

- CFSA's partnerships with DCPS and the Public Charter Schools (PCS) include monthly conference calls related to barriers, data exchange, and examination of the truant population. In addition other agencies, CFSA participates in the Family Court's Education Subcommittee. The focus of the subcommittee is improvement of educational outcomes by employing an inter-agency collaboration strategy to achieve improved educational outcomes for children in foster care.

6.4 Partnerships, informal and formal, should be based on shared values, vision, and agreements on outcomes for children in the child welfare system.

CFSA Current Practice

- [see 6.3]

6.5 Systems should operate in a manner that does not create barriers to children in the child welfare system receiving quality education.

CFSA Current Practice

- CFSA has developed fail-safes to ensure that education barriers are reduced in child welfare through the hiring of educational specialists in OWB. These specialists focus on examining the educational status of the children and youth in foster care, working directly with social workers and sharing the performance data that helps to address gaps and resolve potential challenging areas. Additionally, the Office of Entry Services created an Education Triage Unit to examine educational neglect reports and to reach out to schools individually to eliminate challenges such as attendance, which is critical to a quality education but also reflects one aspect of neglect allegations. In addition to the previously mentioned partnerships with DCPS and PCS, CFSA also has a recently developed a Memorandum of Agreement (MOA) with Prince George's County to access their parent portal. These partnerships highlight CFSA's collaboration with school districts serving the client population. CFSA also has a data sharing system in place with DCPS and OSSE to support the elimination of barriers around information sharing that serves ultimately to determine additional needs for supporting quality education for the client population served.

6.6 Federal and state confidential laws should be modified or changed to facilitate effective partnerships.

CFSA Current Practice

- CFSA's incorporation of the *Confidentiality Toolkit* facilitates an effective information exchange with partnering agencies. The toolkit identifies federal privacy laws that govern the disclosure of client information by child welfare and other human service agencies. The primary aim of the toolkit is to allow for successful sharing of confidential client data across multiple systems in order to ensure that services are delivered in an efficient manner. It should be noted that CFSA rigorously protects the confidentiality of clients for all other venues, as outlined in the Agency's [Confidentiality](#) policy.

RESA 7 – Health: Thriving Children, Youth and Families

Context: Children, especially those in kinship or foster care, are at high risk for chronic and complex illnesses. Many of the health issues facing our children are the result of the inequities and disparities in the health care delivery system. Race, ethnicity, and culture have an impact on how African American families utilize and benefit from health and mental health treatment and services. Addressing these issues is critical to improving the health care for children and their families.

Standards:

7.1 Access to a menu of health and supportive services that promote wellness and encourage healthy behaviors and lifestyles for children and families.

CFSA Current Practice

- Since 2009, CFSA has been operating the Healthy Horizons Assessment Center (HHAC) as an on-site 24-hour medical clinic to serve some of the medical needs of children newly entering care and custody, or experiencing a re-placement in foster care. HHAC is staffed daily by one nurse practitioner, one medical assistant, and one medical records technician. Staff performs various screenings and assessments for the purpose of early identification, diagnosis, and referral of children's health-related issues.

It is also important to note that health and support services are both provided to CFSA's in-home and out-of-home populations. With regard to the in-home population, CFSA has taken steps to partner with other District government agencies to bolster the services available to families within the communities served by the HFTC Collaboratives. Through partnerships with DBH and the Department of Health (DOH), CFSA is working to address gaps in services specifically for children and caregivers with mental illnesses. In addition, there are active efforts to ensure adequate availability of services for parents with young children through co-location of DBH mental health specialists at four of the five HFTC Collaboratives (one specialist will cover two locations, based on determined need). DOH infant and maternal health specialists will be co-located at all five of the Collaboratives, providing health and trauma screening. In addition, the DOH specialists will coordinate comprehensive nursing care and case management to young mothers with at least one child under the age of 6, assessing their needs, developing a care plan, and providing direct care (or referring the mother to other community based services based on the need). These resources were developed to address current gaps in services for these vulnerable populations and also to complement the supports available to families involved with waiver-funded services.

7.2 Access health care through Medicaid, S-Chip, and other state programs for children and families.

CFSA Current Practice

- CFSA has created comprehensive processes to ensure that children who enter foster care are provided with Medicaid coverage within 5 days of entering care, and that issuance and receipt of the card occurs within 45 days on entering care. While CFSA has routinely met mandates for ensuring coverage, resource parents have previously experienced challenges with timely receipt of the Medicaid card for the children in their home. Despite the occasional delays for distribution of the actual card to the resource parent, CFSA has found great success with the processes that are currently in place to ensure that the Medicaid cards are properly and efficiently distributed. Resource parents are also informed that medical providers can access the children's Medicaid information and eligibility via the DC Medicaid interactive voice response (IVR) system. Additionally, CFSA ensures that Medicaid and Supplemental Security Income coverage continues for youth transitioning out of foster care, as applicable and in accordance with the jurisdiction of a youth's residence.

7.3 Provide comprehensive health care evaluations to all children in order to reduce the onset of chronic illness that are prevalent in African American and other minority children (such as asthma, obesity, etc.)

CFSA Current Practice

- CFSA complies with the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services program (known locally as DC HealthCheck), and that each child receives a comprehensive health assessment. Assessments occur within 30 days of a child's initial placement in foster care. These assessments incorporate the following mandated components:
 - Completed record of child's medical and developmental history
 - Physical examination by a qualified health care practitioner
 - Preventative services such as immunizations and health and reproductive education as appropriate
 - Development of a current and previous diagnosis list
 - Development of healthcare treatment plan
 - Referral for mental and behavioral health screening and/or developmental screeningThrough HHAC, CFSA also offers health education and prevention resources.

7.4 Improve access to physical and mental health services through locating community health centers in neighborhoods with high density minority populations.

CFSA Current Practice

- Improved access to the health services are detailed above (7.1) in relation to in-home population. OWB works to improve mental health services to all children and families served by the District's child welfare system. Multi-disciplinary clinicians on staff at CFSA provide expert advice to social workers and foster parents. Additionally, through the work of CFSA's nurse care managers (NCMs), the following activities and services are provided:
 - Completing comprehensive assessments on medical, mental health, social, and emotional well-being
 - Developing and maintaining care plans to address medical, educational, social, and other unique needs

- Coordinating, facilitating, and implementing physical, mental, and behavioral health services
- Educating clients, providers, and social workers 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 within the service array to meet individual health and related social, educational, and other needs
- Communicating, promoting, and linking quality available resources in a comprehensive and proactive manner for positive, cost-effective outcomes

7.5 Ensure that mental health services are culturally competent and offered in the least restrictive environment, and includes the family as a full participant.

CFSA Current Practice

- As mentioned earlier (7.1), CFSA's Office of Community Partnerships is allocating Title IVE dollars to fund the co-location of four DBH staff at the Collaboratives to ensure community access to behavioral health services. Staff co-location at the Collaboratives fosters team work that responds to the unique cultural characteristics of the Collaboratives' communities. All DBH-contracted services must be delivered in the home or in the community. Restricted placement is determined by the continuity care of guidelines that ensure that decisions are based on clinical-need scoring criteria. With regard to service provision, treatment plans are individually tailored to meet linguistic competence needs (e.g., French, Spanish, and Amharic speakers). The primary objective is to avoid biases related to ethnicity and culture. CFSA families are also provided wrap-around services. Indeed, there is a 90 to 100 percent attendance of the therapists at wraparound staffings or the RED team removals. From the beginning of any CFSA case, someone from a contracted mental health provider agency treats the family as a unit. These services are funded through TST grant this was put into place. Evaluation of the process involves peer-to-peer employee review. The model is working to further integrate youth peer-to-peer reviews. Finally, staff attends training sessions provided by CFSA's Child Welfare Training Academy (CWTA), including a full-day training session on cultural competence.

7.6 Establish a mental health system of care for children and families that reduces the "silo" approach and builds on the collaborative partnership services of all child-serving agencies.

CFSA Current Practice

- CFSA contracts with private child-placing agencies to provide specialized foster care services for children who present with an Axis 1 diagnosis with CFSA-approved clinical justification. To ensure appropriate care for children with such a diagnosis, foster parents (as part of the treatment team) are trained to stabilize and address the behavioral and mental health needs of these children. Aligning efforts with DBH and engaging in the work of the District's SOC is evidencing success for this focused approach to identifying and responding to the mental and behavioral needs of children and families involved with the child welfare system. Similarly, technical assistance to address domestic violence and substance use is supporting the Agency's ability to identify what is needed to effectively meet the needs of this population, including the required resources for establishing a continuum of services.

RESA 8 – Legal Services: Culturally Informed and Competent

Context: Quality legal services are required for African American children in the child welfare system to assure permanence.

RESA Standards:

8.1 All children in the child welfare system should have legal representation.

CFSA Current Practice

- CFSA teams with Office of the Attorney General (OAG) to ensure legal representation of each child served. Ultimately, OAG is responsible for filing petitions based on recommendations by the Agency. In addition to OAG tracking permanency of children once they are removed, section chiefs and senior management regularly obtain and review individual case data from assistant attorneys general (AAGs) to ensure compliance with the federal Adoption and Safe Families Act (ASFA) permanency hearing time-lines. Section chiefs also draw up individual magistrate judge assignments and attorney schedules several months in advance (and whenever there is an attorney turn-over) to mesh with the Family Court's rotations of judges and to avoid gaps in representation detrimental to the high percentage of timely case reviews. In addition, the OAG managers for the Family Services Division regularly meet with Family Court judges and administrators to ensure timely appearances of AAGs, to ensure expedited resolution of barriers to timely case reviews, to avoid unnecessary continuances, and to exchange training opportunities.

8.2 Legal staff that works with, and for, children in the child welfare system should have cultural competency training.

CFSA Current Practice

- The exchange of training opportunities is among the meeting drivers between the OAG managers and the Family Services division.

8.3 Ongoing cross system planning and training should be required for judges, lawyers, law enforcers, and child welfare staff to ensure the best interest of the child.

CFSA Current Practice

- CFSA in partnership with the Office of the Attorney General Family Services Division Child Protection Sections works on behalf of the District's abused and neglected children. Attorneys in the Division's Child Protection Sections represent the Child and Family Services Agency in all abuse and neglect cases in Family Court. The attorneys in the Child Protection Sections, who litigate cases on behalf of a client agency in Family Court, have a different role than the attorneys in an agency's Office of General Counsel. General Counsel attorneys handle an agency's internal matters, such as legal issues relating to contracts, personnel decisions, and legislation. By contract, attorneys in the Child Protection Sections are CFSA's in-court lawyers in Family Court Matters. The best interest of the child is served through this partnership through the role of AAGs in examining case planning and teaming on case management with the social worker for the best outcome for the child. The cross system approach CFSA has found to be invaluable as legal representation is an integral part of the system.

8.4 Child welfare legal services should be based on child welfare practices, policies, and procedures.

CFSA Current Practice

- CFSA is currently examining practice to identify compliance with this standard.

RESA 9 – Leadership: Culturally Competent

Context: Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes. It also encompasses self-awareness of one's biases, knowledge of others' cultural values, beliefs and behaviors, and the development of the skills needed to work with culturally diverse populations. A culturally competent leader exemplifies the standards identified by RESA.

RESA Standards:

9.1 Exudes empathy, understanding and caring in all phases of service and leadership.

CFSA Current Practice

- CFSA's stated mission is to promote safety, permanence, and well-being of abused and neglected children while strengthening troubled families in the district. The four identified principle outcomes are (1) children are safe, (2) families are strengthened, (3) children and teen have permanency, and (4) child and teen developmental needs are met. Within these principle outcomes, CFSA infuses core values that reinforce the importance of CFSA social workers using a professional helping relationship as a practice standard. Guided by CFSA's [*In-Home and Out-of-Home Procedural Operations Manual \(POM\)*](#), social workers assess, respond to, and influence family decision-making, behaviors and circumstances through respectful engagement, active listening skills, and genuine care for the family's strengths and challenges. Additionally, CFSA social workers take the lead on promoting urgency about permanence. Within CFSA's [*Practice Model*](#), families are the focus; their welfare and their preservation are the forefront of practice execution and decisions. CFSA serves families from diverse cultural backgrounds in a responsive manner; clients are informed of their rights as well as their responsibilities when they are involved with CFSA. As well, CFSA makes it a point to safeguard confidentiality and to ensure due process. By its very nature, human services is a helping profession and CFSA's actualization of its mission and *Practice Model* require that understanding, caring, and support are evident throughout the multi layers of the organization, starting with the Hotline worker to the assigned ongoing social worker all the way up to the Office of the Director.

9.2 Participates and communicates with community members and consumers that enhance cultural sensitivity and awareness.

CFSA Current Practice

- CFSA holds monthly meetings with its community partners in the form of DRILL meetings and a larger contracted-agency partnership meeting. Through these conversations, Agency priorities are shared and performance is examined via the lens of those with whom CFSA conducts business arrangements. All CFSA solicitations require competing organizations to ensure that children will be provided services that employ a family-centered approach to care; ensure culturally-competent services in line with a child's culture, including ethnic, socio-cultural and linguistic strengths; provide linguistically-competent services; ensure community-based services to assist children to maintain connections with schools of origin, churches, friends, and families; and develop a community-based network of services and affiliations that will facilitate supportive services in the community of origin,

community of placement, or the community where a potential kinship care or family-based foster care provider resides. These Human Care Agreements (HCAs) demonstrate a provider's capacity to meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive permanency and well-being outcomes for children in care.

9.3 Establishes appropriate assessment techniques, acknowledges, respects and considers ethnic-related values and needs, including spiritual and medical beliefs.

CFSA Current Practice

- CFSA is currently examining practice to identify compliance with this standard.

9.4 Creates an organizational environment that respects, recognizes, and values cultural differences and works to reduce structural barriers.

CFSA Current Practice

- From its establishment as a cabinet-level agency, CFSA has conscientiously created an organizational environment rooted in respect. More specifically, CFSA practice and operation adheres to the DC Human Rights Act of 1977 (the Act). In accordance with this legislation, as amended by DC Official Code § 2-1401.01 et seq., CFSA does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business. Any harassment based on or due to any of the above-protected classes is prohibited by the Act. Discrimination in any form is a violation of the Act and is not tolerated under any circumstances either by CFSA or its affiliated private contracted agencies or anyone else doing business with the Agency. All staff, children, and families are treated with respect and dignity. Again, CFSA is committed to treating all persons, regardless of age, with respect, valuing and affirming differences, and preventing discrimination, harassment, or biases of any kind in the provision of services to the community.

9.5 Ensures that training is designed to provide high quality, culturally responsive and competency-based learning, essential for staff to work more effectively with families from different cultures.

CFSA Current Practice

- CFSA's Child Welfare Training Academy (CWTA) provides training on cultural competence, and practice strategies for encouraging the strengths and uniqueness of each individual child and family. CWTA also works to create supportive training environments that positively aid child development from birth to young adulthood through appropriate placement within their families or within resource family alternatives. In addition, the *CWTA Training Plan* is crafted to inspire and sustain the highest quality of workforce development and workforce training possible to achieve the overall purposes of child welfare. By tailoring the training curriculum for social workers, foster parents, and other staff, CWTA ensures that all trainees receive the appropriate knowledge and skills to perform their individual functions. The plan further emphasizes the enhancement of personal qualities and the mutual respect for the values of others, both colleagues and clients. Specific competencies are also outlined for the various sets of knowledge and behaviors that enable staff to effectively perform the tasks associated with each stage of the child welfare behavioral-based process.

RESA 10 – Program: Policies, Practice, Review, and Analysis

Context: A key strategy for a governmental agency serving African American children and families should invest in the development and analysis of child welfare policies, practices, and programs. Effective policies are driven by sound research, consumer input, and strong objective evidence.

RESA Standards:

10.1 Policy that has been developed with the input of community representatives is more responsive to the needs of the consumers.

CFSA Current Practice

- CFSA policies educate, serve and inform staff, contracted agencies, and entities in the community that interface with the agency. Policies also define internal agency relationships, as well as relationships between the agency and outside organizations. By defining administrative responsibility, policies serve to promote consistency, efficiency, and professionalism, as well as standardizing the methods by which organizational goals and objectives are achieved. Accordingly, the process (see 10.2) for policy development incorporates multiple levels of collaboration that highlight the responsive nature of CFSA's policy creation process.

10.2 Child welfare policies and programs should be reviewed and analyzed to ensure that practices are responsive to the families served.

CFSA Current Practice

- The CFSA Policy Unit has a specific development process that details the review and analysis of CFSA policies that serve children and families. This process involves the specialist requesting an initial planning meeting with the executive sponsor within 2 business days of the policy being approved by the Executive Policy Team (EPT) for development. The policy specialist also conducts background research, identifies internal and external stakeholders for a workgroup, clarifies expectations and initial working agreements, and works with the executive sponsor to establish work group membership and to draft a work plan. Every workgroup assigned to a program policy (i.e., a policy that immediately impacts direct services) will generally include representation from one of CFSA's contracted private agency partners, external advocacy groups, and any other entity or individual whose expertise is inherently useful to the policy's subject matter. The executive sponsor chairs the initial work group meeting. The work group reviews and, when necessary, revises the work plan, as well as further identifies or develops process changes, as well as identifying any training, fiscal, and legal issues. The executive sponsor spearheads the assessment of the fiscal implications. Also involved in the development process is the Office of the General Counsel (OGC) which provides the workgroup with any feedback on applicable or related statutes, regulations, court orders, or memoranda of understanding. OGC also reviews each policy document for legal sufficiency to protect the interests of the Agency and its clients. Once the policy specialist has made all final revisions and the policy initiative has been determined to be legally sufficient, it is submitted to the Executive Policy Team (EPT) for final approval. The last step to the policy development process is distribution and inclusion on the CFSA website via the [online policy manual](#).

10.3 Corrective action plans should be implemented in a timely manner.

CFSA Current Practice

- CFSA identifies special corrective action categories within the served population and develops, reviews, and implements special corrective action plans as appropriate. Categories may include, for example, length of time in care, number of placements, and delays in adoption. Tracking and monitoring of progress occurs on a monthly basis to assess progress.

10.4 Ongoing monitoring and analysis of program outcomes should be implemented to ensure that there are no barriers to serving families.

CFSA Current Practice

- The District of Columbia's child welfare system has developed a robust, self-directed continuous quality improvement (CQI) plan to ensure that children and families residing in the District receive the very best services and practice standards the District has to offer. This plan serves as the blueprint for how direct and non-direct (i.e., supportive) services are implementing CQI processes within their daily scope of work. Implementation and oversight of the District's plan is primarily the responsibility of the CQI Steering Committee, established by CFSA. The Steering Committee provides administrative oversight at the "state level" with respect to achieving positive permanency outcomes as well as compliance with both federal and local guidelines. Additionally, the Steering Committee defines priorities through program alignment planning and program performance data reviews. This includes system-wide communication of improvement strategies, as well as proactive tracking and monitoring of key performance measures. The Steering Committee composition includes representation from the following entities: CFSA, DBH, Community Connections of New York, the Office of the Attorney General, CFSA's contracted private agency partners, the [Parent Advocate Project](#),¹⁷ the District's Family Court, the Family Court's Counsel for Child Abuse and Neglect Office, and Coordinated Care Services, Inc. (a New York state-based not-for-profit management services organization that partners with customers in the behavioral health and human services fields).

10.5 A comprehensive and coordinated policy framework is necessary for leveraging funds.

CFSA Current Practice

- (see 10.2)

10.6 Review and analysis staff must be trained in cultural competency.

CFSA Current Practice

- (see 9.5)

Conclusion

CFSA's annual examination of racial disproportionality finds that the Agency has continued to complete analyses, reflection, and modifications for infusing cultural competence into practice. The BACW structure has provided the foundational framework for CFSA to look into areas of data, health, finance, policies, and services. Additionally, the findings of this report reveal the contrast of

¹⁷ The Parent Advocate Project is an initiative created to support parents whose children are currently in foster care with a goal of reunification. Trained mentors (Parent Advocates) assist parents in identifying support services that will help them be compliant with the Family Service Plan. This project is a partnership between CFSA and its contracted private agency partner, Adoptions Together.

a changing DC landscape with the CFSA employee and client populations, and its subsequent proportional differences.

In FY2015, the Agency will continue to examine practice through the lens of a racial equity framework, identifying the impact of the changing landscape, its correlation with the population served and service delivery.

For more information on racial disproportionality, readers are referred to the following sources:

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