



2015-2019

**Final Annual Progress & Services Report
June 30, 2019**

**DC Child and Family Services Agency
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1. GENERAL INFORMATION

The federal Administration on Children, Youth and Families (ACYF), Program Instruction ACYF-CB-PI-19-02, requires all states to submit an Annual Progress and Services Report (APSR) whenever state agencies administer or supervise the administration of child welfare programs under Title IV-B subparts 1 and 2, and Title IV-E of the *Social Security Act*. The District of Columbia’s Child and Family Services Agency (CFSA or Agency) serves as both the local and the “state” agency charged with the legal authority and responsibility for those functions.

In addition, ACYF requires state agencies to submit a strategic five-year Child and Family Services Plan (CFSP) that sets forth the state’s goals and vision for strengthening its child welfare system. The *2015-2019 Final APSR* provides an accounting of the progress made toward meeting families’ needs and accomplishing the goals and objectives outlined in CFSA’s 2015-2019 CFSP and subsequent APSRs.

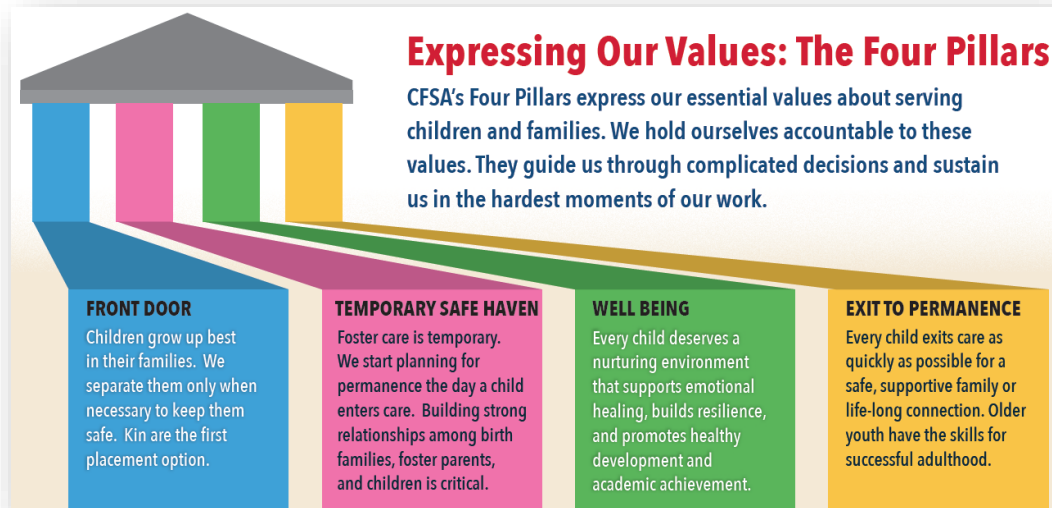
CFSA is responsible for funding and providing services along the child welfare continuum to promote the safety, well-being, and permanence of children and families.¹ The primary vehicle for CFSA to ensure that services meet a family’s needs is engagement of the family and subsequent completion of a comprehensive, quality assessment. Results of the assessment serve to identify the appropriate services for mitigating the circumstances that brought the family to CFSA’s attention. Services further support a child’s path to permanency whenever children must be separated from their families of origin. Preferably that path leads directly to reunification with a child’s biological parents or permanency with a relative. In other circumstances, services support the path to adoption or legal guardianship, including post-permanency supports. For older youth who are transitioning out of the child welfare system to independence, services uphold their advancement to self-sufficiency and may continue into aftercare as appropriate.

FOUR PILLARS STRATEGIC FRAMEWORK

CFSA continues its commitment to the *Four Pillars Strategic Framework*, which was established in 2012.

¹ The 2015-2019 Final APSR uses the term “child” to include all children and youth from birth to age 20, except when context requires specifying age brackets (e.g., older youth services).

- ▶ **Front Yard/Front Porch/Front Door:** Families stay together safely.



- ▶ **Temporary Safe Haven:** Children and youth are placed with families whenever possible and planning for permanence begins the day a child enters care.
- ▶ **Well Being:** Children and youth in foster care maintain good physical and emotional health, get an appropriate education and meets expected milestones. Youth in foster care pursue activities that support their positive transition to adulthood.
- ▶ **Exit to Permanence:** Children and youth leave the child welfare system quickly and safely. Youth actively prepare for adulthood.

In 2018, CFSA complemented the *Four Pillars* by establishing the following four priorities known as “the four Ps:”

1. **Prevention:** Strengthening and focusing CFSA support of the Healthy Families/Thriving Communities Collaboratives to serve more families before they become involved with CFSA.
2. **Placement Stability:** Developing an array of options to meet child and youth needs (so the first placement is also the best placement), improving wraparound services, and increasing support for resource parents.
3. **Permanence:** Redoubling efforts to work with birth parents either to speed reunification or to gain early recognition of the need for an alternative permanency goal.
4. **Practice:** Providing intensive bi-weekly support and coaching for front-line supervisors to improve critical thinking and clinical focus.

CFSA also completed revisions to the Agency’s *Practice Model* in 2018 to provide the Agency’s workforce with further clarity for practice guidance. Grounded in the Four Pillars values, effective child welfare practice relies on six core actions:



1. **Engage Families:** Building relationships characterized by respect, empathy and equity; recognizing the impact of trauma, while focusing on strengths and being culturally responsive; lifting up families' voices and choices in all decision making; clearly communicating the expected, actionable steps to permanence.
2. **Team:** Bringing together the family and children, all CFSA staff who have engaged with the family, external service providers, the family's informal supporters, and the child's current caregivers; sharing ownership of information, plans, and action commitments with the team; openly navigating disagreements and conflicts to build the consensus, collaboration, and coordination needed to move families to permanence.
3. **Continually Assess:** Using a range of assessment strategies (from formal tools to clinical observations) to identify family members' strengths, barriers, and risks, and to focus on what will resolve safety concerns; being rigorous and balanced in findings— thinking as a clinician, not only as a case manager.
4. **Plan Targeted Interventions:** Choosing interventions that address behaviors that affect parenting and also build family resilience; ensuring the case plan is specific, measurable, and achievable within a set time frame.
5. **Track and Adapt:** Providing clear and timely documentation of all work done with a family; continually asking whether the Agency's efforts are helping families overcome difficulties and improve their situation; being flexible and able to change course when needed.
6. **Be Part of a Supportive Workplace:** Working collaboratively within and across administrations, breaking through silos and communicating directly and clearly; recognizing the potential for secondary trauma of staff and providing clinical consultation and support when needed; ensuring that decision-making includes voices and experiences from all levels of the organization.

This APSR provides an overview of current CFSA practices and performance measures, which continue to align with the Four Pillars and the Child and Family Services Review (CFSR) outcomes. In addition, the structure of this APSR aligns with that of the 2015-2019 CSFP, providing a final assessment of performance in relation to the last five years of goals, CFSR child and family outcomes and systemic factors. The sections on safety, permanency, and well-being typically include an overview of the practice areas and primary objectives, key stakeholder collaboration, a discussion of performance metrics, and noted strengths, challenges, and strategic initiatives that have been developed to meet identified needs.

KEY COLLABORATORS IN CFSP DEVELOPMENT AND IMPLEMENTATION

Ongoing and routine stakeholder involvement is integral to CFSA. The small geographic size of the District of Columbia allows for regular, in-person engagement. Stakeholders use existing forums to provide ideas, concerns and feedback on policies and practice. Similarly, internal and external stakeholders often participate in workgroups, standing committees and focus groups and complete surveys to share system issues, concerns, or recommendations for practice changes with CFSA leadership and, when appropriate, with the CFSA ombudsman. This input and feedback informs internal priorities, plans and initiatives.

On a routine basis, CFSA collaborated with internal and external stakeholders to gather input and feedback regarding progress of the 2015-2019 CFSP's five-year goals. This stakeholder feedback informed the development of strategies, policies, and practices to achieve those goals. CFSA continues to provide data, and policy and practice change ideas to stakeholders for their perspectives and insights into those changes. Accordingly, CFSA also engaged stakeholders in the development of the 2020-2024 CFSP, alongside the five-year prevention plan.

A. SURVEYS AND FOCUS GROUPS

As part of the Agency's comprehensive needs assessment and resource development planning process for fiscal year (FY) 2021, CFSA conducted a series of stakeholder interviews and focus groups during the writing of the APSR. Conducted in April and May 2019, these surveys and focus groups provided an opportunity for CFSA to collaborate further with stakeholders regarding development of the APSR and CFSP. CFSA staff discussed practice, service needs and recommendations, barriers to supports and services, and stakeholders' overall partnering experience with the Agency. The combination of the survey and focus group responses will inform the Agency's annual *Needs Assessment and Resource Development Plan* due on October 1, 2019. Included in this section will be survey results focused on the CFSR systemic factors.

Via CFSA's Office of Public Information, CFSA's Office of Planning, Policy and Program Support (OPPPS) distributed two self-administered online surveys: one survey captured the voice of youth, birth parents and resource parents; a second survey captured the voice of child welfare

professionals,² both within and outside of CFSA, over the course of four weeks (April 11 - May 10, 2019). A total of 271 respondents accessed the survey. Of those, 135 respondents fully completed the survey and 136 partially completed the survey. OPPPS is exploring additional approaches to gathering stakeholder feedback that will take advantage of newer technologies.

A total of 27 participants completed focus groups with the incentive of gift cards for birth parents and youth only. Youth, birth parents, and resource parents had the option to complete the survey or participate in a focus group. The Office of Youth Empowerment (OYE) encouraged participation by sending youth a text message about the survey and sending the PEERS-supported³ birth parents guidance for completing the survey in person or over the phone. Although the count of birth parent participants slightly exceeded last year, OPPPS scheduled an additional focus group to garner more feedback from both birth fathers and mothers by collaborating with a birth parent advocacy organization, Parent Watch DC, who co-facilitated the session and helped to encourage birth parents to participate.

While the surveys and focus groups provide valuable insight they are not a representative sample and the information cannot be generalized across the population. In addition, solutions to many of the concerns and recommendations provided by the focus groups and survey responses are areas that CFSA has addressed or is in the process of addressing.

A summary of the survey respondents is provided in the chart below.

Type of Survey Respondent	# of Participants who Accessed the Survey	# and % of Participants who Completed the Survey
Youth, Birth Parent and Resource Parent	72	39 (54%)
Child Welfare Professional	199	96 (48%)
Total Survey Respondents	271	135 (50%)

Source: 2019 Needs Assessment Survey

The child welfare professional survey was sent through CFSA and external partner listservs to persons with the affiliations listed below.

²Advisory committees, DC Superior Court, Group Home/Residential Providers, Community-based organization employees, DC Government Agency employees, CFSA Employees and Other (e.g., faith based organization, advocacy organization, direct child serving/child care facility etc.)

³ The parent engagement education resource specialists (PEERS) are CFSA employees who themselves have had past experience as birth parents with the District’s child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA.

Survey Respondent Agencies/Affiliations

DC Child and Family Services Agency (CFSA)

Private Foster Care Agency (i.e., NCCF, LSS or LAYC)⁴

Group Home (e.g., Independent Living, Residential Facility)

DC Government Agency

Community-Based Organization (CBO)

DC Superior Court

Advisory Committee (e.g., MACCAN, Citizen Review Panel)⁵

DC Government Agency

Other Stakeholders⁶

Source: 2019 Needs Assessment Survey

According to the survey responses from the total 199 child welfare professionals who accessed the survey were the following:

- ▶ 61 percent (n=121) were CFSA employees
- ▶ 16 percent were “Other” employees (n=32)
 - Faith-based organization
 - Advocacy organization
 - Direct child serving/child care facility
 - Children’s Law Center
 - DC Kincare Alliance
 - Children’s National Health Center
 - Center for the Study of Social Policy
- ▶ 6 percent were DC Government agency employees (n=12)
- ▶ 5 percent were community-based organization employees (n=10)
- ▶ 4 percent were respectively from both private foster care agencies (n=8) and group home/residential providers (n=8)

⁴ The National Center for Children and Families (NCCF), Lutheran Social Services (LSS), and the Latin American Youth Center (LAYC) are all CFSA-contracted private agencies. NCCF case manages children placed in Maryland. LSS case manages unaccompanied refugee minors, and LAYC case manages Spanish-speaking children and families.

⁵ MACCAN is the District of Columbia Mayor’s Advisory Committee and Child Abuse and Neglect.

⁶ Faith-based organization, advocacy organization, direct child serving/child care facility, Children’s Law Center, DC Kincare Alliance, Children’s National Health Center, Center for the Study of Social Policy (CSSP)

- ▶ 2 percent were from both DC Superior Court (n=4) and advisory committees (n=4)

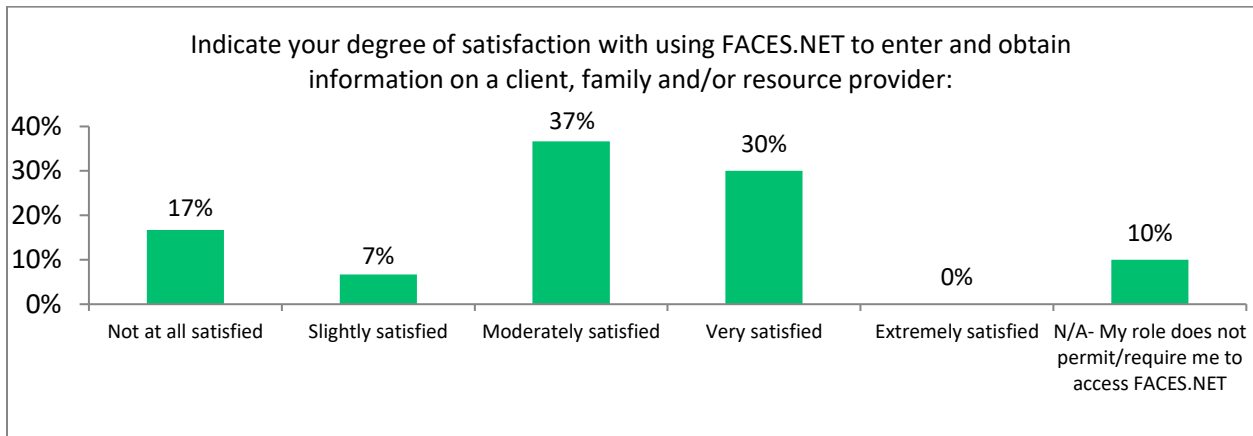
OPPPS staff developed and used protocols for the focus groups consisting of 8-12 stakeholders at a time. Although questions were tailored to each group, the general content of the questions remained similar. Facilitators received listservs from internal and external points of contact for youth, birth parents, and resource parents. The facilitators then sent Evites to all emails and phone numbers. OPPPS permitted focus group participation by conference call, and allowed survey responses via telephone call. Although a birth parent group was held, the PEERS requested that they facilitate the completion of surveys for birth parents to ensure the parents' comfort and to encourage as honest a response as possible.

The following findings concerning CFSP Systemic Factors comprise survey and focus group feedback provided by child welfare professionals, birth parents, resource parents and youth.

Survey Topic: CFSA's Child Information System

Of the 30 child welfare survey respondents who indicated their satisfaction with CFSA's web-based child information system, FACES.NET, approximately 67 percent stated they were "moderately-to-very satisfied" with the information system. Stakeholders identified the following barriers to the functionality of the information system:

- ▶ There are glitches that slow down casework.
- ▶ The screens are repetitive, which increases the amount of data input needed.
- ▶ The system seems outdated and needs a tickler system in alignment with licensing dates.
- ▶ The system should have the ability to upload documents for all processes.
- ▶ Some social workers do not have access to all the screens needed for their casework.
- ▶ The system is not user friendly.



Source: 2019 Needs Assessment Survey

Focus groups with resource parents shared similar concerns and provided some solutions to improving the information system:

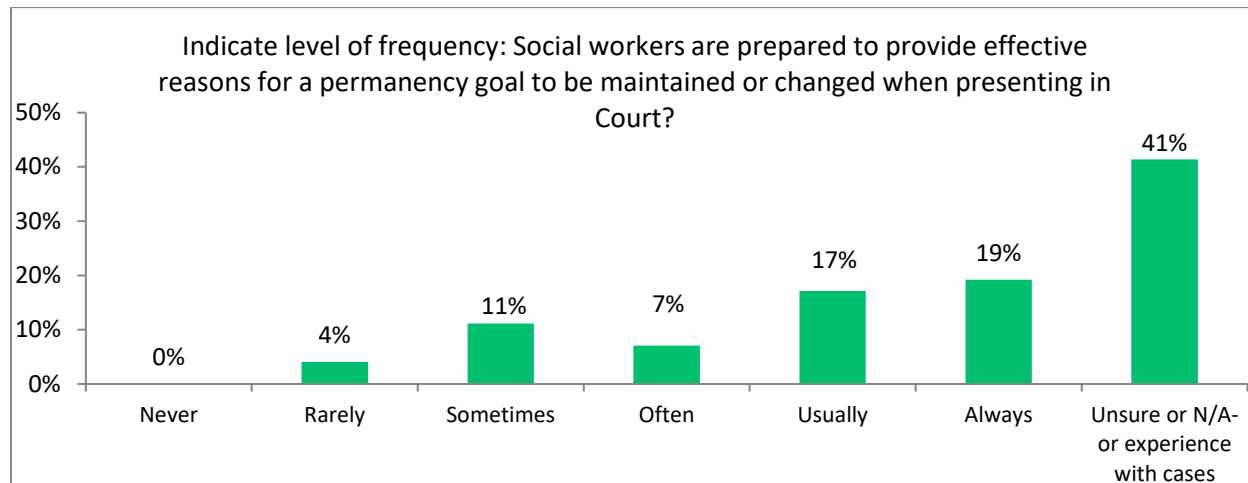
- ▶ A placement list should be in a computer system or on a shared drive that maintains current updates for personal contact information and availability – parents expressed being contacted on numbers that were asked to be updated or being asked to take children during a time they explained to their worker they would be away on vacation.
- ▶ For resource parents, it seems like one person maintains placement updates. More than one placement employee should have access to provider updates. Provider updates and the placement availability tracker, if not online, should be on a shared drive so more than one placement personnel has access to the document to make updates or provide placement information when needed.
- ▶ Relicensing paperwork is the same annually and resource parents have to answer the same questions on paper versus having information that remains constant automatically updated in an online form. Integrate forms into FACES.NET or online.
- ▶ The Resource Parent App needs fixing; at present, it does not list all people involved in the case.

Survey Topic: Case Review System

Appropriately 99 child welfare professionals responded to survey questions regarding case planning, court notifications, social worker preparedness in court, permanency goals in court and supervision. Respondents felt that CFSA and its partner Agencies “usually (80 percent) of the time” included youth, birth parents and resource parents in the case planning process. Stakeholders felt that youth were involved more than birth parents and resource parents. Resource parents were indicated as the least involved. This finding tied into the resource parent focus group and survey feedback on wanting to be integrated more as a part of the case planning process. Stakeholder comments on barriers included birth parents who were unwilling to participate or unable to be located; youth who were too young, not prepared to give input or unwilling; lack of proper notification; birth parents who were not included in case planning; resource parents were not always invited or could not attend court hearings; youth were not at case planning meetings; meetings were hard to get scheduled; worker was unsure what could be shared with resource parents.

In regards to court notifications, child welfare survey respondents felt that CFSA and its partner Agencies “usually (80 percent)-to-always (100 percent) of the time” informed youth, birth parents and resource parents about court hearings. Birth parents seemed to be informed more than youth and resource parents. Thirty-six percent of stakeholders felt that social workers were “usually-to-always” prepared in court. And of the 46 respondents who interfaced with the

Family Court concerning permanency goals, 43 percent said the Family Court rarely changed a goal against the Agency’s request.



Source: 2019 Needs Assessment Survey

In regards to how social worker felt about the quality of supervision, 67 percent (n=66 of 98) of child welfare professionals said they have adequate supervision to do their job as a part of the child welfare system; 18 percent (n=18 of 98) said “somewhat” and 14 percent (n=14 of 98) said they are not receiving adequate supervision. Stakeholders stated that they need better, ongoing and formal supervision; supervisors are too burnt-out to be efficient for worker supervision; supervisors need to set an environment for openness and willingness to discuss mistakes versus adding pressures related to compliance metrics; turnover leaves gaps in supervision.

When asked if the stakeholder had the necessary tools to address families’ neglect and abuse issues, of the 72 respondents who felt their role had an impact on families, 54 percent were “usually-to- always” confident that they were equipped and 38 percent felt they were “sometimes-to-often” equipped.

Survey Topic: Licensing

Appropriately 59 child welfare professionals responded to an open-ended survey question regarding barriers to licensing. Feedback from the survey mirrored that from focus group and survey questions concerning the Information System. Respondents would like the licensing process to become more integrated in FACES.NET, rather than the process being too dependent on paperwork.

Survey Topic: Training

Appropriately 44 child welfare professionals responded to an open-ended survey question regarding training. The following trainings were indicated as an additional need:

- ▶ Effective court report writing

- ▶ Dealing with challenging behaviors (including autism and intellectual or learning disabilities) and behavioral modification
- ▶ Understanding ACEs (Adverse Childhood Experiences)
- ▶ Cultural competency and implicit bias – especially for resource parents
- ▶ How to work with refugee minors
- ▶ Protective factors
- ▶ Understanding trauma/PTSD, attachment, substance use, domestic violence (DV) and mental health
- ▶ Types of available therapies
- ▶ Health and Wellness
- ▶ Transgender health, adolescent sexuality, HIV⁷ risks, self-care
- ▶ Career coaching parents
- ▶ Working with cognitively delayed parents
- ▶ What permanency looks like
- ▶ What’s effective supervision

CFSA uses role playing in trainings and therefore implemented “Table Top” trainings to help resource parents to address specific needs of children in the home. These trainings were a previous recommendation from stakeholders. Social workers are also able to take trainings from CFSA or its Maryland-based partner. Social workers have requested more field or real-life application trainings, practice tip sheets and trainings to be more job-specific (e.g., in-home social worker versus a family support worker).

Resource parents also completed a survey and participated in focus groups to provide feedback regarding trainings needed to enhance their capacity to provide for a child or youth. The following suggestions were included in the feedback:

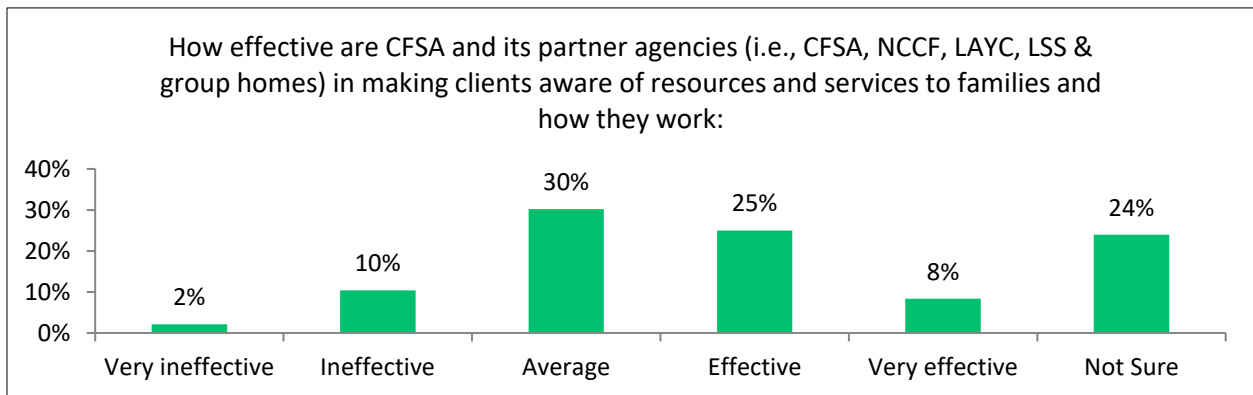
- ▶ Coping with death and loss for youth
- ▶ Behavioral management for resource parent
- ▶ Dealing with mental health needs for resource parent
- ▶ Life skills for youth, e.g., job searching, money management and budgeting, social skills, and meal planning
- ▶ Teaching from experts in child psychology and development for resource parent

⁷ Human immunodeficiency virus

- ▶ Specialized training on dealing with runaways and challenging or trauma-related behaviors for resource parent
- ▶ Strategies for success as a resource parent
- ▶ Transracial parenting and cultural competence for resource parent
- ▶ Case-based training (working through scenarios) for resource parent
- ▶ Parent 101 classes for resource parents especially for infants (e.g., feeding, sleeping, child development)
- ▶ Include session on available community resources for resource parent

Survey Topic: Service Array and Agency Responsiveness to the Community

Survey and focus group respondents seemed to relate the two systemic factors related to service array and CFSA’s responsiveness to the community. Feedback noted that when services are provided, they may not be well communicated throughout the client population. Across 96 respondents, 30 percent said the Agency and its partners were “average” in making clients aware of resources. Stakeholders also commented that if there are any changes with a service or new information on effective services, the stakeholders were not always informed of this information in a timely manner. Stakeholders’ feedback on how to improve the Agency’s responsiveness can be summed up in three themes: 1) Timely Communication, 2) Transparency and 3) Collaboration.



Source: 2019 Needs Assessment Survey

B. STAKEHOLDER FORUMS AND CONVENINGS

Over the course of FY 2018, CFSA continued to engage and collaborate with stakeholders through various ad hoc events and standing committees. In addition, CFSA collaborates with the DC Superior Family Court by participating on the Court Improvement Project,⁸ and will also

⁸ The Court Improvement Program participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes.

be collaborating with the Family Court presiding judge and the magistrate judges, to finalize permanency strategies for submission of the CFSR Performance Improvement Plan (PIP).

- ▶ **Stakeholder Budget Briefing.** Partnering with the Children’s Law Center (CLC),⁹ CFSA invites any interested stakeholders to participate in an annual forum to obtain information on specific performance data and the upcoming Agency budget. Prior to the forum, CLC compiles questions formulated by the participating stakeholders, sending the questions to CFSA for a response. At the onset of the forum, the Agency director presents and discusses performance data on child welfare outcomes and other performance measures; updates to strategies, priorities, practice and policy changes; the upcoming fiscal year priorities; and the budget formulation process. The director then welcomes the participants to share their perspectives, ideas, and any additional questions. This forum occurs before CFSA finalizes its budget request to DC Council. During the most recent budget process (FY 2020), a prominent focus was on winding down from the IV-E Waiver by the end of the fiscal year and the transition to the Family First Prevention¹⁰ and Families First DC¹¹ Initiatives for continuation and enhancement of services for populations that would be impacted by the IV-E Waiver ending.
- ▶ **Family First Prevention Workgroup.** As a result of the federal *Family First Prevention Services Act*, CFSA established a workgroup and convened a series of workgroup sessions in 2018 to discuss, develop, and outline a proposed array of secondary and tertiary prevention services. The workgroup’s intended outcome was development of a five-year prevention plan to be submitted to the federal Administration for Children and Families Children’s Bureau. Workgroup participants included CFSA’s stakeholders, i.e., the directors of partnering human service organizations, and representatives from the Executive Office of the Mayor, the DC Council’s Health and Human Services Committee, Parent Watch DC,¹² and the Healthy Families/Thriving Community Collaboratives. Additional participants included members from community advocacy organizations, community-based agencies, the Citizen’s Review Panel, the Mayor’s Advisory Committee on Abuse and Neglect (MACCAN), the Family Court, and DC Council. The workgroup’s final plan, if approved by the Children’s Bureau, allows for a subset of CFSA clients, previously served under the Waiver, to be eligible for the federally-funded

⁹ CLC is a District-based, non-profit organization that provides children and birth parent legal services and policy advocacy.

¹⁰ The Family First Prevention initiative resulted from the federal 2018 *Family First Prevention Services Act*. This legislation allows states to use Title IV-E funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives. Federal funding reimburses the state for prevention services for up to 12 months.

¹¹ The Mayor’s FY 2020 budget included funding for a new Families First DC Initiative. Through the initiative, the District will establish 10 “Family Success Centers” in targeted neighborhoods to empower families with resources, support, and opportunities that are tailored to families’ needs.

¹² Parent Watch, Inc. is a privately held, family-driven advocacy group focusing on delinquency prevention.

Family First prevention services. In April 2019, CFSA submitted its *Family First Prevention Services Five-Year Plan* to the Children's Bureau.

- ▶ **Reasonable and Prudent Parent Standard Policy Workgroup.** For the purpose of implementing the reasonable and prudent parent standard requirements of the *Preventing Sex Trafficking and Strengthening Families Act of 2014*, CFSA convened a diverse work group of staff, stakeholders, and clients to inform policy development and review draft guidance addressing normalcy for children in foster care. The workgroup's focus was to develop formal Agency guidance within the context of important decisions normally made by any parent. The group comprises representatives from the DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA), the Foster and Adoptive Parent Advocacy Center (FAPAC), CFSA's parent engagement education resource specialists (PEERS, representing the perspective of birth parents), former foster youth currently on CFSA staff, partners from the Centers on the Study of Social Policy (CFSA's court-appointed monitor), and numerous staff members from across the Agency. The process was a painstaking and thoughtful collaboration that continued over the course of 18 months between 2018 and 2019. The requirements were carefully negotiated and crafted among all the participants. Their efforts culminated in the release of the following three key pieces of formal guidance that outline for staff and resource providers the circumstances for and appropriate application of the reasonable and prudent parent standard:

- Administrative Issuance on Travel and Overnight Stays for Children in Foster Care
- Administrative Issuance on Resource Parent Signatures on Waivers of Liability
- Policy on Temporary Supervision of Children in Foster Care

C. COMMITTEES

- ▶ **Parent Advisory Committee (PAC).** the PAC is focused on how to improve the experience and support of resource and birth parents. Committee members include staff from FAPAC, DCMFAPA, CFSA representatives from OPPPS, the Resource Parent Support Unit, the Child Welfare Training Academy, and Program Operations administration (foster care). These PAC meetings provide all participants with an opportunity to exchange information and data on the implementation process and to hear and address any concerns brought to the resource parent advocacy and support organizations. Prior to the meeting, CFSA requests invitees to forward items for inclusion on the agenda. During the meetings, participants discuss data and performance measures, strategy ideas, policy and practice changes, strategies for obtaining feedback, and participant insights. PAC members address topics such as:

- Shared Parenting. Shared parenting is one of the significant strategies that CFSA has prioritized for incorporation into the practice continuum. The goal of shared parenting is to increase the intentional collaboration between birth and resource

parents on behalf of children in foster care. To gauge the effectiveness of these objectives, CFSA has relied on anecdotal feedback as well as data culled from the Agency's reviews, including case reviews conducted during the CFSR and the quality service review (QSR)¹³ review process. CFSA shared its progress on parent engagement and timely achievement of permanency during the 2018 PAC meetings. CFSA and the PAC continue to discuss strategies to improve the practice of shared parenting.

- **Placement Stability.** While disruption staffings and statistical analyses can provide some information to promote placement stability, PAC members provide valuable context when they share their own experiences and recommendations. In FY 2019, PAC feedback largely emphasized the need for effective information exchange and resource parent support. The Agency has either developed or revised certain tools, policies, and strategies as a result. Examples include the creation of a crisis support tip sheet for resource parents; revision of the Placement Passport¹⁴ to provide a more comprehensive and detailed picture of a child's needs; establishment of a referral system for grief and loss counseling, which can support resource parents and their families when children in foster care are removed from their homes; and expansion of the role of the resource parent support workers (RPSWs), who now facilitate disruption staffings to ensure resource parents' concerns are addressed. RPSWs also promote a resource parent's capacity for caring for children across the spectrum of physical, behavioral, and emotional needs.
- **Resource Parent Training.** CFSA changed the model used for resource parent pre-service training from the Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPPS-MAPP) model to the New Generation PRIDE Model.¹⁵ CFSA is also changing in-service training to a “tiered” approach to accommodate resource parents with different experience levels and skill sets. This change was the result of feedback received during previous meetings.
- **Policy Development and Revisions.** PAC members serve as members of policy workgroups when CFSA is developing new or revising existing program policies and administrative issuances to ensure that the parent voice is incorporated into policy decisions that affect them. In the past year, PAC members have participated in workgroups related to the reasonable and prudent parent

¹³ The quality service review (QSR) process includes CFSA's primary qualitative approaches for continuous quality improvement of practice and service delivery.

¹⁴ Resource parents receive a Placement Passport packet when CFSA places a child in their home. The packets include relevant and necessary information on the child, such as Social Security cards, information related to any medications, school records, etc.

¹⁵ Historically, CWTA had provided TIPPS-MAPP training (Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting) for the foster parent population. In addition, for decades the Child Welfare League of America provided the PRIDE (Parent Resources for Information, Development, and Education) Model of Practice. The New Generation PRIDE Model includes more dynamic, interactive resources and tools for resource parent training.

standard, youth personal allowance policy, and resource parent recognition activities.

D. STRATEGIC PARTNERSHIPS

CFSA works with key partners to support policy and practice progress across the *Four Pillars Strategic Framework* from prevention through permanency. Several of the Agency's current partnerships are described below:

- ▶ **Healthy Families/Thriving Communities Collaboratives.** CFSA continues its multi-faceted, 20-year plus partnership with the Collaboratives, which involves various activities within the prevention and intervention continuum. As community-based social service organizations, the five Collaboratives are strategically located in neighborhoods in the District that have high representation of families in contact with the child welfare system. In addition, CFSA has several in-home social workers co-located at each of the five Collaborative sites, increasing direct accessibility of services and referrals from social workers partnering with Collaborative family support workers. Further, CFSA contracts with the Collaboratives to provide a range of services that fall within overarching service categories: family support services, evidenced-based practices, and community capacity building. As part of these contractual agreements, the Collaboratives must engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents.
 - **Community capacity-building** is intended to foster and improve collaboration among neighborhood service providers as well as improving the ability of communities to respond to residents' needs. Collaborative staff works with neighborhood programs, organizations, and agencies to increase the range of quality supports for families. This approach makes Collaborative information and referral services more effective for neighborhood residents in need of services such as housing and utility assistance, employment assistance, mental health services, and emergency food and clothing. Services also include enrichment programs.
 - A major component of the Collaboratives work includes **community engagement**, i.e., special events, community forums and trainings, community networking meetings, and daily outreach. To foster awareness of abuse and neglect issues, the Collaboratives coordinate and promote ongoing engagement activities within their respective communities, bringing together residents, merchants, community groups, and other stakeholders around topics such as family preservation and support.
 - The Collaboratives sponsor **training and support groups** and use many evidence-based practices. Examples of the parenting training and support groups include

such as the Parent Empowerment Program,¹⁶ the ACT against Violence program,¹⁷ Chicago Parenting Program,¹⁸ Nurturing Parenting Program,¹⁹ and the Effective Black Parenting Program,²⁰ all of which address particular issues within the child welfare continuum. On a routine basis, data is shared between CFSA and the Collaboratives. Data is specific to referrals, linkages, and service delivery outputs and outcomes for clients. The Collaboratives have also been an integral partner in the Family First prevention services prevention planning workgroup.

- ▶ ***The DC Children’s Trust Fund (DCCTF).*** CFSA is the designated lead agency for the Community-Based Child Abuse and Prevention (CBCAP) grant in the District of Columbia. CBCAP funding supports the strengthening and expansion of the District’s network of coordinated child abuse prevention resources and activities, particularly in partnership with the DC Children’s Trust Fund (DCCTF). DCCTF is a 501(c) 3 nonprofit, established in September 1993 as a result of legislation passed by the Council of the District of Columbia and authorized by the Mayor. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. Specifically, DCCTF:
 - Develops public education materials that promote the primary prevention of child maltreatment.
 - Develops messages that emphasize and promote ways to strengthen families and develop healthy children.
 - Develops monetary, programmatic and in-kind resources to support primary prevention efforts by leveraging funds and resources.
 - Builds the capacity of local groups to implement child abuse prevention programs through training and technical assistance.

¹⁶ The Parent Empowerment Program increases support to parents through the Common Sense Parenting Curriculum, which includes such topics as preventive teaching, corrective teaching, effective praise, self-control, problem solving, goal setting, family traditions, and family meetings.

¹⁷ The ACT Raising Safe Kids Program, developed by the American Psychological Association’s Violence Prevention Office, teaches positive parenting skills to parents and caregivers of children from birth to age 10.

¹⁸ The Chicago Parent Program (CPP) strengthens parenting confidence and skills and reduces behavior problems in children 2-5 years old. Designed in collaboration with an advisory board of African American and Latino parents raising young children in low-income neighborhoods, CPP addresses a gap in the availability of evidence-based parenting programs that specifically address the needs of this population of families.

¹⁹ The Nurturing Parenting Program for Parents and their Infants, Toddlers and Preschoolers is a family-centered program designed for the prevention and treatment of child abuse and neglect. Both parents and their children birth to five years participate in home-based, group-based, or combination group-based and home-based program models. Lessons are competency-based ensuring parental learning and mastery of skills.

²⁰ Effective Black Parenting Program (EBPP) is a parenting skill-building program created specifically for parents of African-American children. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has been created.

DCCTF works closely with CFSA as a participating member of the Mayors Advisory Committee on Child Abuse and Neglect (MACCAN) and was a participant of the citywide Family First Prevention Workgroup. DCCTF is a strong partner in supporting the District's prevention provider network and ensuring stakeholder engagement in prevention planning through the facilitation of focus groups, interviews, surveys, and other training and leadership development activities with parents. Some of the parent leadership activities that DCCTF offers include:

- Hosting a Parent Leadership Series for parents.
- Developing and implementing activities to recognize exemplary parents during National Parent Leadership Month (February), including a Parent Leadership Awards Luncheon to recognize local parent leaders who, after graduation, will serve as mentors for other parents.
- Sponsoring financial literacy seminars and health and wellness seminars for leaders and parents.
- Providing training sessions to enhance parents' knowledge on how the political and social systems operate, the DC laws on child abuse and neglect, and how to be more effective advocates for the needs of their children and themselves.

DCCTF is also an accredited Evidenced-Based Parents Anonymous® provider for the District of Columbia with an ongoing priority to expand accessible parent support and concurrent children's groups throughout the District. Parents Anonymous is a prevention program that works to strengthen families and build resilience. Training and technical assistance for the establishment and implementation of Parent Anonymous® groups are provided by DCCTF staff and consultants.

Additionally in 2019, DCCTF spearheaded activities to plan and execute two public community meetings in Wards 7 and 8 to hear from residents about their child welfare concerns and collaborated with MACCAN to coordinate April's "Wear Blue Day" campaign to increase public awareness of prevention of child abuse. DCCTF has worked with families to provide testimony on issues critical to child welfare, including providing testimony locally at CFSA's most recent FY20 budget hearing and nationally, DCCTF accompanied a group of parents, as well as the president of Parents Anonymous, to Capitol Hill to meet with Senators and Congressman about issues that affect their daily lives and the importance of the re-authorization of CAPTA.

- ▶ **DC Superior Court.** The Family Court Operations Division (Family Court) works with CFSA to discuss ideas and data and share issues that need resolution. Representatives from CFSA's Office of the General Counsel, Office of the Director, Office of Program Operations, and the DC Office of the Attorney General meet with the Family Court on a quarterly basis to review Agency practice, as well as to address and strategize for permanency issues, including reunifications, adoptions, subsidized guardianships, and re-entries. The following topic areas are examples of policy and practice discussions:

- Data on placement stability and updates on the Placement Matching tool regarding implementation and a description of what characteristics of the children and families will be matched, and discussion about the Mobile Stabilization Services
- Family First Prevention Services Act implementation implications
- Education Resources and Support Update
- Timely Permanency Reports
- HOPE Court and the Implications²¹
- Resources for Commercial Sexual Exploitation of Children (CSEC) community-based services

Through the Court Improvement Program (CIP) CFSA participates in data-sharing activities with the Court and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes.

- Timely Permanency Project. In 2017, CFSA,²² the Office of the Attorney General, and CIP initiated a Court Hearing Quality project to promote timely permanency. The project examines how to restructure the scheduling process for neglect trials, termination of parents' rights (TPR), adoption, and guardianship cases. CFSA continues its partnership with CIP and the Family Court judges as part of the CFSR PIP to improve permanency for children.
- Court-Related Barriers. CFSA and the Family Court are focusing their partnership on addressing mutual barriers to permanency, as identified in the CFSR, QSRs, and Agency performance analyses. For example, CFSA and the CIP conduct focus groups with judges, as well as separate focus groups with attorneys. These focus groups facilitate conversation about court-related barriers such as goal changes, trial delays and scheduling issues. The focus group facilitation further utilizes data from stakeholder interviews, using the findings as a touch point to launch deeper dialogues.
- The Urgency to Permanency Forum. Findings and a thematic analysis of the focus group data will also be used to inform "the Urgency to Permanency Forum," that is slated to occur in early FY 2020 which includes the community of legal and judicial practitioners. All focus group results (in addition to other data metrics) address the following issues: scheduling challenges, philosophical differences on the creation of legal orphans, and meeting federal timeframes for the filing of a TPR petition (or documenting compelling reasons not to file). The forum will further provide an opportunity for the sharing of information on best practices and difficult scenarios, as well as allowing for discussion on recommendations. In addition, the judicial practitioners will discuss specific issues related to systemic barriers that teaming and collaboration can help to resolve. Lastly, CFSA and CIP will collaborate on agenda items and suggested focal areas of the forum. Initial

²¹ HOPE Court is described in the *Collaborations with Youth-Serving Programs* section with details on page 127.

²² Representation from CFSA includes representative from the Office of Planning, Policy and Program Support (OPPPS) and Program Operations

areas for improving CFSA's partnership with the Family Court include educating the court on child welfare timeframes and improving data collection and information.

- **Case Reviews.** Since the fall of 2018, a partnership of CFSA and Family Court team members has been reviewing cases and analyzing issues related to a child's length of time in care and length of time with a given permanency goal. As part of this process, the team members are examining individual cases to identify unique and systemic barriers. The analysis includes a review of 20 adoption, 20 guardianship and 20 reunification cases that were filed between January 1, 2011 and December 31, 2016 that are not meeting permanency benchmarks. Random stratification was used to determine the sample from the total population. The objective of the review is to examine court-related practice barriers that impact the timeliness of trials, establishment of goals, and case scheduling (relative to moving cases expeditiously to permanency). While it is still early in this collaborative review process, the data subcommittee is already strategizing on how to establish a more comprehensive, consistent, and data-driven information pipeline to all judges on the family court docket.
- ▶ **Children's Law Center (CLC).** CLC is a District-based, non-profit organization that provides legal services and policy advocacy for children and birth parents. In addition to the case-specific teaming that arises from frequent representation of CFSA clients, CLC serves provides input in the development, implementation, and review of policies, practices, and initiatives.
- ▶ **Foster and Adoptive Parent Advocacy Center (FAPAC).** FAPAC is a community-based organization that provides training, support, and advocacy for resource parents. FAPAC also partners with CFSA, participates in the monthly PAC meetings, shares feedback from the resource parent community, and develops strategies to promote continuous system-wide improvements in resource parent engagement, support, and performance. Additionally, FAPAC participates in discussions regarding CFSA practices, policies, and special projects. Throughout 2017, FAPAC provided valuable contributions to the implementation of the Temporary Safe Haven Redesign (TSHR). The primary goal of TSHR was to standardize practice and improve outcomes by moving from seven family-based contracted providers to one family-based agency providing case management for all children placed in Maryland. FAPAC also provided input into the creation of the Resource Parent Handbook (distributed in hard copy and accessible online), the drafting of the newly promulgated Foster Parent²³ Statement of Rights and Responsibilities, and incorporation of the Reasonable and Prudent Parenting (RPP)²⁴ language in several CFSA

²³ The terms "foster parent" and "resource parent" are both used to refer to caregivers of children in foster care. "Resource parent" is a more inclusive term that refers to all caregivers regardless of whether they are kin, adoptive parents, or caregivers who are biologically unrelated to the children placed in their homes.

²⁴ The federal Preventing Sex Trafficking and Strengthening Families Act of 2014 requires states to implement the RPP standard authorizing resource parents to make day-to-day decisions affecting children in their care. DC Council

documents and policies. The Resource Parent Handbook and the Foster Parent Statement of Rights and Responsibilities were developed as a result of FAPAC and other resource parent advocacy.

- ▶ ***DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA)*** is another community-based organization that provides training and supportive services to resource parents. DCMFAPA participates in the monthly PAC meetings and was a valuable contributor to discussions involving TSHR, the Resource Parent Handbook, the Foster Parent Statement of Rights and Responsibilities, and incorporation of the RPP language into existing policies and administrative issuances.

E. STANDING COMMISSIONS, COUNCILS AND TASK FORCES

CFSA collaborates with the following public and private partners across the District. Staff serves on multidisciplinary teams that meet regularly to discuss and develop strategies to strengthen child welfare practice and positively impact the lives of the District's children and families.

- ▶ ***The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN)*** was established to advise the mayor on aspects of the District of Columbia's continuum of child welfare services, including prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, and adoption). The District's mayor and City Council appoint MACCAN's 22 governmental and non-governmental members, according to their demonstrated expertise in working on behalf of children and families, along with their dedication and commitment to service. CFSA occupies one seat on this board and provides resources to ensure MACCAN's effective operation. MACCAN meets six times annually to stay abreast of the state of child welfare across the District and receives regular updates from CFSA staff and the Agency director regarding CFSA's work. Highlights of MACCAN's work include the following:

- **Community Meetings.** In March 2019, MACCAN held a community meeting in recognition of National Child Abuse Prevention Month in Ward 8 in an effort to introduce the committee to partner agencies as well as community members. During this meeting, participants received updates on some of CFSA's new initiatives from the Agency director and had had an opportunity to ask questions. The next community meeting is scheduled for September 2019 in Ward 7²⁵.

subsequently codified the standard in October of 2016. CFSA subsequently issued a philosophical statement to further define RPP as "a standard characterized by careful and sensible decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child that a resource parent or congregate care staff person shall use when determining whether to allow the child or youth to participate in enrichment, cultural, and social activities."

²⁵ Wards 7 and 8 in the District of Columbia have the highest concentrations of poverty and involvement with the child welfare system.

- Child Abuse Prevention Month. MACCAN collaborates with CFSA’s Office of Public Information to promote National Child Abuse Prevention Month activities each April across the District. Every April, since 2015, MACCAN has promoted activities to raise awareness during Child Abuse Prevention Month. Such activities have included *Wear Blue Day*, receipt of the *Mayoral Proclamation of Child Abuse Prevention Month*, the *Think before You Spank* campaign, mandated reporter training, *Eat Well to Live Well* parent summit, and a parenting empowerment conference.
- CFSA Annual Public Report. Each year MACCAN reviews and offers comments to CFSA’s Annual Public Report (APR) due to the mayor and DC City Council, which describes ongoing and specific actions the Agency has taken to implement the federal *Adoption and Safe Families Amendment Act of 2000* (DC Law 13-136; 47 DCR 2850). Each report provides a full statistical analysis of cases, an analysis of difficulties encountered by CFSA to reach the goal for reducing the number of children in foster care, an evaluation of services, an evaluation of the Agency’s performance, and recommendations for any additional legislation or services needed to fulfill the requirements set forth by the Act. From the most recent APR, MACCAN highlighted the following areas of interest:
 - Using Tools and Resources to Achieve Permanency. MACCAN was pleased to see the Agency’s continued efforts and progress toward achieving permanency for children, specifically new tools and resources for case managers and supervisors (such as the [Exit to Permanence Roadmap](#)²⁶).
 - Strong Collaborations and Teams. MACCAN’s feedback also highlighted CFSA’s partnership with the Collaboratives, emphasizing the essential need for ongoing coordination between community-based organizations and CFSA.
 - Services for Children and Families. MACCAN recommended that CFSA continue its use of evidence-based interventions and services for families, emphasizing ongoing data analyses to determine over time which services and interventions work best and are most cost-effective.
 - Safe and Stables Families Evaluation. MACCAN acknowledged the importance of evaluations with specific mention to the evaluation of Safe and Stables Families, which provided information on barriers and strengths for future programs.
 - Family First Prevention Services Act. Over the past year, the Agency director has provided an overview of the *Family First Prevention Services Act* and shared CFSA’s comprehensive planning process with the MACCAN members. By providing this opportunity for open discussion, the director has been able to answer first-hand the members’ many questions. Discussions have included the importance of reducing the number of children entering the foster care system

²⁶ The “Exit to Permanence Roadmap” is a tool to help social workers, supervisors, and managers move families and children to permanence effectively and efficiently. Each square on the Roadmap represents a step — such as engaging kin or planning purposeful parent-child visits — to achieve permanence for children and youth in care. When social workers click on a step, information helps the social worker to identify areas relevant to that step. Supervisory guidance, practice tips, videos, webinars, and instructions for accessing key services are among the supports embedded in the Roadmap. CFSA regularly updates resources embedded in the Roadmap.

at the “Front Door,” and sharing ways in which MACCAN can further be involved. MACCAN members also suggested ways for shaping the process and the focus across the District. For example, the members supported the need to for more evidence-based and best practice approaches that can be tailored to work in the District for the unique needs of District residents. Members also support the inclusion of more families in the service delivery process, especially those families who are vulnerable and need help in many different ways. CFSA subsequently invited the chair of MACCAN to participate in the District’s Planning Work Group for implementation of the *Family First Prevention Services Act*.

- Families First DC. CFSA’s director discussed the Agency’s vision for a broader *Family First Prevention Plan* with the District of Columbia’s Mayor Muriel Bowser. Mayor Bowser is deeply committed to prevention efforts in the District and budgeted funding for the Families First DC initiative via the District’s FY 2020 budget. This new initiative for upstreaming prevention strategies will include community-led governing bodies that will determine gaps in needed services as well as gaps in capacity of existing services that will inform the development of Family Success Centers. As a prevention-focused committee, MACCAN greatly supports the goal of Families First DC to stabilize families and keep children from becoming abused or neglected. MACCAN plans to continue to be involved in this discussion and process as it becomes an active initiative in the District.
- 2019 CFSA Priorities. CFSA’s director shared with MACCAN an overview of the Agency’s 2019 priorities, which include current updates of new initiatives, practice changes, cross-agency collaborations, along with challenges confronting the Agency and community partners, many of which DC residents bring to the attention of the Agency. The director introduced CFSA’s 4Ps²⁷ to MACCAN’s members and included them on discussions on the *Family First Prevention Services Act*, and the *Families First DC Initiative*. The director also participated in MACCAN’s community meeting held during National Child Abuse Prevention Month. At this meeting she provided CFSA updates to a larger audience which included staff members from the Collaboratives, other DC agencies and the community.

The director’s regular meeting with MACCAN will continue to serve as a vehicle for keeping members abreast and up-to-date on both data, progress, and Agency practice. As MACCAN moves to broaden its outreach and engagement with the community, the regular participation of CFSA’s director allows committee members to provide greater feedback and to consider how members can assist with efforts to support and strengthen the District’s services to children and families.

- ▶ **Children’s Justice Act (CJA) Task Force** is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for

²⁷ The Agency’s four priorities (4Ps) include prevention, placement stability, permanence, and practice improvement. The 4Ps are complements to the Agency’s *Four Pillars Strategic Framework*.

child victims of abuse and neglect. The Task Force focuses on child fatalities related to abuse and neglect, commercial sexual exploitation of children (CSEC), and the assessment and investigation of abuse and neglect cases involving children with disabilities or serious health-related problems. The Task Force also makes child maltreatment policy and training recommendations to organizations, offices or entities within the community.

CFSA coordinates and monitors the CJA grant with one CFSA staff member assigned to serve on the Task Force within the category on child protection agencies. The Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA has presented the Task Force with findings from the CFSR, along with progress on the Agency's Performance Improvement Plan and APSR.

CJA's ongoing projects include providing input into modifying the online and in-person mandated reporter training; improving the District's Expungement Law relative to residents being placed on the Child Protection Registry;²⁸ and CSEC training for CFSA's Office of Entry Services administration, as well as mental health and law enforcement personnel. In addition, every three years, the CJA Task Force undertakes a comprehensive review and evaluation of how the District responds to child maltreatment and makes training and policy recommendations for improvements in the three categories of investigative, administrative, and judicial handling of cases of child abuse and neglect. In carrying out this task, the Task Force builds on prior assessments and notes system improvements related to prior work. DC submitted its most recent three-year assessment in May 2019. The Task Force also submitted its application and work plan for proposed activities over the next three years (2019-2021).

During the last three years, the Task Force has focused on two main training recommendations that were viewed as essential: mandated reporters and commercial sexual exploitation of children (CSEC). With these two main areas, the Task Force provided support that contributed to the Agency's progress in both areas, including the following three highlights:

- Supported the establishment of Hope Court²⁹ and developed plans to provide trauma focused tools for the youth
- Developed and offered CSEC and trauma-related training across disciplines to agencies and organizations working with children

²⁸ The District's Child Protection Register is a confidential index of cases of children who have been determined to be abused or neglected following the completion of a Child Protective Services investigation, and of the individuals listed due to investigative findings that the abuse and neglect of the child was substantiated or inconclusive. A person has the right to appeal the Agency's determination by filing a request with CFSA's Office of Fair Hearings and Appeals. When the final decision of a Program Administrator's Review or a Fair Hearing is to overturn the Agency's decision, the person's name is expunged from the Child Protection Register within 18 days.

²⁹ HOPE (Here Opportunities Prepare you for Excellence) Court is a treatment court established to address the multiple needs of court-involved youth who are victims of commercial sexual exploitation.

- Made modifications to the Agency’s in-house and online mandated reporter training to improve the knowledge of the District’s mandated reporters.

Support of the Mandated Reporter training, CSEC training, and improvement of the expungement law will continue. In addition, the Task Force will be addressing the following new topics and activities over the course of the next three years:

- Improve understanding and strengthen practice that supports safety and well-being for adult and child survivors of domestic violence
 - Improve the identification of substance abuse and better meet the complex needs of parents with substance use disorders and those infants and children impacted by substance abuse
 - Increase understanding of the "Handle with Care" model³⁰ in order to provide a system of care that is trauma-informed from DCPSto the Metropolitan Police Department (MPD) to child welfare
- ▶ **The Citizen Review Panel (CRP)** is a locally³¹ and federally-mandated, voluntary group of DC residents who serve as an external, independent oversight body for the District's child welfare system. CRP examines the policies, practices, and procedures of CFSA and any other District government agency or community-based provider that provides services to children who are at risk of abuse and neglect, or who are already victims of abuse and neglect and currently in foster care. The mayor appoints eight of CRP’s 15 members, while DC Council appoints the remaining seven members. CRP currently has two working group committees. One addresses services provided to children in their homes (in contrast to services provided in foster care). The other addresses services to youth who are aging out of foster care. At quarterly meetings, the CRP often hears from outside speakers and invites them to share recommendations, which the CRP itself may endorse. CRP’s major responsibility is preparation of an annual report that compiles recommendations to improve services to children and older youth. The report has three major sections: an introduction and overview of CRP’s functions and responsibilities, in-home services, and a section on youth aging out of foster care. A conclusion offers final recommendations alongside forward-looking thoughts. CFSA is legally required to reply to the recommendations, which the Agency includes in the APSR submission. CFSA also attends the CRP quarterly meetings to hear feedback directly CRP members and to provide information about how CFSA has already addressed or plans to address areas of need.

F. INTERNAL STAKEHOLDERS

³⁰ Handle with Care is a trauma-informed approach aimed at ensuring that children who are exposed to violence receive appropriate interventions so they can succeed in school to the best of their abilities.

³¹ DC Code - <https://code.dccouncil.us/dc/council/code/titles/4/chapters/13/subchapters/1/parts/B/>

- ▶ **The Office of the Ombudsman** is an internal CFSA office that ensures the public a point of contact for communicating concerns directly to the Agency. The ombudsman also serves as CFSA's impartial liaison for constituents (i.e., children, older youth, birth parents, resource parents, kinship caregivers, guardians, adoptive parents, mandated reporters, concerned citizens, and contractors). The ombudsman receives calls from any constituent seeking resolutions to issues related to promotion of child safety and well-being. The ombudsman will review all constituents' concerns and will also record the receipt and outcomes of all reported concerns. Finally, the ombudsman is able to identify trends and systemic issues, bring them to the attention of CFSA management and staff, and recommend internal procedures to accomplish program goals. Click [here](#) to see the *Office of the Ombudsman 2018 Annual Report* submitted to DC Council's Health and Human Services Committee in early 2019.
- ▶ **The CFSA Internal Child Fatality Review (CFR) Committee** comprises representation from CFSA leadership, the CFR Unit, the Office of the General Counsel, the Center for the Study of Social Policy (CSSP), and the Office of the Chief Medical Examiner (OCME). At each monthly meeting, CFR Unit staff presents the committee with details of individual fatality cases for any child known to the Agency within five years of the child's death. Presentations emphasize practice issues and any identified themes related to the family's service needs during any involvement with CFSA. The CFR Unit also tracks data on all fatalities for inclusion in the CFSA Annual CFR Report. In-depth committee discussions among membership may result in recommendations for practice changes. CFSA leadership reviews and vets these recommendations according to the assigned administration. If leadership accepts the recommendations as viable and achievable, the assigned administration provides the CFR Unit with details on next-step activities and time frames. The CFR Unit also tracks these recommendations for follow-up and inclusion in the Annual CFR Report.

2. UPDATE ON ASSESSMENT OF PERFORMANCE, THE PLAN FOR IMPROVEMENT, AND PROGRESS TO IMPROVE OUTCOMES

SUMMARY OF AGENCY PERFORMANCE FROM 2015 - 2019

Since the development of the 2015-2019 Child and Family Services Plan (CFSP), CFSA has continued to “self-examine” all aspects of the District’s child welfare practice. The Agency relies on the guidance of stakeholders, federal and internal benchmarks, and internal commitments to excellence for improving or maintaining quality service delivery for children and families. Over the past five years, CFSA has achieved a substantial level of compliance with 87 percent of benchmarks (74 out of 85) developed under the *LaShawn* Implementation and Exit Plan. Many of these benchmarks dovetail with federal requirements (e.g., timely investigations, kinship placements, and visitation requirements). In addition, CFSA continues its commitment to prevention, being the first child welfare agency in the country to submit a *Family First Title IV-E Five Year Prevention Plan* to the federal government. With all of these successes in mind, the Agency still recognizes that practice improvements must remain at the forefront of its ongoing efforts to serve the District of Columbia’s children, families and communities.

To examine Agency performance over the past five years, the District of Columbia identified outcomes and metrics for the domains of Safety, Permanency and Well-Being driven by Agency priorities aligned with the Agency’s Four Pillar goals. Between fiscal year (FY) 2014 and the first quarter (Q1) of FY 2019, the following two outcomes are aligned with Goal 1 of CFSA’s Four Pillars.³²

- ▶ Families stay together safely.
- ▶ Children and youth only experience a removal when necessary.

The following objectives aligned with the outcomes for the Goal 1:

- ▶ Decrease entries into foster care.
- ▶ Increase the percentage of investigations initiated within 48 hours.

SAFETY OUTCOMES 1 AND 2

Decrease Entries into Foster Care (objective 1.1a)


Over the five-year window, overall foster care entries have decreased by 53 percent from 323 to 186 as of FY 2019-Q1. The decrease between FY 2014 and FY 2018 was 14 percent.

³² Goal 1: Narrowing the Front Door – Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe.

Between FY 2014 and FY 2019, the Agency’s projected target for decreasing entries into foster care ranged from 300 to 362. As of FY 2014, with a target of 300 entries, the Agency actual was 323, just shy of the goal. Comparatively, in FY 2015, with the target of 300, the Agency reported a continued increase in foster care entries, reporting an actual of 381. Between FY 2015 and FY 2016, performance remained relatively flat; however, in FY 2017, with a slightly higher target of 320, the Agency exceeded this goal with 275 entries into foster care. In FY 2018, the foster care entry count increased slightly to 280. As of FY 2019-Q1 the foster care entries count is reporting 186.



FOUR PILLAR GOAL 1. NARROWING THE FRONT DOOR: CHILDREN HAVE THE OPPORTUNITY TO GROW UP WITH THEIR FAMILIES AND ARE REMOVED FROM THEIR FAMILIES ONLY WHEN NECESSARY TO KEEP THEM SAFE.



OUTCOME 1.1: FAMILIES STAY TOGETHER SAFELY. (SAFETY OUTCOME 2)

MEASURE ³³											
Objective 1.1a: Decrease new entries into foster care (Internal Benchmark [IB]) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (Q2)
300	323	300	381	362	325	320	275	320	280	300	186

Source: Four Pillars Scorecard, FACES.NET report PLC208, PLC155



OUTCOME 1.2: CHILDREN AND YOUTH EXPERIENCE A REMOVAL ONLY WHEN NECESSARY FOR THEIR SAFETY. (SAFETY OUTCOME 1)

MEASURE											
Objective 1.2a: Increase percentage of investigations initiated within 48 hours (IB) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)

³³ The District removed the measure: *Expand access to community-based services*. Data for this measure was gathered on April 24th and October 24th of each year for the Title IV-E Waiver.

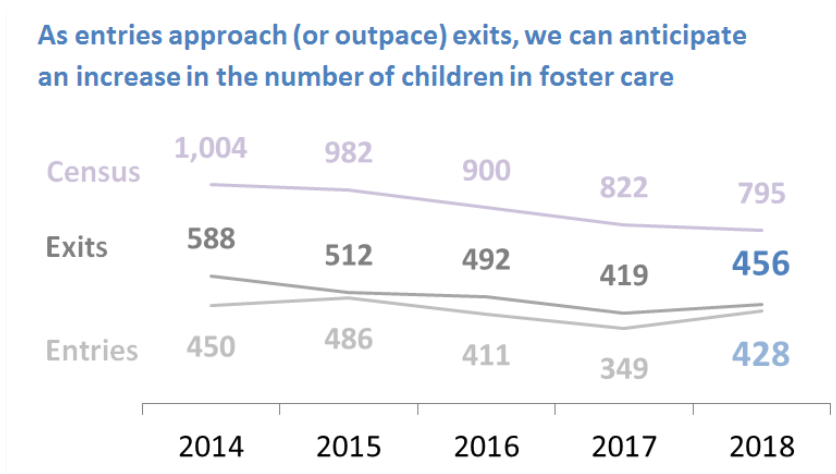
MEASURE
Objective 1.2a: Increase percentage of investigations initiated within 48 hours (IB)
Measured Quarterly

95% (IB); 100% (NS)	84%	95% (IB); 100% (NS)	91%	95% (IB); 100% (NS)	89%	95% (IB); 100% (NS)	95%	95% (IB); 100% (NS)	91%	95% (IB); 100% (NS)	90%
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Source: Agency Performance Investigations Audit, FACES.NET report INT052; FY 2018 Four Pillars Scorecard Q4

Population Entries to Exits

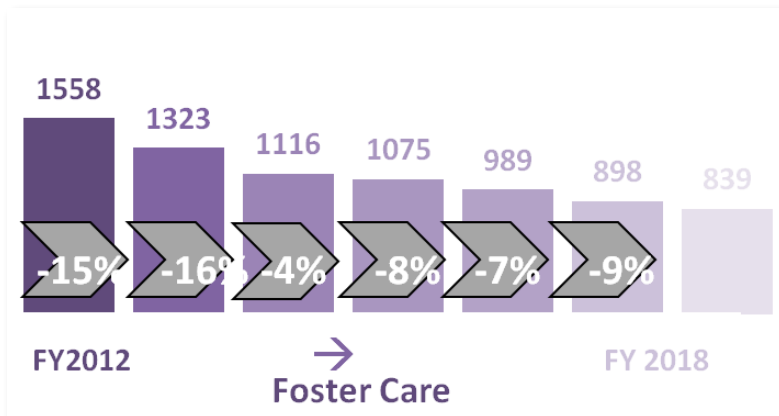
While entries are approaching exits, CFSA’s focus on increasing timely permanency will maintain or continue to decrease the District’s foster care population.



Source: 2019 Agency Needs Assessment

Decrease in Foster Care Population

Foster care cases continued decreasing between FY2012 and FY2018.




Source: 2019 Agency Needs Assessment

Increase the percentage of investigations initiated within 48 hours (objective 1.2a)

The decrease between FY 2014 and FY 2018 was 14 percent. Between FY 2014 and FY 2019, Agency performance for increasing the percentage of investigations initiated in 48 hours varied between 84 and 95 percent. The target for this measure remained at 95 percent throughout the five-year period. There was a 7 percentage point increase in CFSA’s performance between FY 2014 and FY 2015.

PERMANENCY OUTCOMES 1 AND 2



FOUR PILLAR GOAL 2: TEMPORARY SAFE HAVEN – FOSTER CARE IS A TEMPORARY SAFE HAVEN, WITH PLANNING FOR PERMANENCE BEGINNING THE DAY A CHILD ENTERS CARE.



OUTCOME 2.1: CHILDREN AND YOUTH ARE PLACED WITH FAMILIES. (PERMANENCY OUTCOME 1 AND 2)

MEASURE											
Objective 2.1a: Increase the number of children/youth with two or fewer placements in the past 12 months. (IB) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
80%	85%	75%	77%	86%	78%	80%	86%	80%	83%	80%	81%

Source: FACES.NET report PLC234

MEASURE											
Objective 2.1b: Decrease the average number of months to reunification. (IB) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
12	14	12	14	12	15	12	16	12	14	14	15

Source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367

MEASURE											
Objective 2.1c: Decrease the average number of months to guardianship. (IB) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
36	47	18	41	18	36	18	34	18	39	34	36


Source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367

MEASURE											
Objective 2.1d: Decrease the average number of months to adoption. (IB) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
36	41	27	41	24	44	24	32	24	33	32	36

Source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367

MEASURE											
Objective 2.1e: Increase relative placements (kinship care). (IB) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
26%	22%	30%	21%	25%	21%	25%	24%	25%	24%	24%	27%

Source: FACES.NET report CMT232




FOUR PILLAR GOAL 2: TEMPORARY SAFE HAVEN – EVERY CHILD AND YOUTH EXITS FOSTER CARE AS QUICKLY AS POSSIBLE FOR A SAFE WELL-SUPPORTED FAMILY ENVIRONMENT OR LIFELONG CONNECTION.

and



FOUR PILLAR GOAL 4: EXIT TO PERMANENCY – OLDER YOUTH HAVE THE SKILLS FOR SUCCESSFUL ADULTHOOD.



OUTCOME 4.1: CHILDREN AND YOUTH LEAVE THE CHILD WELFARE SYSTEM FOR A SAFE, PERMANENT HOME. (PERMANENCY OUTCOME 2)

MEASURE											
Objective 4.1a: Increase exits to a permanent home. (IB) Measured Quarterly 12 months)											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
80%	80%	80%	77%	80%	81%	84%	83%	84%	84%	84%	87% ³⁴

Source: FACES.NET report CMT367

MEASURE											
Objective 4.1b: Increase the percentage of youth with stable housing upon exit. (IB) Measured Quarterly											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
80%	83%	80%	88%	92%	89%	90%	81%	90%	98%	88%	92% ³⁵

Source: Four Pillar Scorecard, OYE manual data

Placement Stability (objective 2.1a)

Overall performance on this measure exceeded performance throughout the five-year period.

Agency performance for increasing the number of children and youth with two or fewer placements had a target ranging between 75 and 80 percent over the five-year period. In FY 2014, the Agency had a target of 80 percent and exceeded this goal with an actual of 85 percent. Comparatively, the Agency exceeded the FY 2015 target of 75 percent with Agency performance at 77 percent for children with two or fewer placements in 12 months. In FY 2016, the Agency target was 78 percent; the actual for that year was 80 percent. Between FY 2017 and FY 2019, the Agency exceeded the reported target of 80 percent, ranging in performance between 81 to 86 percent.

Average Number of Months to Reunification, Guardianship and Adoption (objectives 2.1b, 2.1c, 2.1d)

Overall, the Agency remained relatively flat for the time to achieve reunification but improved in the number of months to achieve guardianship. The Agency again remained flat for the time to achieve adoption from FY 2014 - FY 2016 and then significantly improved from FY 2016 – FY 2018.

Between FY 2014 through FY 2019-Q1, the average number of months to reunification ranged between 14 and 16 months. The Agency benchmark was 12 months throughout the majority of

³⁴ Includes exit reasons of reunification, adoption, guardianship and living with other relatives.

³⁵ Manual data complete and available for FY 2019-Q1

the five-year period and increased to a target of 14 months for the FY 2019 target to provide a more attainable goal. Between FY 2014 and FY 2019, the average number of months to guardianship had targets that ranged between 18 and 36 months. Performance for this metric over the five-year period ranged between 34 and 47 months. Overall the average number of months to adoption decreased between FY 2014 and FY 2019, moving from 47 months in FY 2014 to 34 months in FY 2017 (with an average of 36 months as of FY 2019-Q1). Between FY 2014 and FY 2019, the average number of months to adoption ranged between 32 months and 44 months. During the five-year period, the benchmark ranged between 24 and 36 months. Overall, the average number of months to adoption showed variance in performance by fiscal period. In FY 2014, Agency performance showed an average of 41 months to adoption. Comparatively, in FY 2015 the performance remained static and increased in FY 2016. Conversely, in FY 2017 the average number of months to adoption was 32 months. The last reported performance as of FY 2019-Q1 was 36 months.

Kinship Placements (objective 2.1e)

Kinship placements have shown a steady increase between FY 2014 and FY 2019, peaking at 27 percent in FY 2019-Q1. Between FY 2014 and FY 2019, the benchmark ranged between 25 and 30 percent.

Increase exits to a permanent home (objective 4.1a)

Overall, children and youth exiting to a permanent home increased with youth ages 18 and older achieving guardianship and reunifications at an all-time high.

The benchmark from FY 2014 to FY 2016 remained at 80 percent; the Agency met or exceeded the goal with the exception of FY 2015. The benchmark increased to 84 percent from FY 2016 through FY 2019 where the Agency performance either ranged between one percentage point away from the goal or met the goal. In 2018, data reports on youth 18+ aging out of foster care were at an all-time low at 74 percent while guardianship and reunifications were at all-time high, 14 percent and 11 percent respectively.

Youth Exiting with Stable Housing (objective 4.1b)

Over the five-year window, the Agency benchmarks for increasing stable housing for children exiting care ranged between 80 percent and 92 percent.

Performance between FY 2014 and FY 2019 remained consistently high with the exception of a decrease in performance in FY 2017, showing 81 percent performance with a target of 90 percent. Current performance of FY 2019-Q1 shows 92 percent. The highest performance within the five-years was in FY 2018 with 98 percent of youth exiting foster care to stable housing.

WELL-BEING OUTCOMES 1, 2 AND 3



FOUR PILLAR GOAL 3: WELL-BEING – EVERY CHILD IS ENTITLED TO A NURTURING ENVIRONMENT THAT SUPPORTS HEALTHY GROWTH AND DEVELOPMENT, GOOD PHYSICAL AND MENTAL HEALTH, AND ACADEMIC ACHIEVEMENT.



OUTCOME 3.1: CHILDREN AND YOUTH IN FOSTER CARE GET QUALITY SERVICES FOR GOOD HEALTH. (WELL-BEING OUTCOME 3)

Measure

Objective 3.1a - Increase the percentage of children/youth receiving mental health and trauma screenings within 60 days of entering care³⁶

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
90%	Not available	90%	92%	96%	100%	96%	100%	96%	Not available ³⁷	96%	Not available

Measure

Objective 3.1b - Increase the percentage of children ages 0-5 receiving developmental screenings upon entering care³⁸

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
85%	93%	70%	77%	82%	90%	82%	94%	85%	96%	90%	96% ³⁹



OUTCOME 3.2: CHILDREN AND YOUTH GET THE QUALITY EDUCATION AND TRAINING THEY NEED TO SUCCEED AS ADULTS. (WELL-BEING OUTCOME 2)

Measure

Objective 3.2b: Increase percentage of youth graduating from high school. (IB) Annual Measure

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)

³⁶ Data source: Four Pillars Scorecard, Clinical and Health Services Administration manual data)

Intervention: Universal screening, trauma-informed practice

³⁷ Due to programmatic changes in FY2018-FY2019 in how mental health services will be administered and tracked, data for this measure is unavailable at this time.

³⁸ Objective expanded to include trauma screening with the implementation of trauma-informed practice.

³⁹ Manual data complete and available for FY2019 Q1.

Measure											
Objective 3.2b: Increase percentage of youth graduating from high school. (IB) Annual Measure											
80%	78%	72%	60%	63%	76%	75%	73%	75%	67%	70%	Not Available

Source: Four Pillars Scorecard, OYE manual data

FOUR PILLAR GOAL 4: EXIT TO PERMANENCY – EVERY CHILD AND YOUTH EXITS FOSTER CARE AS QUICKLY AS POSSIBLE FOR A SAFE WELL-SUPPORTED FAMILY ENVIRONMENT OR LIFELONG CONNECTION. OLDER YOUTH HAVE THE SKILLS FOR SUCCESSFUL ADULTHOOD.

OUTCOME 4.1⁴⁰: CHILDREN AND YOUTH LEAVE THE CHILD WELFARE SYSTEM FOR A SAFE, PERMANENT HOME. (WELL-BEING OUTCOME 2)

Measure											
Objective 4.1c: Increase the percentage of youth who completed vocational training and or received industry education (IB) Annual Measure											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
75%	22%	75%	44%	46%	69%	70%	71%	70%	76%	65%	73% ⁴¹

Source: Four Pillar Scorecard, OYE data

Measure											
Objective 4.1d: Increase the percentage of youth in foster care who graduate from college (IB) Annual Measure											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
30%	14%	30%	8%	12%	16%	20%	12%	20%	19%	10%	Not Available

Source: Four Pillar Scorecard, OYE data, partnerships for aftercare services

High School and College Graduation and Vocational Training (objective 4.1c. 4.1d)

Youth graduating high school and completing vocational training have increased but youth graduating college has fluctuated.

⁴⁰ Phrasing of the original 4.1c objective was noted as modified in 2016 APSR, due to the separation of college graduates from the cohort of youth who achieved a vocational or industry certificate.

⁴¹ Manual data complete and available for FY 2019-Q1

Between FY 2014 and FY 2019-Q1, the target for the number of youth graduating from high school ranged from 63 percent to 80 percent. Throughout the five-year period, performance for this measure increased with the highest reported performance at 75 percent for both FY 2017 and FY 2018.

For the measure of the number of youth in foster care who graduate from college, the target ranged from 10 percent to 30 percent. The variance over the five-year period reported performance values between 8 and 19 percent.

Between FY 2014 and FY 2019-Q1, the percentage of youth who completed vocational training or received industry-related education ranged between 22 percent and 76 percent. The targets over the five-year period also varied between 22 percent and 76 percent.

Mental Health, Trauma, and Developmental Screenings (objective 3.1a)

Children and youth have consistently received mental health, trauma and developmental screenings.

Of the Well-Being metrics, the Agency showed strong performance for ensuring the percentage of children and youth who received mental health and trauma screenings within 60 days of entering care. The target for this metric between FY 2014 and FY 2019-Q1 was between 90 and 96 percent. Agency performance remained consistently at 100 percent between FY 2016 and FY 2019.

Children birth to 5 receiving developmental screenings (objective 3.1b)

The final Well-Being measure increased the percentage range of children ages birth-to-5 who receive developmental screenings from 70 percent to 90 percent between FY 2014 and FY 2019-Q1. Performance for this measure was strong throughout the five-year period at 90 percent and above for 4 of 5 of the fiscal years and 96 percent performance as of FY 2019-Q1.

Child and Family Services Review (CFSR) Round 3 Data Profile Performance

Assessment of CFSA performance is also reported through the CFSR Round 3 data profile. The following data applied to the performance metrics as of the January 2019 data profile:

Performance Metric	National Performance	District of Columbia Performance (18A18B)
Permanency in 12 months (entries)	42.7%	Not available
Permanency in 12 months (12-23)	45.9%	34.4%
Permanency in 12 months (24 months)	31.8%	33.6%

Performance Metric	National Performance	District of Columbia Performance (18A18B)
Re-Entry into Foster Care	8.1%	Not available
Placement Stability	4.44	5.81
Maltreatment in Care	9.67	Not Available
Recurrence of Maltreatment	9.5%	Not Available

National performance data shows that CFSA is meeting permanency in 12 months (24 + months) for 33.6 percent of children who have been in foster care for 24+ months and who are exiting to adoption, reunification or guardianship. For children in care between 12 and 23 months, permanency was at 34.4 percent performance, which is 11.5 percent below national performance. In lower performing areas of the data profile (such as permanency and recurrence of maltreatment), the performance improvement plan (PIP) includes intentional activities to improve performance for these metrics, in addition to other activities determined after CFSA received its approved PIP. Practice improvements to address permanency are highlighted in Goal 2, e.g., intentional practice strategies such as teaming with the courts to expedite permanency and the integration of the permanency goal review meetings (PGRM) to analyze case practice barriers to permanency. Areas in need of improvement also include placement stability and recurrence of maltreatment, practice area strategies addressed in Goals 1 and 2 respectively.

To decrease the recurrence of maltreatment, CFSA has implemented a structured, time-bound process for case transfer between Child Protective Services (CPS) and in-home services. In addition, the Agency has implemented a process for the targeted use of the community papering process. The community papering process is used to petition the Family Court for involvement with families that are not currently under the Family Court’s supervision in order to provide court oversight of the case plan. CFSA undergoes the community papering process to promote a family’s engagement in their children’s safety and to engage parents in the case planning when, despite the best efforts of the case management team, parents have been unwilling or unable to engage. Community papering is also used to request a shelter care order⁴² for children with safety risks in the home due to the parents not being ready to engage in services.

For the case transfers, within three days of the pre-case transfer meeting from CPS to in-home services, a Partnering Together Conference (PTC) occurs. The PTC engages families and reviews

⁴² When the government seeks placement of a child outside of the home, it asks the Family Court for a shelter care order (DC Code §16-2312).

family-related risks and concerns to help modify or assess immediate family needs. Quarterly all-staff meetings serve as a forum for caseworkers and supervisors to discuss what's working and what's not working with the case transfer process, and to discuss suggestions to modify strategies. A key objective of this practice is to evaluate safety needs and risk factors to ensure safe case closure and decrease the recurrence of maltreatment. This process expedites the services and supports that children, youth and families need to address their present situation.

CASE REVIEWS

In addition to administrative data performance, CFSA conducts case reviews and qualitative analysis to assess case practice performance strengths, and challenges that will inform improvement strategies. CFSA conducts both PIP case reviews pursuant to meeting the requirements set forth with the 2016 CFSR PIP findings. Additionally, CFSA conducts quality service reviews (QSR) with all the program areas each year.

PERFORMANCE IMPROVEMENT PLAN CASE REVIEW

Over a two-year PIP period with a non-overlapping evaluation period, CFSA will conduct reviews of 228 cases, 76 per year, using the On-Site Review Instrument (OSRI) as part of the 2016 CFSR PIP. During the CFSR, the District reviewed 40 foster care, 19 in-home and 6 family assessment cases.

The June 2016 CFSR found none of the seven outcomes to be in substantial conformity. However, the District is only required to address measures of improvement for Safety 1 and 2, Permanency 1 and Well-Being 1. The Agency was found to be in substantial conformity with five of seven systemic factors. The 2016 CFSR also identified that the District has a strong child welfare foundation in terms of policy, procedures, training, practice models, and service array.

The 2016 CFSR themes included good overall casework practice. Even still, other cases displayed a lack of consistency in practice and fidelity to policy, procedures, training, and practice models that were not identified or addressed during supervision.

More specific to Safety Outcomes, CFSR findings showed that for Safety Outcome 1 (for both investigations and family assessment cases), investigative social workers sometimes did not make face-to-face contact with children within the required timeframes. Additionally, for Safety Outcome 2, CFSR findings reported that safety services were not provided to prevent the removal of children who remained in the home after a sibling entered foster care. In many of the cases, the Agency did not provide services to address underlying safety issues such as housing, domestic violence, substance abuse, and mental health. Safety Outcome 2 concerns included inconsistent ongoing assessments of risk and safety for many cases or inconsistent

completion of assessments conducted prior to case closure. Also, in some cases there was no monitoring of safety plans.

For Permanency Outcome 1,⁴³ CFSR findings showed that many children had unplanned placements during the period under review. Review findings also showed that the child's current placement was not stable in several cases due to the child's behaviors and mental health, and the inability of the caregiver to manage those behaviors. In several cases initial permanency goals were not established in a timely manner.

The review also found that there was minimal use of concurrent permanency planning, even though the CFSR found several cases where concurrent permanency planning would have been helpful in addressing delays in permanency goal changes. Another critical issue found in the CFSR involved inconsistent practice for the timely filing of TPRs (termination of parental rights) at 15 of 22 months and documentation of a compelling reason not to file. Permanency Outcome 1 findings also revealed several cases where parents, relatives, prospective guardians and pre-adoptive parents were given extensive time to comply with the requirements of the service plan even when showing very little or no progress. Often the decision to provide more time was made by the Family Court over the objection of CFSA. These delays caused children to remain in care for up to several years before achieving permanency. Many of these cases have yet to reach the identified permanency goal.

For Permanency Outcome 2,⁴⁴ CFSR findings showed that the frequency of visits was sufficient to meet the child's needs but the quality of the visits was lacking. Efforts to identify, locate, inform, or evaluate relatives were not made either initially or on an ongoing basis. Another key finding showed that several cases lacked efforts to engage parents in activities with their child other than visits.

For Well-Being Outcome 1, CFSR findings showed that there were significant delays in providing appropriate services to children because quality comprehensive assessments were not completed. Additionally, the findings reported that there was a lack of ongoing comprehensive assessments being completed on all the children in in-home cases. For this outcome, relative to assessing the needs of parents and resource parents, the findings showed there was an overall lack of either formal or informal comprehensive assessment of parents' needs, both initially and on an ongoing basis. With regards to case planning, parental involvement is essential when the permanency goal is reunification but still important when the permanency goal is adoption or guardianship, especially when parental rights have not been terminated. CFSR findings showed

⁴³ Children have permanency and stability in their living situations.

⁴⁴ The continuity of family relationships and connections is preserved for children.

there was a general lack of active parental involvement in case planning, specifically when adoption or guardianship was the goal and parental rights had not been terminated.

Overall social worker visitation was found to occur frequently; however, the quality of the visits was lacking, e.g., visits focused on general case observations as opposed to the safety, permanency and well-being of the child. Similarly to visits with children, additional findings indicated that visits between social workers and parents, although occurring, were usually not of sufficient quality to address the case goals, service needs, visitation, service provision, and again, a child's safety. In some cases, the social worker was not able to establish a strong enough relationship with the parent for that parent to feel comfortable discussing specific issues. Some parents indicated that they did not know what was going on in their cases.

For Well-Being Outcomes 2 and 3, the CFSR findings showed that CFSA was not monitoring in-home cases opened for educational neglect. Additional findings reported that the Agency overall assessed the physical health and dental care needs of children. Regarding well-being and mental health, generally initial assessments were adequate to identify the mental and behavioral health needs of the children; however, the cases did not have follow-up or ongoing assessments to determine the continued need for services or if there were any changes with the child's mental health or behavior.

PERFORMANCE IMPROVEMENT PLAN (PIP) CASE REVIEW PERFORMANCE

PIP case reviews have been ongoing from March 2018, with the number of cases in progress, or completed undergoing first and second level quality assurance. As of May 2019, there were 34 cases with a status of "approved and final" in the federal web-based Outcomes Monitoring System. Of those cases, 19 were foster care, 11 were in-home cases and 4 were family assessment cases.

A large proportion of foster care cases were considered, "not applicable" for Safety Outcome 1. Comparatively for the 11 in-home cases reviewed for Safety Outcome 1, three cases were considered "substantially achieved," two cases were "not achieved," and six cases were "not applicable." For Safety Outcome 1, 14 of the reviewed foster care cases were considered "not applicable." Of those applicable, 3 were substantially achieved and 2 not achieved. For ratings of foster cases and Safety Outcome 2, Item 3 (risk and safety management) was an area of strength. Comparatively for the in-home cases reviewed, Item 3 was rated as an "area needing improvement" (ANI) for 7 of the 11 cases. For all the family assessment cases, there were no strengths identified in Safety Outcomes 1 and 2. Of the four cases, Safety Outcome 1 was not achieved for three cases and one case was not applicable; Safety Outcome 2 was not achieved for all four cases.

For Permanency Outcome 1 of the 19 foster care cases, 2 were rated substantially achieved, 14 partially achieved and 3 not achieved. Practice strengths applied to eight cases for Item 4 (stability of foster care placement). Conversely, Item 6 (achieving reunification, guardianship, adoption, or other planned permanent living arrangement) was an ANI for 15 of the 19 cases. For Permanency Outcome 2, eleven cases substantially achieved the outcomes, one case did not achieve the outcome, and seven cases partially achieved. Within Permanency Outcome 2, Items 9 and 10 (preserving connections and relative placement) were strong areas of performance.

Ratings for Well-Being Outcome 1 for foster care cases showed four cases in substantial compliance, eight cases partially achieved the outcome, and seven cases did not achieve the outcome. Within Well-Being Outcome 1, Item 12 and Item 12b were ANI for the assessment of needs for children and parents. Item 15 (social worker visits) with parents was a key area in need of improvement as well. For the foster care cases rated, Well-Being Outcome 2 reported 15 cases in substantial conformity. Items 16 and 17 (educational needs of the child and physical health of the child) were particular areas of strength.

For in-home cases, Well-Being ratings showed similar findings with ANIs for Items 12, 12a and 12b. The assessment of need for children and parents for in-home cases required practice improvements. Additionally, Items 13, 14 and 15 (case planning, caseworker visits with the child and case worker visits with the parents) rated as ANIs.

For Well-Being Outcome 2, practice was strong with 7 of 11 reviewed cases substantially achieving the outcome. One case partially achieved the outcome and three cases did not achieve the outcome. For the family assessment cases, ANIs included items 12, 12a, 12b as well as item 15.

QUALITY SERVICES REVIEW FINDINGS

To gauge the positive outcomes and the success of service delivery and practice standards, the Child and Family Services Agency (CFSA) uses the nationally-recognized Quality Service Review (QSR) process. Right click [here](#) to view the 2018 Annual Quality Services Review Report which provides detailed descriptions of the rating elements. The QSR process is one of CFSA's primary qualitative approaches for continuous quality improvement (CQI) of practice and service delivery. The QSR process assesses implementation of CFSA's Practice Model while also reviewing how system partners work together as a team to provide quality and effective services. This case-specific and system-wide process assures that data guide improvement of practice efforts, policy development, and system change. The approach includes use of information from interviews of team members and a case record review to obtain a comprehensive picture of strengths and areas in need of improvement.

The table below shows the breakdown of cases for calendar year (CY) 2018. CFSA reviewed 137 stratified, randomly selected cases, including 54 cases where families received services in their own homes, 34 cases managed by CFSA where children were living in foster care (either with non-relative caregivers or kinship caregivers), 35 foster cases that were managed by CFSA’s contracted private agencies, and 14 foster care cases managed by CFSA’s Office of Youth Empowerment (total = 137). Regarding older youth, all of CFSA’s program areas and the three private agencies case manage older youth. The QSR sample treats CFSA’s Office of Youth Empowerment (OYE) as a unique program area for serving youth from ages 14 to 20 to help prepare them for self-sufficiency and adulthood. Regardless of which agency or CFSA program area is case managing, all older youth in the District of Columbia’s (DC) child welfare system receive services to help prepare them for adulthood and independence.

Number of Reviews by Program Area & Private Agencies 2016 – 2018						
Program Area	# of Cases 2016	% of Cases 2016	# Cases 2017	% of Cases 2017	# of Cases 2018	% of Cases 2018
Permanency	39	32%	32	25%	34	25%
Office of Youth Empowerment (OYE)	11	9%	10	8%	14	10%
In-Home	34	27%	40	31%	54	39%
Private Agencies	40	32%	46	36%	35	26%
Total	124	100%	126	100%	137	100%

The benchmark for scores is 80% for all domains. **The Overall Ratings table below shows, overall acceptable practice performance increased by 25 percentage points in 2018, compared to 2017 and 2016.** Within the 89 percent (n=122), QSR reviewers rated 52 percent (n=63) in the acceptable/refinement category (4 rating); 44 percent (n=54) were rated in the acceptable/maintenance category. Four percent (n=5) included the highest acceptable rating of 6. Although child and family status data are below practice performance, there is a 6-point percentage increase from 2017. Of the 73 percent acceptable ratings (n=98), QSR reviewers rated 30 percent (n=29) with a 4 rating; 62 percent (n=61) were rated at 5 and 8 percent (n=8) were rated at a 6.

For CY 2018, the crucial child status safety ratings for home and school, over 90 percent of case reviewed were rated acceptable and over 80 percent of cases were rated acceptable for safety in the community and “other” setting. Although safety is a requirement no matter where the child is located, child welfare clients often live in areas where safety in the community is a concern due to high crime rates, etc. the scores for community and “other” did

not reach the acceptable rating measure (80 percent), the scores still indicate strong efforts put forth by families to keep their children safe in all different situations.

Behavioral risk ratings overall were 80 percent, still well into the acceptable range with no case scoring below 4, indicating that the children were not at risk for abuse, neglect, bullying, or intimidation nor were the children’s behaviors of sufficient concern. For this indicator, N/A included 15 children under two years of age.

Overall Acceptable Ratings / Status and Performance CY 2016 – 2018			
Benchmark = 80 percent			
Rating Elements	CY 2016	CY 2017	CY 2018
Child and Family Status	72%	67%	73%
Practice Performance	65%	64%	89%

In 2018, with an overall performance of 63% (includes all program areas), Pathway to Case Closure remains an area for improvement⁴⁵. Pathway to case closure includes a clear, achievable permanency goal, including concurrent permanency plans. Scores were 79 percent in 2016 but decreased in 2017 to 66 percent. While there was an increase by 2 percent from 2017 through 2018 to 66 percent, the scores fall short of the 80 percent benchmark.

QSR Summary of Performance

The QSR process, along with the strong collaboration between the QSR Unit and program areas, has demonstrated the type of information needed to develop improvements that resulted in higher QSR ratings over the course of CY 2018. Most importantly for the child status element, children in the review sample were safe at home and stable in placements without concern for risky behavior to self or others. Challenging child status factors were predominantly related to legal custody, which received the lowest indicator rating (51 percent), and yet still showed modest improvement over 2017 (49 percent). QSR reviewers noted that birth parents’ efforts to reunify were frequently hampered by mental health and substance use issues.

For the practice performance element, teams were meeting or surpassing benchmarks in the areas of engagement and assessment of children and caregivers. The primary challenge for practice performance indicators were engagement and assessment of birth parents, along with teaming scores for functioning and coordination.

⁴⁵ See page 26 of the CFSA QSR 2018 Annual Report page for more information.

The pathway to case closure continues to challenge all program areas. To improve overall pathway ratings, CFSA must strengthen efforts to ensure that all team members know the steps necessary to achieve the identified permanency goal, whether that goal is reunification, guardianship, or adoption. Additionally, when appropriate, termination of parental rights and adoption should be accomplished expeditiously. Strategies around improving the pathway will be a focus for the QSR 2019 CQI efforts.

Below is a summary of the practice area strengths and areas in need of improvement.

Top Three Practice Areas of Strength / in Need of Improvement	
Practice Areas of Strength	Practice Areas in Need of Improvement
<p>Safety for Children at Home and at School Children are living in nearly risk-free environments with protective strategies in place (as needed). CFSA continues to protect children from abuse, neglect, exploitation, and intimidation (both foster care and in-home cases). Parents and caregivers provide the appropriate attention necessary to protect the children from known risks.</p>	<p>Engagement and Assessment of Birth Parents CFSA needs to continue to engage and assess parents, even when their youth may have a permanency goal of APPLA. To facilitate family connections, social workers must actively communicate and get to know their needs and their strengths. Mixed or inadequate working relationships between team members impacts effective engagement.</p>
<p>Planning Interventions Social workers and service providers overall are ensuring that children are achieve meaningful, measurable, and achievable life outcomes (safety, permanency, well-being, education, etc.) Planning includes well-reasoned, agreed-upon goals, and intervention strategies that logically relate to the planned goals and outcomes so that families are successful after exiting the system.</p>	<p>Teamwork Functioning and Coordination The team needs to reflect a family-centered and family-driven case planning process. In addition, team leadership must include engagement of other team members, not just clients and family members. Timelines and next steps must be clearly documented and discussed on a regular basis among team members. The unified team must also be clear on permanency goal options.</p>
<p>Supports and Services The combination of formal and informal supports and services fit the child and family situation. Delivery of interventions is effective to help achieve sustained permanency.</p>	<p>Pathway to Safe Closure Family and team members must all be clear on the permanency goal and steps to achieve it. It is essential for family to have a clear understanding if case closure is to be successful.</p>

Finally, implementation of and emphasis on CQI-based strategies for each program area's themes will support increasing practice performance for CY 2019.

SUMMARY OF PERFORMANCE FOR THE 2015-2019 APSR



GOAL 1. NARROWING THE FRONT DOOR: CHILDREN HAVE THE OPPORTUNITY TO GROW UP WITH THEIR FAMILIES AND ARE REMOVED FROM THEIR FAMILIES ONLY WHEN NECESSARY TO KEEP THEM SAFE.

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

CFSA's key safety priorities continue to include reducing the rates of recurring maltreatment and re-entries into foster care. In response to a recent increase in repeat maltreatment rates in the District, CFSA conducted an analysis of factors and trends regarding demographics, service pathways, and allegations for 212 children who had a repeat substantiated referral in FY 2018.⁴⁶ Notable findings include the following:

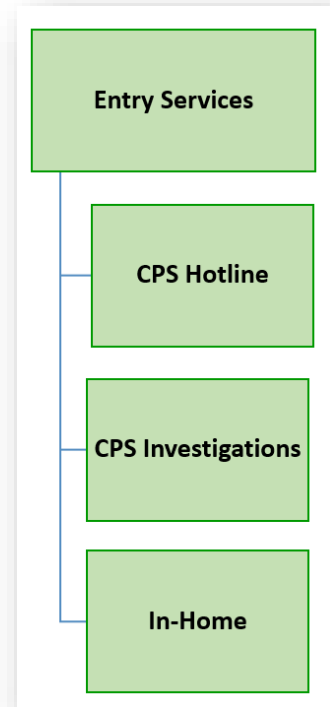
- ▶ Children between the ages of 6 and 12 account for the largest group experiencing subsequent maltreatment referrals (46 percent, n= 98)
- ▶ The majority of initial substantiated referrals led to an open case (72 percent, n = 118), as did the majority of subsequent referrals (81 percent, n =140)
- ▶ The majority of initial substantiated referrals were directed to in-home services (91 percent, n= 105); while a smaller majority of subsequent referrals were directed to in-home (73 percent, n = 97)
- ▶ Most substantiated referrals involved the same or similar overarching allegation for both episodes; most common allegations included inadequate supervision, educational neglect, exposure to domestic violence in the home, medical neglect, or caregiver incapacity
- ▶ Over a third of children had a repeat maltreatment occurrence within three months of the initial referral

⁴⁶ CFSA observed an increase in the repeat maltreatment rate from 11.8 percent in FY 2017 to 16 percent in FY 2018. For analysis purposes, CFSA defines repeat maltreatment cases as those for which an initial substantiated referral was made within the previous 12 months of the repeat referral.

Office of Entry Services

CFSA’s child protection program must have quality investigations that are initiated and closed within the appropriate timeframes, along with policies and practice that promote family engagement and teaming to best mitigate any safety and risk concerns. These are the essential components needed to ensure child safety. CFSA’s Office of Entry Services is responsible for these components, particularly through the receipt and response to CPS reports that allege child abuse and neglect. Throughout the APSR reporting period, divisions within Entry Services have included the CPS Hotline and Support Services Unit for receiving calls and the Hotline RED team⁴⁷ for determining responses to allegations.

Up until April 1, 2019, when the RED team accepted a Hotline call, the Hotline worker would submit a referral either to the Differential Response (DR) Administration, which included the Family Assessment Unit (CPS-FA), or to the Investigations Division (CPS-I). Hotline calls that do not involve child maltreatment are entered into FACES.NET as “information and referral” (I&R). Additional details follow for all of these processes.



Despite the Agency’s intention to engage and serve families more effectively through the FA pathway, this practice resulted in less effective CPS intervention with some children, who were at times left with significant risk and safety concerns. Based on an analysis of CPS-FA effectiveness and concerns with unaddressed safety issues, CFSA senior leadership elected to reduce the possibility of any future risks by eliminating the FA pathway. In so doing, the Office of Entry Services returned to a one-track system on April 1, 2019. CFSA’s Entry Services continues to have more consistent clinical practice, greater continuity among its business processes, and better child protection outcomes. CPS leadership also continues to focus on the FA principles within CPS-I, that is, to better engage families and to deepen team efforts with families.

A year earlier, in April 2018, CFSA added the In-Home Administration (formerly Community Partnerships) to the Office of Entry Services, creating the “Ongoing CPS Services” (In-Home) Unit. Social workers in Ongoing CPS Services offer service programs designed to address the families’ unique needs, focusing on safety and promoting the well-being of children and their

⁴⁷ RED (Review, Evaluate, and Direct) teams comprise six to eight individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of case practice at the Hotline level. The framework allows for open discussion among participants for effective decision-making regarding referrals.

families. Services are tailored to enhance a parent's capacity for maintaining a safe home environment, which is paramount to a child's well-being.

The following sections provide information about the Family Assessment pathway prior to the change to no longer utilize Family Assessment as a pathway⁴⁸, and only have CPS-I in starting in April 2019.

- ▶ **CPS-FA.** Since its inception in 2012, the FA Unit has functioned as a tailored response to certain initial reports of child neglect. Like other states that began use of the DR practice, the goal of the FA Unit was to engage and intervene with families in a way that would make the family feel less threatened by a partnership with an investigative social worker. During the CPS-FA response, the FA social worker collaborates with the family to identify strengths and needs so that the social worker can appropriately recommend service options for the family. Unlike an investigation, there is no finding (i.e., disposition) or entry of names into the District's Child Protection Register. If an FA social worker identified any safety concerns during the assessment, CPS-FA converted to the investigation track (CPS-I). In FY 2018, the total number of accepted FA Hotline calls was 3,722. Of these accepted calls, CFSA referred a total of 359 families to service providers. In the first quarter (Q1) of FY 2019, the total number of accepted FA Hotline calls equaled 920. Of these accepted calls, CFSA referred a total of 60 families to external service providers. For FY 2019-Q2, the total number of accepted FA Hotline calls equaled 922. Of these accepted calls, CFSA referred a total of 62 families to service providers.
- ▶ **Educational Neglect.** The *DC Attendance Accountability Amendment Act* of 2013 mandates that DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS) submit educational neglect reports to CFSA whenever an enrolled child has 10 nonconsecutive, unexcused absences. To address these reports, Entry Services previously had one triage unit submitting referrals across 18 CPS units. As of April 1, 2019, Entry Services has two dedicated units: the Educational Triage Unit (ETU) and the Educational Neglect Unit (ENU). ETU staff includes a supervisor and seven triage family support workers (FSWs) whose full time responsibility is responding to each educational neglect referral, received through a confidential web portal.
 - Within five days of receiving a report, the assigned triage FSW reviews the allegation, gathers additional information, enters all relevant information in the appropriate FACES.NET screen, and recommends to the assigned ETU supervisor whether the report should be screened in or screened out.

⁴⁸ Despite the Agency's intention to engage and serve families more effectively through the FA pathway, this practice resulted in less effective CPS intervention with some children, who were at times left with significant risk and safety concerns. Based on an analysis of CPS-FA effectiveness and concerns with unaddressed safety issues, CFSA senior leadership elected to reduce the possibility of any future risks by eliminating the FA pathway and changing those units to CPS-I units.

- When accepting a recommendation and screening in an allegation, the ETU supervisor submits the referral to the ENU. ENU staff includes five social workers and a supervisor. The ENU social workers complete investigations within 30 days, and become the primary contacts for school staff. This ENU partnership with DCPS and DCPCS also provides additional support for school staff if they need a greater understanding of educational neglect, including how and when to report to CFSA.
- When appropriate, the ENU social workers serve as members of a student support team, which functions as an early intervention strategy with the goal to provide appropriate services to reduce the need for a call to the CFSA Hotline.

During the 2017-2018 school year (August 01, 2017 - August 19, 2018), the Triage Unit accepted a total of 1,478 reports of educational neglect and screened out 3,182 reports. Between August 20, 2018 and March 31, 2019, the Triage Unit accepted 639 reports and screened out 2,345 reports.

- ▶ ***Institutional Abuse.*** Efforts are currently underway to further improve CFSA’s approach to investigating institutional abuse, including the following activities:
 - Revamping the screening and decision-making process
 - Improving joint investigations and interagency communications with the Office of the State Superintendent of Education and the District’s Metropolitan Police Department (MPD)
 - Enhancing internal Agency collaboration regarding foster home investigations

These changes within CPS and CFSA’s practice are each critical to developing a one-track system that improves investigations, promotes family engagement, and results in more consistent clinical practices. In so doing, CFSA will have greater continuity in business processes, and ensure better child protection and safety outcomes. While CFSA has modified its response to allegations through the above changes, the main functions of Entry Services have remained the same, including the initial response through the CPS Hotline and safety and risk assessments.

- ▶ ***CPS Hotline.*** CFSA operates the District’s CPS Hotline for receiving child abuse and neglect reports on a 24/7 basis. Based on a screening of each report, using a structured decision making tool, Hotline workers determine the appropriate response pathway, e.g., CPS-Family Assessment (CPS-FA), Information and Referrals (I&R), and CPS-Investigations (CPS-I). Prior to assignment, Hotline workers complete focused training on how to respond to reports, along with individual and group supervision. New Hotline workers also go through social work pre-service training and they shadow other Hotline workers. The classroom component of their training includes coursework on DR, use of the structured decision making (SDM™) Screening and Assessment Tool, and use of the

SDM Hotline Screening and Assessment Tool.⁴⁹ Outside of the classroom, new staff shadow experienced Hotline workers, participate in RED team meetings (described below), and review protocols with their supervisor. In addition, they take calls in the presence of their supervisor in real time. The supervisor reviews the call directly thereafter, providing immediate feedback to the worker to ensure consistency with practice guidelines and requirements. In addition, CPS management immediately reviews any complaints related to a Hotline call, both providing feedback to the staff member and following up with the caller.

- ▶ **Hotline RED Team.** CFSA has institutionalized the RED team's use of the *Consultation and Information Sharing Framework* into the DR approach to CPS responses, as well as incorporating the framework into FACES.NET for permanent documentation and access by all program areas. RED team reviews help to ensure that the Agency's response to each report is uniform, appropriate, and effective for each family's individual circumstances, including determinations of whether a CPS Hotline report rises to a level of abuse or neglect.

CPS refers the following types of Hotline reports to the Hotline RED team:

- Four or more reports documented with the Agency (Four+ Eligibility)
- Three or more reports for the same family within the same year
- All reports on open in-home, out-of-home, and Office of Youth Empowerment (OYE) cases

In addition to the above, all reports recommended for *screen-outs* are sent to the RED team, excluding reports related to the following circumstances:

- Assaults (non-caregiver)
- Reports in which the alleged victim child is 18 years old or older
- Out of jurisdiction
- No allegations reported (SDM Preliminary Screen Out)

Once the Hotline RED teams receive a referral, the team focuses on chronic patterns and case history. If there are concerns regarding the clinical decisions surrounding response to the report (i.e., the pathway decision), a CPS program manager or program administrator may elevate the decision for a final clinical decision by the deputy director of Entry Services.

- ▶ **Information and Referrals (I&Rs).** I&Rs calls do not rise to the level of child abuse or neglect. Depending on the reason for the call, the Hotline worker may provide the caller

⁴⁹ The SDM screening tool provides Hotline staff with a clearly articulated and commonly understood process for gathering information and making decisions on how to respond to Hotline reports. In developing the tool, CFSA reviewed allegation types currently in use by staff and further detailed definitions for each allegation. Staff access and review these definitions through the online version of the tool.

with contact information for other District agencies, organizations, or service providers that can appropriately address the issue or concern. The following examples of Hotlines calls are generally entered into FACES.NET as an I&R:

- The caller is a caregiver with no allegations of child maltreatment but desires to apply for legal custody or joint custody.
- The report involves a request for social services or information with no allegations of child maltreatment.
- The call comes from another jurisdiction, requesting a courtesy home assessment or interview for a family residing in the District. When a Hotline worker receives this type of request, the attending supervisor determines whether to send the referral to the RED team for a response.

In FY 2018, CPS reported a total of 672 I&Rs. In FY 2019-Q1, CPS documented a total of 138 I&Rs, and in FY 2019-Q2, CPS documented a total of 128 I&Rs.

- ▶ **CPS Investigations (CPS-I).** If it is determined by the Hotline RED team that there are specific child safety concerns that require further investigation and analysis, an assigned CPS investigative social worker attempts to contact the family. Once face-to-face contact is made, the investigative social worker conducts a comprehensive investigation of the reported allegations. The social worker will also assess the family for safety and risk. If the child is not in imminent danger (i.e., does not need to be removed from his or her family), CFSA may refer the family to the Healthy Families Thriving Collaboratives (HTFCC), a community-based family support agency that will subsequently provide services and resources that address the family's unique needs and goals. If the risk for future neglect is high, the social worker develops a safety plan in partnership with the family and opens an in-home case. All CFSA investigations comply with local and federal laws, as well as the Agency's [policies](#) and best practice standards. Practice reinforces the importance of the timely initiation of investigations as a requirement for determining child safety, and overall quality of investigations. CFSA also holds Entry Services accountable for achieving federal and local investigation benchmarks.

By the final quarter of FY 2018, CPS data collection reported the following outcomes:

- Ninety-nine percent of investigation caseloads met the standard of 12 investigations per worker. The number of FA caseloads meeting that standard had improved from 84 percent to 100 percent (against the target of 90 percent).
- Ninety percent of investigations were initiated by Entry Services within the mandated time frame of 48
- Investigations completed with the 35-day timeframe were 82 percent

For FY 2019-Q2, CPS data collection revealed the following results:

- One hundred percent of investigation caseloads met the standard of 12 investigations per worker. The number of FA caseloads meeting that standard was 98 percent as of March 31, 2019.

- Ninety percent investigations were initiated within the mandated time frames (against a target of 95 percent).
- Investigations completed with the 35-day timeframe were 79 percent

Timely initiation of investigations is required for determining children’s safety. DC Municipal Regulations mandate the following response times for commencing investigations, depending on the nature and severity of the allegations:

- 2 hours when the child’s health or safety is in immediate danger
- 24 hours for all others

When the Hotline worker completes the SDM tool, the tool automatically guides the worker to refer the call for an appropriate response. Responses and examples of situations for each specific response are listed below:

1. Screen in the Hotline report for an immediate 2-hour response, i.e., CPS-I.
 - (a) There is a child fatality or near fatality where abuse or neglect is suspected.
 - (b) The child has a serious condition or serious injury that requires immediate medical attention.
 - (c) Police are requesting immediate response.
 - (d) The child is currently alone and requires immediate care.
 - (e) It is likely that the child will be exposed to harm or unsafe conditions within the next 24 hours.
 - (f) There is concern the family may flee, or social workers may otherwise be unable to locate the family.
 - (g) There is an allegation of sexual abuse by a family member who has access to the child. Note: non-relative or non-caregiver sexual abuse allegations are referred to MPD.
 - (h) Other (such as a child at school with an injury who has made a disclosure of physical abuse, and is fearful to return to the parent’s care).
2. Refer the Hotline report for a RED team review (CPS-I response within 24 hours).
 - (a) There is a sexual abuse allegation (where the perpetrator is a relative caregiver).
 - (b) The child is age 12 or younger and has a visible injury due to abuse or neglect.
 - (c) A child of any age with mobility challenges has sustained bruises or other visible injuries.
 - (d) The referral includes allegations of a child’s access to weapons, illegal drugs, or exposure to other criminal activity.
 - (e) An alleged perpetrator has a currently open CPS investigation.
 - (f) The allegation is against a licensed home or facility.
 - (g) Other (such as concerns for human trafficking).
3. Screen out the report.

► **Acceptable Investigations.** In addition to the above, Entry Services (ES) continues to partner with CFSA's Quality Assurance (QA) Division under the Performance Accountability Improvement Administration (PAQIA) to examine CFSA's acceptable investigations. QA completed the latest review in January 2019, using a representative sample of 183. Based on the QA analysis, 73 percent (n=133) of the investigations were acceptable, up from a 66 percent score from the January – June 2018 review using a representative sample. Upon completing the data analysis, PAQIA shared the findings with program staff. Based on observed areas of need, CFSA developed the following recommendations:

- ES leadership should ensure that staff makes concerted efforts to contact the reporter, if known, to elicit additional information in locating the child and family.
- Concerted efforts to review information systems should be documented throughout the good faith efforts (GFE) timeframe to verify last known addresses and elicit additional information about the child and family, especially when it was initially unavailable.
- ES Leadership should reinforce the utilization of the entire 48-hour timeframe to make GFE attempts to see the victim child and locate the family. Reviewers noted that GFE attempts typically occurred in the final 24-hour period and not over the 48 hours allotted for GFE.
- Safety assessments during visits should be enforced. Supervision and peer reviews are ideal opportunities to reinforce this practice.
- Social workers should be trained on the importance of conducting visits outside the presence of the caretaker.
- Refresher training on the Danger and Safety Assessment should be provided to all staff to ensure that the assessment is being completed when required.
- Social workers should be mindful about documenting the specific information gathered during interviews and observations with every youth in the family and not just one or some of the youth in the family.
- Quality documentation continues to be raised as a concern in that documentation is not always clear and is too brief. The Agency's Child Welfare Training Academy should routinely offer basic writing courses and specialized courses on acceptable case documentation.
- In some instances, documentation continues to be limited despite utilizing the Purpose, Content, Assessment, Plan (PCAP) format; resultantly, it would be beneficial to have supervisors randomly conduct more case record reviews to assess for the quality of PCAP documentation on a continuum.

CFSA will continue to use findings from the reviews to identify strengths and areas for improvement, emphasizing assessments of data collection, timeliness, and decision-making to achieve child safety.

► ***The Comprehensive Addiction and Recovery Act (CARA) of 2016.*** CARA of 2016 requires hospital staff to file reports whenever there is evidence of a newborn infant’s placental ingestion or withdrawal from drugs or alcohol (i.e., positive toxicology reports).⁵⁰ Even prior to the implementation of CARA, CFSA had already strengthened its response to substance-exposed newborns by introducing the following two practices in 2017:

- Screening in all reports of infants born with positive toxicology from alcohol and drugs (legal or illegal). These reports do not go through an additional RED team screening. Rather, based on the level of risk, the Hotline screening process now requires a referral for a CPS investigation.
- Screening in all allegations that involve phencyclidine (PCP) use or exposure, regardless of the age of the child. These reports do not go through an additional RED team screening. The Hotline automatically assigns these reports for a CPS investigation.

In addition, CFSA has worked closely with the social work staff to educate them on best practices for responding to reports with allegations of newborn positive toxicology:

- CPS social workers conduct face-to-face visits with the child and family to assess for safety and to make appropriate referrals for services for both the affected infant and caregiver.
- Early engagement with CFSA’s Health Services Administration nurses allows for efficient timing to address the medical needs of the family.

In FY 2018, CFSA began gathering and reviewing monthly data on the number of Hotline calls reporting infants born and identified as being affected by substance abuse or a fetal alcohol spectrum disorder (FASD). CFSA has also been tracking whether a plan of safe care has been developed during the investigative process, and whether CFSA offered services to the impacted infant and family. In total for FY 2018, CFSA received 244 reports of children born with a positive toxicology test, including 168 referrals through the CPS-FA and 75 referrals from CPS-I. One referral was screened out, and there were 12 referrals that were linked to an already open case, which resulted in 231 unique referrals. Of the total 231 unique referrals, 196 of the cases had a documented plan of safe care.

In FY 2019-Q1 and Q2 CFSA received and accepted 133 referrals of children born with a positive toxicology test and one referral for an infant with FASD. Of these referrals, CPS-FA received a total of 72 referrals and CPS-I received 62 referrals. Eight referrals were linked to an already open case for a count of 126 unique referrals. Of the total 126 unique referrals, 108 of the cases had a documented plan of safe care. There were 18 cases with no plan of safe care.

⁵⁰ In addition to a hospital’s reporting requirements, the state agency receiving a positive toxicology report must work with the family to develop a plan of safe care as described in the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104[b]) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or a fetal alcohol spectrum disorder.

- ▶ **Danger and Safety Assessment (DSA) and Risk Assessment.** Entry Services utilizes the Danger and Safety Assessment as well as the Risk Assessment to identify signs of danger or imminent danger of serious harm or maltreatment, as well as the probability of future harm or maltreatment. These assessment tools help determine the dynamics of the family’s situation that need to be considered when beginning to plan for safety of the child.

Danger and Safety Assessment (DSA): For all Household Members

Why (Purpose and Criteria)	When and By Whom (Process)	What Next (Analysis and Decision)
<p>To identify indicators of danger or imminent danger of serious harm/maltreatment:</p> <ul style="list-style-type: none"> • Serious physical harm • Lack of food, clothing, shelter, or medical care • Serious harm by others • Sexual harm • Hazardous living conditions • Emotional harm • Refusing access <p>To examine considerations for safety planning and create a safety plan if needed:</p> <ul style="list-style-type: none"> • Child vulnerabilities • Existing household safety • Existing household strengths • Complicating factors 	<p>CPS referrals – the CPS social worker completes:</p> <ul style="list-style-type: none"> • Within 24 hours of contact <p>Ongoing cases – the ongoing social worker completes:</p> <ul style="list-style-type: none"> • Within 30 days of case transfer • Within 30 days after reunification • Within 30 days of case closure • As indicated by changing circumstances 	<p>To decide whether a child or youth:</p> <ul style="list-style-type: none"> • Can remain safely in the home with no intervention (i.e., safe) • Can remain safely in the home with a safety plan (i.e., safe with a plan) • Cannot remain safely in the home and is in need of an alternative placement (i.e., unsafe)

Risk Assessment and Risk Re-Assessment: For all Household Members

Why (Purpose and Criteria)	When and By Whom (Process)	What Next (Analysis and Decision)
<p>To identify the probability of future harm/maltreatment in the next 18-24 months:</p> <ul style="list-style-type: none"> • low risk • moderate risk • high risk • intensive risk <p>To identify the level of service intensity to provide the family cps referrals; the cps social worker completes:</p>	<p>Ongoing in-home cases; In-home social worker completes:</p> <ul style="list-style-type: none"> • Risk re-assessment within 30 days of case opening • Every 90 days thereafter until safe case closure 	<p>To decide whether:</p> <ul style="list-style-type: none"> • To open a case for in-home services or to close a referral • How frequently to contact and monitor the family • When to close a case

Danger and Safety Assessment (DSA): For all Household Members

Why (Purpose and Criteria)	When and By Whom (Process)	What Next (Analysis and Decision)
<ul style="list-style-type: none"> ● Risk assessment within 30 days of referral 		

- ▶ ***Diligent Search Unit.*** Kinship placements are a priority for any child who must be removed from a parent or caregiver, based on imminent risk to the child’s safety. Upon removal, the investigative social worker must ask the birth parent or caregiver for the names and contact information of any non-custodial parent or other maternal and paternal relatives who can serve as a placement resource. The social worker will then submit a mandatory referral to the Diligent Search Unit (DSU), which is part of Entry Services’ CPS-Hotline and Support Services Unit. In addition, the investigative social worker makes a referral for a family team meeting (FTM), which is an effective vehicle for locating relatives. To reinforce these efforts, the Kinship Unit has social workers who conduct diligent searches throughout the 24-hour day, which helps to expedite results, especially during a temporary emergency kinship placement investigation. As needed, the Kinship Unit also submits a DSU referral for an emergency home assessment and placement purposes.

DSU investigators complete diligent searches within four hours of receipt of a referral (per the DSU business process). The DSU workers are extremely important to the entire investigative and placement processes. They have the ability to conduct Child Protection Registry and National Crime Information Center background checks as well as access to Live Scan fingerprinting to clear qualified potential kin providers.

- ▶ ***Case Transfer Process (from CPS to the Collaboratives or In-Home Services).*** The case transfer process from CPS to the Healthy Families/Thriving Communities Collaboratives or Ongoing CPS Services (in-home) begins when CPS provides the Collaborative or Ongoing CPS Unit with notification of the pending transfer. Advanced notification allows sufficient time for review and assignment of the case to the Collaborative social worker or the CFSA social worker assigned to work with families in the specific District ward where the family resides, and for teaming meetings to occur that supports the transfer of information and family engagement with the Partnering Together Conference (PTC) described below. To initiate the transfer, CPS schedules a pre-case transfer staffing with in-home staff. The staffing occurs within one business day of case assignment to in-home services. Within three days of the staffing, CPS also schedules a Partnering Together Conference with the CPS social worker, the in-home social worker, and the family. There is also a PTC with the Collaborative staff. During the PTC, social workers have their first opportunity to establish rapport with the family, which can substantially

improve the hand-off from the completed investigation to the formal opening on an in-home case. The PTC also helps all participants to review family-related risks and to help modify or assess immediate family needs. To this end, the PTC process also expedites the delivery of services and supports that children, youth and families need to address their present situation.

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR OWN HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Entry Services: Ongoing CPS (In-Home Services)

- ▶ **Levels of Care.** In 2017, the deputy for the Community Partnerships⁵¹ administration analyzed the safety and risk levels identified for each family receiving in-home services, comparing those levels to the outcomes from CFSA’s Chronic Neglect Unit. Included in the analysis were the visitation metrics. Families case-managed by the Chronic Neglect Unit required more visits due to meeting the chronic neglect criteria.⁵² Results indicated that CFSA would benefit from a new protocol to ensure that the “level of care” (LOC) for length of services and number of visits would correspond to the LOC assessment for the family.

Social workers currently use the Caregivers Strengths and Barriers Assessment (CSBA) and the Risk Re-Assessment tool to better understand family functioning, as well as ongoing risk levels that inform the LOC decision model. High CSBA scores indicate a greater need for caregiver and family services. The results assist with establishing visitation standards, such as increasing the number of visits for families with high CSBA scores and decreasing the number of visits for families with lower CSBA scores. Social workers also use three established standards based on the resulting assessment of family need (intensive, intermediate, and graduation) for intervention services.

Level	Definition	Level of Intervention
INTENSIVE (case open for 8-10 months)	There is a substantial risk to the safety and well-being of child. SDM Risk Level - Intensive	Social worker ensures (at a minimum) that there is face-to-face contact with a service provider on a weekly basis. Families with an active safety plan may have more contact as needed. Social worker also ensures that a

⁵¹ As noted earlier, the Community Partnerships administration managed CFSA’s in-home services until 2019 when CFSA merged in-home services into the Office of Entry Services. The new division, Ongoing CPS Services, now manages in-home services.

⁵² CFSA defines chronic neglect as a parent’s ongoing, serious pattern of deprivation of a child’s basic physical, developmental and emotional needs for healthy growth and development. Chronic neglect is less readily visible and often less sensational but also more pervasive within a family and difficult to resolve than other types of child abuse and neglect.

Level	Definition	Level of Intervention
		teaming meeting is held within 60 days of the completion of the initial case plan. Subsequent meetings will be scheduled as needed.
INTERMEDIATE (case open for 6 months)	Family has multiple risk factors that require a high level of attention and monitoring to ensure that the children’s needs are being met, but there is no imminent risk or danger. SDM Risk Level – High	At a minimum, social worker visits family twice a month. Social worker ensures that the family is working towards case plan goals on a weekly basis. Social worker’s support may include face-to-face contact, involvement in services that address the needs, and communications via email and/or telephone.
GRADUATION (case open for 2 months)	Family has demonstrated a change in behavior from initial complaint, and there is no imminent risk or danger. Family needs can be met in the community without child welfare involvement. SDM Risk Level – Low or Moderate	At a minimum, social worker visits family twice a month with additional visits as needed. Contact and visits relate directly to the case plan goals with social worker documentation reflecting substantive information on progress, barriers, and safety.

Every 90 days (at a minimum), supervisors review and determine with the social worker whether the LOC has changed. This review is based on updated functional assessments and corresponding service plans. In those instances when a family is not ready for stepdown, and the case has been opened, the social work team will convene a specific case review to consider court intervention and possibly removal.⁵³ All cases include team meetings on a regular basis to ensure coordinated and appropriate services and close monitoring of progress towards goals attainment. Current minimum visitation standards will remain in place.

- ▶ **Community Papering.** In an effort to prevent removals and keep children safely in their own homes, CFSA has a process for community papering a case. This process includes requesting and filing a petition for court intervention for open investigations and in-home services cases where there are issues of meeting the goals set forth in the case plan. Examples of cases that are appropriate for community papering include educational neglect, medical neglect (where emergency care is not needed), and cases where the parent has a substance abuse or mental health issue that is impacting parenting but without imminent danger to the child or the parent. Community papering

⁵³ CFSA applies the best practice standard of completing a risk assessment within 30 days of a case opening, and a risk re-assessment every 90 days thereafter, until safe case closure.

is not legally appropriate when there has already been a removal, or a removal is imminent. In FY 2018, CFSA community papered 58 (142 children).

Practice Changes for Stronger Continuous Quality Improvement

CPS Ongoing Services (in-home services) has established an enhanced Frontline Practice Continuous Quality Improvement (CQI) Plan that includes processes to help evaluate performance, enhance ongoing decision-making, analyze clinical practice and provide feedback directly to staff. The following processes are incorporated in the plan:

- ▶ **Case Plan Reviews.** In-home services developed a case plan guide and rating sheet in January 2018. Since February 2018, management has reviewed a minimum of 16 cases per month. Via the rating sheet, managers provide the supervisors with structured feedback on the content and quality of the case plans.
- ▶ **One-Year Plus Case Reviews.** Due to CFSA's efforts to close cases in a timely fashion, the Agency examines any case that is open for longer than one year (i.e., one-year plus reviews). During the first two rounds of in-home case reviews in 2018, CFSA in-home program managers completed in-depth reviews on the majority of cases in their units. As a result of these reviews, practice changes included earlier considerations for community papering and program managers' ongoing reviews. During 2019, the program managers have reduced the number of case reviews due to the decrease in cases that have been open for one year or more. For example, in January 2018, there were 49 one-year plus cases while in January 2019, there were only 26 one-year plus cases. In addition, in-home managers analyzed their data and discovered both practice and resource challenges that require special attention. CFSA will continue to review the data and conduct targeted reviews for some of the cases.
- ▶ **Supervisory Log Reviews.** In November 2017, in-home management staff began reviewing supervisory contacts in FACES.NET. The data captures both individual and group supervision. On a monthly basis, managers randomly select one-to-two cases per supervisor for review. Supervisors then receive their managers' feedback regarding the quality of clinical and administrative supervision.
- ▶ **Case Presentations.** Social workers and family support workers (FSWs) often present their cases to the deputy director, administrator and program managers within their administration. In January 2018, in-home services launched a case presentation guide to help reinforce social workers' and FSWs' confidence and public speaking skills while presenting cases to a variety of audiences in different forums. Audiences may also include RED teams, judges, and the Agency director. Feedback is provided using a rating sheet for each social worker or FSW, including presentation skills, case knowledge, and assessment of the family. Social workers also use a case presentation worksheet for cases that CFSA is considering for community papering. For these community papering

meetings, the audience may include the deputy director of Entry Services; the Ongoing CPS Services administrators (Entry Services); the assigned program manager, supervisor and social worker; the assigned section chief from the Office of the Attorney General; Kinship Unit staff; and other individuals (as needed). As a result of the case presentation, meeting participants will make both clinical and legal decisions regarding the case's readiness for community papering.

Community Partnerships Administration

Community Partnerships leads the work with the CBCAP grantees, community-based service hubs, and the Collaboratives to provide appropriate prevention and family preservation supports. This office led the development of the CFSA's five-year *Family First Prevention Plan* submitted to the Children's Bureau in April 2019, and once approved, will lead its implementation and evaluation activities.

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

The five-year federal IV-E Waiver demonstration project, first implemented in April of 2014, allowed the District flexibility to use federal and state foster care maintenance funds for the provision of direct services to children and families. While the Waiver funded evidence-based national models that have worked well, the models are typically designed with restrictive eligibility requirements for a narrow group of people. As such, CFSA prepared for the end of Waiver funding by making a number of programmatic adjustments to bolster referral capacity, wind-down program operations and to ensure long-term sustainability. The Children's Bureau granted CFSA a no-cost extension to provide prevention services through the Waiver until September of 2019. The Agency is planning for the implementation of the *Family First Prevention Plan* pending approval by the Children's Bureau. Throughout the planning process, CFSA and its partner agencies and Collaboratives, who share clients already receiving child welfare services or at risk of becoming involved with CFSA, reviewed the data and determined these target populations. Based on the target populations, the Family First Workgroup reviewed services that, based on a critical review, are estimated to be well supported and promising through the title IV-E clearing house.⁵⁴

The following programs have been part of the District's IV-E Waiver Demonstration Project:

- ▶ **Project Connect.** Project Connect is a voluntary, intensive home-based clinical and case management service. The program aims to keep children safe by helping substance-affected parents pursue and maintain a lifestyle of recovery. Eligible families are identified as either having current substance use issues or a history of substance use that impacts their parenting and the safety of their children. The service team of

⁵⁴ As of this writing, the Title IV-E clearing house ratings of the 12 programs has not been released.

professionals includes a social worker, parent educator and registered nurse. The team provides services up to 4-8 hours per week to meet the individual needs of the client.

- ▶ **Mobile Stabilization Services (MSS).** In partnership with CFSA, Catholic Charities DC⁵⁵ provides MSS as a crisis management service for children in foster care, families with an open CPS investigation, and biological families with an open in-home case. MSS also helps to prevent the removal of a child and to maintain family stability in the biological home, as well as preventing placement disruptions in foster homes. The team's purpose is to rapidly respond, effectively screen, and provide early intervention to families who are experiencing a crisis, and to identify services and alternatives that will minimize distress and provide stabilization in the community.
- ▶ **Parent Adolescent and Support Services (PASS).** The PASS program is a voluntary program open to District families with youth ages 10-17 who are committing status offenses. These offenses may include truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and juvenile justice intervention is needed.
- ▶ **Family Peer Coaches.** The Family Peer Coaching Program is an evidenced-based multi-family trauma intervention. The program uses the evidence-based Strengthening Families Coping Resources (SFCR)⁵⁶ as the foundation for peers (adult family members of children with serious emotional disturbance) to help families who are isolated, overwhelmed and reluctant to engage in or access these services

To evaluate outcomes from the programs described above, CFSA contracted with the New York-based Coordinated Care Services, Inc. (CCSI).⁵⁷ CCSI continued actively working with CFSA's Waiver Implementation Team to design data management templates and monthly reports to aid in the CQI process for prevention programs as the Waiver neared its end. Evaluations completed in 2018 for the reporting period of March 1, 2018 to August 30, 2018 showed the following progress towards Project Connect and MSS outcomes:

- ▶ **Project Connect**

- Project Connect did not hit the projected enrollment target set at the beginning of the Waiver.

⁵⁵ Catholic Charities is the social ministry outreach of the Archdiocese of Washington with a mission to help strengthen the lives of children and families, and to serve the poor and most vulnerable.

⁵⁶ SFCR is designed for families living in traumatic contexts with the dual goals of reducing the symptoms of trauma-related disorders in any family member and increasing coping resources in children, caregivers, and in the family system.

⁵⁷ CCSI provides a broad array of management services and technical assistance specifically tailored to meet the needs of local behavioral health, social and human service departments, state agencies, and community-based organizations.

- Families successfully completing the program were less likely to have a substantiated report during and following discharge than families that withdrew from the program.
- Families successfully completing the program had better foster care outcomes than families that withdrew from the program and the pre-Waiver match sample.
- Of the families that successfully completed the program, only two families re-entered care during the intervention.

▶ **MSS**

- MSS did not hit the projected enrollment target set the beginning of the Waiver.
- No children entered foster care during or after MSS involvement.
- Enrollment in MSS seemed to increase the amount of time between entry into the program and any substantiated report after the family completed the program, regardless of discharge outcome (i.e., successful completion vs. withdrawal).

Healthy Families/Thriving Community Collaboratives (Collaboratives)

CFSA continues its longstanding partnership with the Healthy Families Thriving Communities Collaboratives (Collaboratives), a network of community-based social services providers that work to prevent child abuse and neglect, preserve families at risk of child maltreatment, and stabilize families who are formally involved with the child welfare system. The Collaboratives serve as the key service delivery vehicle for SSF and CFSA’s prevention and family-strengthening work. The five Collaboratives serve all eight wards of the District of Columbia, and are located in those neighborhoods where there is a high representation of families in contact with the child welfare system:

- ▶ Collaborative Solutions for Communities (Wards 1 and 2)
- ▶ East River Family Strengthening Collaborative (Ward 7)
- ▶ Edgewood/Brookland Family Support Collaborative (Wards 5 and 6)
- ▶ Far Southeast Family Strengthening Collaborative (Ward 8)
- ▶ Georgia Avenue Family Support Collaborative (Ward 4)

Each Collaborative is an independent 501(c)(3) led by a community-based board of directors, who draw on the unique capabilities and services found within its network of service providers to assist at-risk children and families. The various services focus on keeping children and families together and preventing children from entering foster care. Services include case

management,⁵⁸ essential core services,⁵⁹ specialized services,⁶⁰ and additional services⁶¹ provided to the following populations and case management types:

TARGET GROUP	DESCRIPTION
FRONT YARD	
Young Homeless	Families in which the head of household is between the ages of 17-25 years old with children under the age of 6 years old who are without a home or stable living situation.
Grand-Families	Families where the children/youth are residing with a caregiver i.e. grandmother, grandfather, uncle, aunt, kin where a relationship or bond has been established that are walk-ins (self-referrals), referred by CFSA, the school system, another public or community-based organization.
Other	Families that otherwise come to the attention of the Collaborative
FRONT PORCH	
Community Diverted	Families with substantiated findings in an investigation with a low to moderate risk SDM tool or unfounded or Inconclusive findings in an investigation with intensive or high risk; evidenced by the Initial Family Risk Assessment where CFSA has not opened a case on the family.
Family Assessment (discontinued as of April 1, 2019)	Families that have no identified safety concerns/no traditional CPS Investigation and have completed the Family Assessment process.
In-Home Step-Down	Families with low-to-moderate risk levels on the SDM tool Risk-Assessment, and in-home cases ready to be closed/stepped-down from CFSA open status to a community-based/prevention status.
Out-of-Home Step-Down	Families that had an open CFSA case, and child(ren) have been in out-of-home placement, have a court case that has closed or closing and children have been reunified.
FRONT DOOR	
In-Home Support/Teaming	Families with in-home cases open with CFSA that have high or intensive risk levels.

⁵⁸ Coordination of activities includes assessments of family needs, identification of services, development and implementation of family service plans, linkages to community-based services, monthly visitation, and documentation of family progress or lack thereof.

⁵⁹ Core services include emergency family flexible funds, respite services, support groups and trainings, information and referral, mentoring and tutoring, educational workshops, and whole family enrichment. Families receiving essential core services may or may not be receiving case management services.

⁶⁰ Specialized services are based on the unique needs of the families, including Parent Education and Support Programs (PESP), family visitation, and Family Group Conferencing.

⁶¹ Additional services include any service that falls outside of the previously described services. Families receiving additional services may or may not be receiving case management services.

TARGET GROUP	DESCRIPTION
Out-of-Home Support/ Teaming	Families that have out-of-home cases open with CFSA or a private agency, have court involvement, the children are in out of home placements, and have goals of reunification.

Two of CFSA’s Collaborative partners, the East River Family Strengthening Collaborative and Collaborative Solutions for Communities, offer parent education and support services to adult and teen parents with children, ages birth-to-18 years old. The following curricula are available: ACT/Parents Raising Safe Kids Program, Active Parenting Teens, Chicago Parenting Program, Effective Black Parenting (EBPP), and Nurturing Parenting Program.

Evidence-Based Prevention Practice Models

CFSA’s prevention goals are targeted to meet the needs of vulnerable populations across the District where there is the potential for the child to end up in foster care. The Agency’s prevention strategies include the following goals:

- ▶ Deepen commitment to prevention and family support.
- ▶ Expand evidence-based and evidence-informed services to help families in their own neighborhoods.
- ▶ Strengthen strategic partnerships with community-based organizations and other human services agencies.
- ▶ Contribute to and leverage city-wide prevention efforts.
- ▶ Prevent child abuse and neglect and reduce the number of children in foster care.

In addition to the CFSA-specific goals, the Agency is receiving solid support from the District of Columbia’s Mayor Muriel Bowser. Mayor Bowser supports and is reinforcing CFSA’s family-strengthening vision, building on the federal 2018 *Family First Prevention Services Act* (see DC Families First summary in *Collaborations Section*).

Programs that CFSA Discontinued or Terminated during the FY 2015-2019 Child and Family Services Plan (CFSP) Period

The practices and services that follow were each discontinued as noted earlier in this same section:

- ▶ **Differential Response/Family Assessment (FA) Pathway.** This practice approach for providing more than one response to accepted reports of child abuse and neglect was discontinued as of April 1, 2019. As previously stated, CFSA began this approach with one unit of social workers in 2012. CFSA adopted the approach in recognition that many families who come to the attention of child welfare face numerous challenges. CFSA needed a more flexible approach to engage families and identify services that address

their specific needs. However, data revealed over time that offering families the opportunity to volunteer for services allowed families to neglect their own needs, and by extension, the needs of their children. By returning to a one-track system, CFSA can leverage the support of the court system, as needed, while still maximizing the foundations of the FA pathway to obtain better child welfare outcomes.

- ▶ **HOMEBUILDERS®.** CFSA made ongoing efforts to market the HOMEBUILDERS program, which provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. However, referrals continued to decline and withdrawal rates remained high. Given these marginal outcomes, along with the relatively high cost of the program, CFSA decided to discontinue use of HOMEBUILDERS in July of 2017. CFSA subsequently implemented the MSS program with a referral to the Parent Education and Support Services only when necessary to address any ongoing needs of the family.

SAFETY OUTCOMES 1 AND 2



GOAL 1: NARROWING THE FRONT DOOR – CHILDREN HAVE THE OPPORTUNITY TO GROW UP WITH THEIR FAMILIES AND ARE REMOVED FROM THEIR FAMILIES ONLY WHEN NECESSARY TO KEEP THEM SAFE.



OUTCOME 1.1: FAMILIES STAY TOGETHER SAFELY. (SAFETY OUTCOME 2)

Measure⁶²
Objective 1.1a: Decrease new entries into foster care (Internal Benchmark-IB) measured quarterly (data source: four pillars scorecard, faces.net report plc208, plc155)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
300	323	300	381	362	325	320	275	320	280	300	186

⁶² The District removed the measure: *Expand access to community based services*. Data for this measure was gathered on April 24th and October 24th of each year for the Waiver.



OUTCOME 1.2: CHILDREN AND YOUTH EXPERIENCE A REMOVAL ONLY WHEN NECESSARY FOR THEIR SAFETY. (SAFETY OUTCOME 1)

Measure

Objective 1.2a: Increase percentage of investigations initiated within 48 hours (IB) Measured Quarterly. (Data source: Agency Performance Investigations Audit, FACES.NET report INT052)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
95% (IB); 100% (NS)	84%	95% (IB); 100% (NS)	91%	95% (IB); 100% (NS)	89%	95% (IB); 100% (NS)	95%	95% (IB); 100% (NS)	91%	95% (IB); 100% (NS)	90%



GOAL 2: TEMPORARY SAFE HAVEN – FOSTER CARE IS A TEMPORARY SAFE HAVEN, WITH PLANNING FOR PERMANENCE BEGINNING THE DAY A CHILD ENTERS CARE.

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

As described earlier in greater detail under the *General Information* section of this APSR, CFSA launched its Temporary Safe Haven Redesign (TSHR) in early 2018 by transitioning from seven family-based agencies to one agency, the National Center for Children and Families (NCCF). NCCF is currently CFSA’s sole family-based case management service provider for children placed in Maryland.⁶³ During the transition, CFSA maintained placement stability for the majority of children in care and retained the majority of existing resource parents.

Case Planning and Reassessment

CFSA requires social workers to develop formal, written case plans within 30 days of opening a case. Case planning is a team effort with birth parents, the child (when cognitively and age appropriate), resource parents, and other service providers who know the child and family. Protocols for case plan reviews are embedded in practice. For example, each social worker reassesses and (as needed) revises each case plan every 90 days, and also conducts a review or revision every six months. Program managers and supervisors support the social workers in effective case planning, reinforced by CFSA’s April 2018 release of the *Exit to Permanence Roadmap*. The *Roadmap* is an electronically-accessible and highly interactive tool that links the social worker to more than 40 practice guides, videos, tip sheets, case documents, and other resources that help social workers support children and families to achieve permanency. At the end of FY 2018, 95 percent of the foster care case plans were current. As of end of FY 2019-Q2, 92 percent of case plans were current.

⁶³ CFSA also continues to contract with the Latin American Youth Center (LAYC) to serve Spanish-speaking children and youth and their parents. Luther Social Services (LSS) to serves unaccompanied refugee minors children.

Permanency-Focused Teaming

CFSA's permanency-focused teaming process consists of the following regularly scheduled team meetings that occur within the first seven months of a child's entry into foster care. Each of these meetings has distinct purposes, decision points and participants.

- ▶ **Next-Day Removal Team Meeting.** CPS or Permanency staff conducts this meeting, which is held with investigators, social workers, and any involved health care providers, legal professionals, or Kinship Unit staff. Participants share information that will facilitate a smooth transition for the child, including a plan for sibling visitation and an outline with specific action steps that support reunification.
- ▶ **Removal Family Team Meeting (FTM)⁶⁴.** Facilitated within 72-hours of a removal, the Removal FTM includes family members and any identified supporters (e.g., friends, clergy), caregivers, resource parents, service providers, and the guardian *ad litem* (GAL). The meeting introduces the family to the Agency, clarifies the reasons for the removal, and develops a plan for securing the resources and interventions that will support the family.
- ▶ **12-15 Day Case Team Meeting.** Facilitated by staff from the Office of Well Being (OWB) and occurring within 12 to 15 days of removal, the meeting includes birth parents; family members and parent engagement, education and resource specialists (PEERs); resource parents; CFSA and external subject matter experts (e.g., mental health, substance abuse or domestic violence); GALs; court appointed special advocates (CASAs); and other supports connected to the family. The meeting involves a comprehensive discussion of the case plan, informed by the initial assessment results, strategies established during the FTM, and team members' clinical judgments. Participants finalize a case plan that focuses on the objectives most critical to family reunification.
- ▶ **Follow-up FTM.** Occurring 90 days after the Removal FTM, the Follow-up FTM reviews the family's progress towards reunification and determines what additional steps and supports the family and team needs to address any on-going barriers to timely permanency.
- ▶ **Permanency FTM.** Held within 180 days of removal, the Permanency FTM focuses on planning for the child's anticipated return home, including a date and plan for the child's placement with a parent through a court-issued protective supervision order and active engagement of kin and other resources as reunification supports.

⁶⁴ FTMs leverage the support of extended family and other supportive individuals to assist the family when they first come to CFSA's attention. A true understanding of a family's situation can motivate relatives and close friends to provide tangible support to the family, ideally to the point of preventing a child's entry into foster care.

- ▶ **Permanency Goal Review Meeting (PGRM).** In August 2018, CFSA launched a new protocol to address reunification cases that the team determines may be headed toward adoption or guardianship. The PGRM, held within 210 days of removal, includes the social worker and supervisor, program manager, program administrator, assistant attorney general, resource parent support worker and supervisor, adoption recruitment supervisor, subsidy supervisor, DSU supervisor, and Kinship Unit program manager.⁶⁵ The PGRM begins with a review of the child’s removal and placement history, a summary of contact with the birth parents, and an explanation of what prevents the case from moving toward its permanency goal. The meeting then focuses on re-assessing the potential viability of kin or current resource parents as permanency resources, and launching any internal processes that can move the case expeditiously. Although the PGRM is conducted internally, the team identifies strategies to ensure that the birth family remains involved in the planning process

CFSA continues to examine practice to improve permanency outcomes. In an effort to improve teaming, current practice will involve the adjustment of the teaming process to include the following:

- ▶ Removal FTM
- ▶ Social worker planning sessions with birth parents
- ▶ Supervisory Social Worker monthly review of the case barriers
- ▶ Monthly Permanency Goal Review Meetings (PGRM)
- ▶ Supervisory Social Worker consultation with AAG
- ▶ Permanency FTMs as needed

Additionally, throughout each step of the process, the concurrent planning will occur.

- ▶ **Appropriate Permanency Goals – Case Reviews.** In June 2017, CFSA’s Program Operations Administration initiated a three-pronged, goal-specific case review process for data gathering and review, called Permanency STATs. The process was rolled out with Adoption STATs, followed by Guardianship STATs in October 2017 and Reunification STATs in January 2018. The Permanency STAT process began with an online survey about the case, to be completed by the social worker. A follow-up team meeting included the social worker, supervisor and others (e.g., attorneys, nurse care managers), discussing further information about case progress, barriers, and planned

⁶⁵ While the PGRM was initially designed to support cases at the 210-day mark, various CFSA administrations have requested PGRMs for older cases which are determined to be slow moving or “stuck,” and could benefit from a coordinated, high-level review of barriers to reunification, adoption, or guardianship.

action steps logged into a tracking system. The Permanency STAT team prepared quarterly reports on identified barriers.

The implementation of this process faced a number of challenges: the survey was too long, the questions were not focused, and the information provided was not accurately categorized. Further, the in-person reviews struggled to bring together the necessary team members. As a result, from June-November 2018, CFSA undertook an examination of the process to remediate these problems and provide timely, accurate data with the overarching objective of decreasing time to permanency. The examination revealed the following specific concerns:

- Lack of early, high-level case reviews of reunification cases
- A substantial (and growing) backlog of static cases (i.e., cases with the same goal for prolonged periods of time)
- Inability to comprehensively track progress towards adoption and guardianship across multiple program areas that touched each case
- Lack of codified follow-up steps and re-review
- Failure to routinely review thematic findings and develop an institutional response
- Meeting fatigue and repetition

In response, CFSA suspended the Adoption and Guardianship STATs as in-person meetings, and subsequently eliminated the STAT surveys on which the meetings were based. The Agency did retain a Reunification survey, and increased its efficacy by focusing the questions on the barriers to family reunification. In the first three months of its use, 43 surveys were completed (73 percent of the 59 anticipated during that timeframe).

Barrier to timely progress toward reunification	Number of families
Agency inability to engage parents	10 (23%)
Parent missing more than 50% of scheduled visits	5 (12%)
Parent not testing as required	3 (7%)
Parents' positive drug screens	2 (5%)
Child ambivalence	1 (2%)

Remaining parental challenges	Number of families
Mental health	24 (56%)
Substance abuse	16 (37%)
Housing	7 (16%)

Remaining parental challenges	Number of families
Developmental delays	6 (14%)
Domestic violence	5 (12%)
Employment	3 (7%)
Parent skills	2 (5%)

Since the PGRM process was initiated in June 2018, CFSA has reviewed 159 cases. A review of PGRM discussion notes on 100 cases found the following barriers:

Issue/Barrier	Frequency
Parental substance abuse	36%
Need to find and/or engage family	27%
Goal confusion (parent, child, court)	22%
Housing	14%
Parental service compliance	13%
Parental or child mental health issues	12%
Domestic violence	10%
Incarceration	9%
Court delays	7%
Peer support in place/identified	6%
DDS issues	5%
Youth treatment needs	5%
Competing family/petitions	2%

Rather than creating a new survey to replace the Adoption and Guardianship STATs, the Agency launched a Comprehensive Adoption Tracker (CAT) in August 2018 to monitor progress on adoption cases. The CAT bridged the elements of CFSA’s adoption process that were being captured in FACES.NET with those that were held manually across the Agency’s programmatic spectrum.

Despite some initial challenges that expectedly arose from integrating new data entry responsibilities into staff routines, the tracker’s potential for yielding useful information was quickly evident. For example, in a preliminary analysis of tracker data conducted in October 2018, it was observed that the Agency was averaging more than a year between goal change and filing of a petition. Permanency staff was able to review the data set and, on a case-by-case basis, identify contributing factors and consider how to resolve them. Because of the initiative’s

promise, and the critical importance of having the capacity to monitor progress towards permanency at this level, the Agency is currently working to expand the CAT into a Permanency Tracker, which can monitor the Agency’s work toward all three primary permanency goals.

At the end of FY 2018, there were 839 children in foster care. As of the end of the second quarter of FY 2019, there are 867 children in foster care. The following chart breaks down the foster care population by permanency goal:

Goal	# of children in care as of 9/30/18	# of children in care as of 3/31/19
Reunification ⁶⁶	380	416
Adoption	183	199
Guardianship	149	148
APPLA ⁶⁷	115	100
Legal custody	1	0
No goal ⁶⁸	11	4
Total	839	867

- ▶ **Court Improvement Project – Permanency Data Sharing.** Since the fall of 2018, CFSA has been teaming with the Family Court on a data-sharing subcommittee of the District’s Court Improvement Project to look at permanency goal trends and barriers to timely achievement. CFSA’s data specialists and Permanency Administration program managers, along with an assistant attorney general have been analyzing sample cases by permanency goal. The group analyzed clinical factors (such as reason for entry, family circumstances, mental health status, substance use, and service engagement) in addition to court-related factors such as hearing schedules and the assignment of judicial officers. The subcommittee also completed reviews of reunification, guardianship, and adoption cases. Findings so far have shown that frequent delay factors, such as reassigned social workers and delayed hearings, are not necessarily the factors that are causing the longest delays. Rather, the greatest impacts on permanency timelines are permanency goal changes and goal extensions, especially when based on a birth parent’s inconsistent compliance with a case plan, or a potential adoptive parent’s last-minute withdrawal. While this collaborative review process is still a relatively new process, the data subcommittee is already strategizing on how to establish a more

⁶⁶ Reunification figures include a sub-category of non-court ordered cases involving children who have been in care for less than 180 days.

⁶⁷ When the goal is another planned permanent living arrangement (APPLA), CFSA maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. CFSA only recommends a goal of APPLA when other permanency options have been ruled out.

⁶⁸ All cases categorized as having no goal involve children who have been in care less than 180 days.

comprehensive, consistent, and data-driven information pipeline to all judges on the Family Court docket. The subcommittee is also exploring methods for quantifying clinically-based delays (e.g., the average delay time for a particular type of issue) in order to help permanency social workers and families prioritize their case management objectives.

- ▶ **Permanency Hearings.** Pursuant to CFSA policy, DC regulations, and Family Court rules, a permanency hearing for every child first occurs within 12 months of the child's entry into foster care, and at least every six months thereafter for as long as the child remains in an out-of-home placement. During permanency hearings, the child's social worker presents information necessary to receive the Family Court's approval of the permanency plan. The plan includes a clinical determination of the child's best interests regarding the permanency goal and service delivery, an explanation of why the plan is appropriate, and a description of how the Agency will put the plan into effect. The social worker must demonstrate to the court that the Agency has made reasonable efforts to achieve the stated permanency goal within the guidelines set forth by the federal *Adoption and Safe Families Act (ASFA)* and, if not, must identify the barriers. The judge determines the child's permanency goal and outlines the anticipated date for its achievement. To ensure timely, consistent, and legally compliant documentation, the court issues orders in a standardized template that includes all of the required representations and findings.

According to the Family Court's *2018 Annual Report*, 92 percent of cases in 2017 had a permanency hearing within the required timeframe. In 2018, a permanency goal was set at every permanency hearing, and a goal achievement date was set 99 percent of the time.

- ▶ **Notice of Hearings and Reviews.** The District remains compliant with the local DC ASFA notification requirements under District statutes and guidelines regarding judicial proceedings in abuse and neglect cases. Rule 10 under the *Superior Court Rules for Neglect and Abuse Proceedings* mandates that the current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. This mandate is also codified in the DC Municipal Regulations § 16-2304 (*Parties; Other Persons Entitled to Notice and Opportunity to Be Heard*). It applies to any neglect or termination proceeding irrespective of how long the child has been in care or how long the resource parent or relative caregiver has cared for the child.

In addition to the above, CFSA sends notifications to inform resource parents on the date, time, and location of the court hearing regarding the child in their care, informing the resource parents that they have the right to be heard. Also included are instructions for contacting the court clerk (if necessary) and contact numbers for the assigned social

worker and supervisor. FACES.NET generates all notifications. Although the total number of letters varies, CFSA sends out an average of 150 to 200 notifications a month.

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

- ▶ **Placement Matching.** CFSA’s most recent annual *Needs Assessment* revealed a need for more reliable, automated data on placements, disruptions, re-placements, placement results, and exit reasons. To address this issue and to further promote placement stability, CFSA developed an automated system in FACES.NET to accept placement requests and to match youth with the best placement option. Matching is based on child and provider circumstances and preferences. CFSA will adjust the matching criteria over time, once enough data is collected. The system also allows for the inclusion of new reports to inform disruption analyses. The Agency launched the new system in December 2018, with CPS and case-carrying social workers receiving training throughout January 2019.

Resource Parent Supports⁶⁹

- ▶ **Resource Parent Support Workers.** CFSA’s Family Resource Division assigns each resource parent a support worker to provide support, information and advocacy. Resource parent support workers can support resource parents in such matters as training, new placements, placement stabilization, shared parenting, court procedures, daycare, reasonable and prudent parenting, respite, and foster care payments.
- ▶ **Hubs and Clusters.** The Mockingbird Family Model and Family Connections are both CFSA support models based on the concept of extended family. Depending on where the resource parent is assigned, a Mockingbird hub family or a Family Connections cluster lead welcomes the resource parent into a community-based network that provides support, continuous learning, coaching, mentoring, socializing, and respite. In an effort to better streamline the program, CFSA is working to combine the Mockingbird Family and Family Connections models.
- ▶ **Respite Care.** Respite care provides resource parents with temporary, short-term, planned or unplanned relief from their ongoing care arrangement. Licensed, approved respite care providers (typically leaders or fellow parents from the same hub or cluster) can care for children for a few hours, a night, or a week. In FY 2018, Mockingbird

⁶⁹ The terms “foster parent” and “resource parent” are both used to refer to caregivers of children in foster care. “Resource parent” is a more inclusive term that refers to all caregivers regardless of whether they are kin, adoptive parents, or caregivers who are biologically unrelated to the children placed in their homes.

provided 6,810 hours of respite and Family Connections provided 3,826 hours of respite. In Q1 and Q2 of FY 2019, Mockingbird provided 9,708 hours of respite and Family Connections provided 2,588 hours of respite. Both Mockingbird and Family Connections feature a combined formal support group for hub and cluster lead parents. The support group is an ideal forum for exchanging information and providing peer support on issues that are unique to resource families who are in leadership roles in the two programs. This network of supportive adults minimizes placement disruptions and enhances the overall experience of resource parents, which increases retention rates. As of FY 2019-Q2, there are 38 families assigned to six Mockingbird hubs, and 112 families assigned to seven Family Connections clusters.

- ▶ **Resource Parent Handbook.** In October 2018, CFSA published and distributed its first *Resource Parent Handbook*, a comprehensive guide that is meant to be accessible, understandable, reliable, and helpful for resource parents. The handbook covers such topics as licensure, training, placement, teaming, child development, self-care, and relationship building. A copy of the handbook was provided to current resource parents and is provided to new resource parents upon licensing. The handbook is a living document, i.e., CFSA will regularly maintain and update it as policies are revised new best practices and resources are identified.⁷⁰ The handbook, and any updates, is accessible electronically on the CFSA website.
- ▶ **Resource Parent Training.** In October 2018, CFSA’s Child Welfare Training Academy (CWTA) transitioned from the Partnering for Safety and Permanence Model Approaches for Partnerships in Parenting (PS-MAPP) to the New Generation Parent Resource for Information, Development, and Education (NG-PRIDE) curriculum. Regardless of whether resource parents live in the District or in Maryland, resource parents caring for a DC child must complete 30 hours of pre-service training, which includes the following topics:
 - Licensure process
 - Relevant statutes
 - Rules and policies
 - Roles and relationships
 - Resource parent rights and responsibilities
 - Developmental needs of children in foster care
 - Awareness of cultural and religious differences
 - Child behavior management and discipline techniques
 - Prevention, reporting, investigation, and services related to child abuse and neglect

⁷⁰ Link: [DC Child & Family Services Agency Resource Parent Handbook](#)

- Community-based supportive services for children, families, and resource parents
- Communication and problem solving
- Family Court processes
- First Aid and Cardiopulmonary Resuscitation (CPR) training

CWTA offers in-service training for all private agency and CFSA-licensed resource parents of DC children in foster care. To maintain DC licensure, all resource parents must complete at least 30 hours of in-service training between the start date of licensure and the renewal date (a two-year time span). The following courses are just a sample of in-service training topics:

- Child and Adolescent Development
 - Attachment
 - Shared Parenting
 - Fetal Alcohol Syndrome
 - Grief and Loss
 - Psychotropic Medications
 - Trauma Systems Training for Resource Parents
 - Working Effectively with Lesbian, Gay, Transgender, Bisexual and Questioning (LGBTQ) Youth
- ▶ **Resource Parent Individual Development Plan (RPIDP).** The RPIDP is an assessment tool that covers core parenting competencies or topics specific to the ages and needs of children that may be placed in the resource parent’s home. The tool helps resource parents identify training and support needs. Support workers assist the resource parents in reviewing the RPIDP, at least annually, to identify and suggest training topics. In addition, CWTA offers a variety of trainings to encourage resource parents to expand their comfort zone and preferences when considering whether to welcome children with particular needs. To improve teaming, relationships, and an understanding of roles, CWTA also encourages resource parents to take some of the cross-training courses where they can learn side-by-side with social workers. In November 2018, when CFSA transitioned to the NG-PRIDE pre-service training curriculum, the RDIDP was replaced by the Family Development Plan (FDP), which is an updated tool serving the same function.
- ▶ **For-Hire Vehicles.** Since 2017, CFSA and the District’s Department of For-Hire Vehicles have been partnering to provide individualized transportation to children who face long commutes from the foster home to their school of origin. Riding in a taxicab, and accompanied by an aide, the children can have reduced transport times, and their

resource families avoid major scheduling disruptions. As of March 2019, CFSA has provided support to nine children for the 2018-2019 school year.⁷¹

Placement Support Services

- ▶ **Child and Adolescent Mobile Psychiatric Service (ChAMPS)** is a mobile emergency service for families and children experiencing an emotional or mental health crisis in the District of Columbia. Services provided by Catholic Charities DC, the ChAMPS program helps to maintain both birth and resource family stability. The service manages extreme or dangerously volatile mental health and emotional behaviors of a child. Providing intervention services 24 hours a day and seven days a week, ChAMPS is free to any child residing in Washington, DC. Again, this includes children receiving CFSA in-home services, as well as DC wards residing in Maryland foster homes.
- ▶ **The Mobile Stabilization Services (MSS)** program, which has been previously described under the Safe and Stable Families Program above, provides crisis management to children in foster care, families with an open CPS investigation, and biological families with an open in-home case. MSS helps to prevent the removal of a child and to maintain family stability in the biological home, and to prevent placement disruptions of children in foster homes. The MSS team's purpose is to rapidly respond, effectively screen, and provide early intervention to families who are experiencing a crisis, identify services and alternatives that will minimize distress, and provide stabilization in the community. In January 2019, CFSA developed a new MSS tip sheet in order to streamline the service engagement process for resource families. Whereas they previously had to reach out to their support worker for a referral, resource parents can now look to the tip sheet for guidance on how to directly contact the MSS intake line. In FY 2018, CFSA referred 82 children placed in resource homes for MSS. As of the end of FY 2019-Q2, the Agency has referred 18 youth.

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS IS PRESERVED FOR CHILDREN.

- ▶ **Sibling Placement and Visitation.** CFSA's efforts to place siblings together include the targeted recruitment of resource parents with the capacity and willingness to care for multiple children. As of the end of FY 2018, a total of 434 children in care have siblings who are also in care, and who are eligible for co-placement.⁷² Of this number, CFSA placed 307 (71 percent) children with at least one sibling. Of the 387 eligible children

⁷¹ Current utilization is significantly lower than in March 2018 (43 children) due to the fact that CFSA's partner, NCCF, transported children placed in Maryland for the 2018-2019 school year. In August 2019, CFSA expects to resume responsibility for transporting all children placed in Maryland.

⁷² For placement and data tracking purposes, exclusionary criteria include placements in residential treatment facilities, teen parent programs, correctional facilities, and hospitals; children in abscondence for more than 30 days; and children for whom a court order requires separate placements.

who entered care with, or within 30 days of, their siblings, CFSA placed 295 (76 percent) children with at least one sibling. As of the end of FY 2019-Q2, a total of 463 children in care have siblings who are also in care, and who are eligible for co-placement. Of this number, CFSA placed 330 (71 percent) children with at least one sibling. Of the 420 eligible children who entered care with, or within 30 days of their siblings, CFSA placed 315 (75 percent) children with at least one sibling.

When CFSA must place siblings separately, the investigative social worker uses reasonable efforts to ensure that they have contact with each other within 48 hours of placement. Subsequently, the ongoing social worker seeks to ensure that sibling visits are sufficient and frequent enough to help preserve the sibling bond. Ideally, face-to-face visitation occurs outside of an office setting and in a place that is fun for the children. Per CFSA policy, the case plan identifies who is primarily responsible for ensuring that the visits occur and who is responsible for transporting the siblings. In the final month of FY 2018, sibling visits occurred at least twice for 86 percent of children placed apart. In the final month of FY 2019-Q2, sibling visits occurred at least twice for 92 percent of children placed apart.

- ▶ **Visits between Parents and Children who have a Goal of Reunification.** When children must be removed from their homes due to safety concerns, the first goal is to reunite them with their families as soon as safely possible. CFSA's multifaceted approach to supporting successful and timely reunification includes regular visits between parents and children. In the final month of FY 2018, a total of 374 children were eligible for weekly visit calculations.⁷³ Of this number, 359 (96 percent) had weekly visits through the entire month. In the final month of FY 2019-Q2, a total of 412 children were eligible for weekly visit calculations. Of this number, 392 (95 percent) had weekly visits through the entire month.
- ▶ **Kinship Care.** Continuing to operate within the KinFirst framework, CFSA prioritizes relative caregivers for first placements when CPS removes children from the home, including a subsequent placement when kin are not initially available. In 2018, CFSA made the following practice adjustments to promote kinship placements:
 - Established an early alert system to provide advance notice to the Kinship Unit when in-home social workers conduct a home visit and observe conditions that warrant a child's removal.
 - Extended the active involvement of the Kinship Unit from the first 72 hours to the first 30 days after removal, during which time Kinship specialists can continue to identify and engage potential kin resources.

⁷³ For visitation and data tracking purposes, exclusionary criteria include court orders suspending visits, month-long abscondence, placement of less than one week, and children not in a household.

- Amended the FTM timelines, most notably through the 90-day Follow-Up FTM (described earlier), to ensure kin are explored and assessed as placement and permanency options throughout the life of a case.
- Further emphasized contingency planning by gathering and maintaining information on family supporters throughout the life of the case.
- Required social workers to document kin information, not just in contact notes, but also in the FACES.NET collateral screen, and to update the information at critical junctures, such as FTMs, safety planning, and community papering.
- Implemented the Shared Parenting Model (described later in Goal 4), which helps maintain kin relationships as appropriate.
- Began identifying kinship resources for families while receiving in home services (without violating the confidentiality of the parent) in case a removal becomes necessary

To support Kinship providers, CFSA continues to develop the following tools and sources of guidance:

- ▶ ***Kinship Navigator Grant.*** The Agency is currently working to implement additional kinship supports through the Kinship Navigator grant, including a helpline, an online community resource directory, kinship caregiver support groups, and a Kinship Advisory Committee.
- ▶ ***Kinship Care Workshops.*** In January 2019, CWTA launched a series of seven workshops, developed specifically for kinship providers.
- ▶ ***Kinship Care Brochure.*** In January 2019, CFSA completed a Kinship Care Brochure, which is a clear and concise tool for kin providers that provides definitions, descriptions of processes, considerations for decision-making, and contact information for the Kinship Care program manager as well as available community legal resources.

At the end of FY 2018, 217 of the 839 children in foster care (26 percent) were living with kin, compared to 21 percent in 2016. As of the end of FY 2019-Q2, 238 of the 867 children in foster care (27 percent) are living with kin.

Programs or Processes that CFSA Discontinued or Terminated During the FY 2015-2019 CFSP Period

- ▶ ***Child Needs Assessment (CNA).*** In 2016, CFSA discontinued its use of the Child Needs Assessment as a tool for informing the placement matching process. Based on the need for a more succinct resource for obtaining timely critical information, the Agency now determines the characteristics, needs, and preferences of a child through a questionnaire. The questionnaire covers such topics as transportation needs, physical


needs, behavioral challenges, visitation requirements, life skills, health, cognitive functioning, parenting status, and daily living skills.

- ▶ **Utilization Management (UM) Utilization Reviews (UR).** CFSA discontinued the Utilization Management and Utilization Reviews along with the CNA, mentioned above. The placement matching process, discussed earlier in this section has continued to evolve to better address child and provider circumstances and preferences.
- ▶ **Mobile Crisis Stabilization (MCS).** Due to low utilization the crisis support line was discontinued through the MCS contract.

PERMANENCY OUTCOMES 1 AND 2



GOAL 2: TEMPORARY SAFE HAVEN – FOSTER CARE IS A TEMPORARY SAFE HAVEN, WITH PLANNING FOR PERMANENCE BEGINNING THE DAY A CHILD ENTERS CARE.



OUTCOME 2.1: CHILDREN AND YOUTH ARE PLACED WITH FAMILIES. (PERMANENCY OUTCOME 1 AND 2)

Measure
Objective 2.1a: Increase the number of children/youth with two or fewer placements in the past 12 months. (IB) Measured Quarterly. (Data source: FACES.NET report PLC234)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
80%	85%	75%	77%	86%	78%	80%	86%	80%	83%	80%	81%

Measure
Objective 2.1b: Decrease the average number of months to reunification. (IB) Measured Quarterly. (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
12	14	12	14	12	15	12	16	12	14	14	15

Measure
Objective 2.1c: Decrease the average number of months to guardianship.(IB) Measured Quarterly. (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
36	47	18	41	18	36	18	34	18	39	34	36

Measure
Objective 2.1d: Decrease the average number of months to adoption. (IB) Measured Quarterly. (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
36	41	27	41	24	44	24	32	24	33	32	36


Measure
Objective 2.1e: Increase relative placements (kinship care). (IB) Measured Quarterly. (Data source: FACES.NET report CMT232)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
26%	22%	30%	21%	25%	21%	25%	24%	25%	24%	24%	27%


Both Goals 2 and 4 address Permanency Outcomes 1 and 2.



GOAL 2: TEMPORARY SAFE HAVEN – EVERY CHILD AND YOUTH EXITS FOSTER CARE AS QUICKLY AS POSSIBLE FOR A SAFE WELL-SUPPORTED FAMILY ENVIRONMENT OR LIFELONG CONNECTION.



GOAL 4: EXIT TO PERMANENCY – OLDER YOUTH HAVE THE SKILLS FOR SUCCESSFUL ADULTHOOD.



OUTCOME 4.1: CHILDREN AND YOUTH LEAVE THE CHILD WELFARE SYSTEM FOR A SAFE, PERMANENT HOME. (PERMANENCY OUTCOME 2)

Measure
Objective 4.1a: Increase exits to a permanent home. (IB) Measured Quarterly (Data source: FACES.NET report CMT367 based on last 12 months)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
80%	80%	80%	77%	80%	81%	84%	83%	84%	84%	84%	87% ⁷⁴

⁷⁴ Includes exit reasons of reunification, adoption, guardianship and living with other relatives.

Measure											
Objective 4.1b: Increase the percentage of youth with stable housing upon exit. (IB) Measured Quarterly (Data source: Four Pillar Scorecard, OYE manual data)											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
80%	83%	80%	88%	92%	89%	90%	81%	90%	98%	88%	92%

 **GOAL 3: WELL-BEING – EVERY CHILD IS ENTITLED TO A NURTURING ENVIRONMENT THAT SUPPORTS HEALTHY GROWTH AND DEVELOPMENT, GOOD PHYSICAL AND MENTAL HEALTH, AND ACADEMIC ACHIEVEMENT.**

CFSA’s Office of Well Being (OWB) provides clinical supports and a service array that aligns with the health, wellness, educational, and other needs of children and families involved in the District’s child welfare system. OWB further ensures effective teaming with social workers to complete screening tools and functional assessments for children and families, and to provide effective, timely delivery of appropriate services and supports. In addition, OWB’s Office of Youth Empowerment provides an array of well-being services for older youth to support education, career, and financial health. CFSA also has nurse care managers within the Healthy Horizons Clinic on site medical clinic who provide support for children and youth with health issues by working with parents and resource parents to encourage them to get to know the child’s health care practitioner and to discuss or explain any health care issues with the age-appropriate child.

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS

Assessments of Child and Family Needs

In the CY 2018 Annual Quality Service Review (QSR) report, 137 randomly-selected in-home and foster care cases were reviewed. The indicator assessed on each case closely aligned with the measure of enhancing parental capacity to care for a child’s needs is: *Family Functioning*. Family functioning assesses the degree to which a caregiver has the capacity to enable family members to live together and function safely and is willing and able to provide protection and necessary supports to facilitate their child’s growth, development and well-being. In CY 2018, family functioning improved from 55 percent acceptable in 2017 to 64 percent acceptable. The 64 percent rating indicates the challenges faced by social workers and families to ensure that families are stabilizing, ready for reunification, and caregivers are prepared to sustain caregiving capacities.

The QSR also assesses a caregiver’s support of a child; the caregiver being the primary caregiver whether a birth parent, kin resource, resource parent, adoption parent or legal guardian.

Ninety percent of cases were deemed acceptable in a child receiving fair to excellent caregiving, implying that the caregiver was minimally to optimally competent in parenting and engaged in needed and received supports to improve any existing parenting limitations.

- ▶ **Child and Adolescent Functional Assessment Scale (CAFAS)/Pre-School and Early Childhood Functional Assessment Scale (PECFAS).** The CAFAS and PECFAS are instrumental practice tools that identify and prioritize any key issues that need to be addressed in a child’s case plan. Specifically, social workers use the CAFAS and PECFAS tools to determine baseline levels of functioning across eight life domains⁷⁵ for children in the foster care system. By administering CAFAS and PECFAS assessments over time, social workers can measure a child’s functional progress and can adjust services and interventions accordingly. In FY 2018, 82 percent of children in foster care received the CAFAS/PECFAS assessment every 90 days. By the end of FY 2019-Q2, 77 percent of children in foster care have received the CAFAS/PECFAS assessment every 90 days. In regard to children receiving in-home services, In July 2017, CFSA evaluated the necessity and benefit of continuing to administer the CAFAS/PECFAS to these children. The Agency concluded that for in-home families, parents are primarily responsible for service planning and therefore, rather than assessing the children, CFSA assesses the parents for these cases using the evidence-based Caregiver Strengths and Barriers Assessment tool, which reveals services needs for birth parents.
- ▶ **Caregivers Strengths and Barriers Assessment (CSBA).** The CSBA tool is a domain-based functional assessment that focuses on the following 14 domains:

Physical Health	Basic Needs and Management of Financial Resources
Mental Health and Coping Skills	Intimate Partner Relationships
Developmental/Cognitive Abilities	Other Adult Household and Family Relationships
Substance Use	Social Support System
Legal System	Physical Characteristics of the Household
Prior Trauma	Community Environment and Neighborhood
Daily Parenting Behaviors and Routines	Other

The assigned social worker completes the initial and ongoing CSBA, both for parents receiving in-home services and parents whose children are receiving out-of-home services. The CSBA tool allows social workers the ability to quickly begin working with the parents on their most critical needs and to address the reasons for involvement with the child welfare system. Social workers further use CSBA results to inform case

⁷⁵ The CAFAS measures the following eight life domains; School, Home, Community, Behavior towards Others, Moods/Emotions, Self-Harmful Behavior, Substance Use and Thinking/ Communication.

planning CSBA also assesses the extent to which services increase the parents' protective capacity while reducing risk concerns for children in their care. CSBA is the primary instrument for identifying whether a parent has a disability. Depending on the disability and the extent to which it impacts their ability to parent, the treatment team will identify the resources and supports necessary. CFSA works with the District's Department of Disability Services (DDS) and the Rehabilitation Services Administration (RSA) to provide additional support. CSBA reports are based on the completion rate of the tool. CFSA calculates the number of CSBA tools that were required based on caseload, the number completed, the number past due and the completion rate. There is also a comparison of performance for the previous month. For example, in March 2019, 365 CSBA tools were scheduled for completion; the social work teams completed 219 for a completion rate of 60 percent. This percentage was a 4 percent reduction from the previous month's performance of 64 percent. For families receiving in-home services in particular, CFSA is now incorporating CSBA results into a new protocol for the Safe and Stable Families Redesign Level of Care (LOC) determination, described earlier under Goal 1. When following the protocol, social workers are able to accurately assign an appropriate LOC determination that informs the frequency of visits, as well as type and length of services.

- ▶ ***Child Stress Disorders Checklist – Child Welfare DC Version (CSDCCW)***. CSDC-CW is a trauma screening tool that is complete during the time of the mental health evaluation. The CSDC-CW helps social workers capture a child's history of exposure to potentially adverse or traumatic experiences. The tool also helps to provide insights into behaviors and emotions that may be the result of trauma. Social workers incorporate this history and any current clinical presentations to develop a trauma-informed service array that is integrated into the case plan. The OWB clinician completes the CSDCCW during the first 15 days of a child's entry into foster care to inform the case planning process during the initial team meeting.
- ▶ ***Ages and Stages Questionnaire – Third Edition (ASQ-3)***. CFSA's Healthy Horizons Assessment Center (HHAC) uses the ASQ-3 within 28 days of a child's entry or re-entry into foster care to identify developmental delays and risks of delays in children aged three months to five years. The ASQ-3 is also complete at the time of the mental health evaluation. Based on details from the ASQ-3, the social worker can determine delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The outcome of each screening is sent to the District's Office of the State Superintendent of Education's (OSSE) Strong Start or Early Stages programs for review, and possible need for a more in-depth evaluation or specialized services or supports. For children, who were removed and placed in foster care in FY 2018, 108 ASQ-3 screenings were conducted. As of FY 2019-Q2, HHAC conducted 60 ASQ-3 screenings.

- ▶ **Global Appraisal of Individual Needs – Short Screener (GAIN-SS).** The HHAC nurse practitioner administers the GAIN-SS at a child’s entry, reentry, or change in placement. HHAC uses the GAIN-SS to screen consenting children, aged 11 and older, for mental health and substance use, internalizing disorders, externalizing disorders, and criminal or violent behavior. Based on the results, HHAC staff will determine if further assessment is needed. In addition to GAIN-SS, HHAC conducts a 10-panel urine screen that tests for cocaine, morphine, amphetamine, methamphetamine, tetrahydrocannabinol (THC), phencyclidine (PCP), oxazepam, secobarbital, methadone, and methylenedioxy-methamphetamine (“Ecstasy”). In FY 2019-Q1, a total of 123 youth were eligible for and 114 (93 percent) completed the GAIN-SS tool. In FY 2019-Q2, a total of 61 youth were eligible for the GAIN-SS tool. Of these youth, 79 (78 percent) completed the instrument. As of FY 2019-Q2, 175 youth consented to and completed the GAIN-SS and/or drug screen. The predominant substance youth tested positive for was THC-Marijuana.

WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

- ▶ **Early Child Care Services.** OWB has a small child care unit to provide support to families in identifying and securing the child care they need to stabilize the placement and promote the child’s healthy growth and development. The unit comprises a child care coordinator and other support staff who can assist families and workers with identifying child care upon request. The child care coordinator also processes child care voucher applications and provides coaching for social workers and families through the process of applying for a CFSA child care subsidy in cases where the voucher is not available.

During FY 2018 the OWB child care unit early education specialist successfully identified and secured child care or early education placements for 72 children. Seven of those placements were in an Early Head Start program, 62 were in traditional child care centers, and three were in family child care homes. In FY 2019-Q1 and Q2, the OWB child care unit identified and secured child care placements for 15 children. Nine of those children were placed in traditional child care centers, and six were in programs that offer Early Head Start.

CFSA provides short-term, in-home child care services, through a contract with PSI. This service is for resource families for whom child care needs would otherwise present a barrier to accommodating children birth-to-5 at the onset of a placement. The service is intended to be used for 10 days (up to 10-hours-a-day) but can be extended for longer periods if needed. While the contracted services are in place, the OWB child care team works with the family to identify and secure more permanent child care. In FY 2018, the emergency short-term child care program supported 49 children and 36 families. In FY

2019-Q1 and Q2, the emergency short-term child care program supported 30 children and 26 families.

For parents whose children remain at home, in-home social workers will refer families to DC's Child Care Voucher Program operated by the Department of Human Services. This program helps defray the costs of quality, affordable child care for income-eligible families who live in the District of Columbia. Parents can continue working while children receive early childhood care that contributes to their healthy, emotional and social development. The Child Care Voucher Program also serves teen parents seeking a high school degree or its equivalent, parents who are receiving Temporary Assistance for Needy Families (TANF) and participating in education and training in accordance with their Individual Responsibility Plan (IRP), as well as parents who are not receiving TANF but pursuing additional education to improve their job opportunities.

► **Education Services.** In November 2018, CFSA rolled out a new model of educational service delivery across the Agency in effort to provide a more consistent model of services and supports to all school-aged foster youth across grades. CFSA now has seven education specialists working out of OWB and the Office of Youth Empowerment (OYE) who are dedicated to serve foster youth in pre-kindergarten to grade 12. The specialists offer three tiers of service to provide educational assistance and support to our youth in care and their families:

- Direct services and interventions throughout the school year to the most educational at-risk youth (in the areas of attendance, behavior and coursework) as identified by Agency data.
- Consultative assistance to assigned units of social workers to help resolve any educational issues or barriers in their cases.
- Educational performance incentives or rewards and training for foster youth and families to help them prioritize the importance of education and post-secondary planning.

In order to ensure these services are available to all youth in foster care (as of November 2018), including CFSA's partnering agencies, three of the education specialists are co-located at NCCF up to three days a week to increase accessibility to their staff. In addition, the specialists are using the evidence-based Check & Connect Student Engagement & Intervention model to provide ongoing direct service and supports to targeted at-risk youth in grades 6-12, including the following examples:

- Conducting one visit with the youth at school per month to gather information about their needs/performance.
- Communicating with youth or other members of the team or school staff at least biweekly (more as needed) to check in on youth's educational status and progress.

- Developing short-term educational goals within the first month of working with each youth.
- Monitoring progress on goals completion and updating goals, as needed, on a monthly basis.
- Gathering available data on youth's attendance, behavior and coursework on a monthly basis, using the Check & Connect Monitoring form.
- Using the data and other information gathered to identify and initiate appropriate interventions to support the youth's positive performance and monitoring those interventions on a monthly basis using the Check & Connect monitoring form.

During the school years for 2018-2019, the Check and Connect Model applied to 124 youth. Of the 124 youth, 40 were targeted for at-risk attendance, 23 for at-risk academics, seven for at-risk behavior, six for at-risk attendance and behavior, 35 for at-risk attendance and academics, four for at-risk behavior and academics, and nine for at-risk attendance, behavior and academics.

CFSA also provides tutoring services to support youth's academic needs. In FY 2018, a total of 327 youth were connected to contracted vendors for tutoring services. As of FY 2019-Q2, 200 youth were connected to a tutoring vendor for service, 99 of whom were actively receiving tutoring services.

CFSA also provided gift card rewards for youth's positive educational performance and to incentivize their achievement of individualized educational goals. For example, in FY 2018, CFSA gave out a total of 181 performance rewards and gift cards to youth who received an A in a core academic class or had perfect attendance in the second and fourth terms of the school year. Thus far in FY 2019, CFSA has given out 96 performance reward gift cards based on youth performance in the second term of the school year (using the same criteria articulated above) and four additional gift cards as educational incentive rewards for youth for increased engagement and performance using the Check & Connect program.

- ▶ **Mentoring Services.** Best Kids, Inc. is a DC-based non-profit that provides individual support to children in foster care. The program encourages children to discover their unique skills and abilities, develop a positive sense of self, learn teamwork and group social skills, and become productive members of society. In 2018, 172 youth received mentoring services. In 2019, 127 youth received mentoring services.

Whether the caregiver is a resource parent, a birth parent or grandparent, caregivers have an important role in the mentoring relationship. They provide support and encouragement to the youth and insight to the mentor with regards to issues and behaviors. The following outcomes are based on 125 youth who responded to a CFSA

survey completed in 2018 on positive outcomes from participation in mentoring services:

Cognitive Functioning

- 88 percent of surveyed youth increased their scholastic competence and educational expectations
- 81 percent of surveyed youth increased their grades

Emotional and Behavioral Functioning

- 78 percent of surveyed caregivers reported that youth increased their feelings of empowerment.
- 84 percent of surveyed caregivers reported that youth increased their self-esteem and self-expectations

Social Functioning

- 75 percent of surveyed youth reported increased feelings of parental trust
- 94 percent of surveyed youth reported increased social acceptance and relationships with their peers

Risky Behaviors

- 78 percent of surveyed youth reported increased feelings of risk avoidance

OYE provides specific mentoring services through the JUMP program (a mentoring program geared towards older youth in foster care). CFSA contracted and implemented the program in 2015 with five option years. At the time of this report, JUMP is serving eight youth.

- ▶ **Transportation Services.** In FY 2018, CFSA continued to work with OSSE and the local education agencies (LEAs) to implement the provisions of the federal 2015 *Every Student Succeeds Act* (ESSA) and to support school stability for children in care. CFSA is currently updating the Educational Services policy to align with ESSA's foster care school stability provisions as well as the American Bar Association's education blueprint.⁷⁶ The policy will guide the timing, process, documentation, distribution, and review of best interest determinations.

CFSA also participated in OSSE's LEA trainings to educate LEAs about CFSA's foster care point of contact (POC). CFSA provided telephone and email information for its POC and distributed informational materials that described the POC's roles and responsibilities. The POC was present to introduce herself to LEA staff. Training participants discussed ways in which schools and the CFSA POC can collaborate, including resolution of issues related to children who are enrolled in their schools but with challenges getting to school due to placement in foster care being some distance from the school of origin.

In light of these efforts, CFSA provides transportation services through OWB referrals. OWB's transportation specialist confers with the child's social worker and the resource family to identify the specific need and to ensure that appropriate transportation

⁷⁶ American Bar Association's Blueprint for Change: Education Success for Children in Foster Care is available at <http://www.fostercareandeducation.org/AreasofFocus/BlueprintforChange.aspx>

services are in place. The transportation specialist also provides ongoing support by notifying social workers and resource parents of any process changes, answering questions, and addressing concerns about transportation services, including distribution of a school transportation tip sheet. OWB created the tip sheet to provide social workers and resource parents with the specific criteria that qualifies a child to receive school transportation. The tip sheet is available on the CFSA website (<http://cfsa.dc.gov/page/educationresources>). For staff, OWB distributed the tip sheet at trainings and staff meetings. Lastly, OWB advertises school transportation and other educational support services at resource fairs which are open to CFSA and private agency social workers.

In FY 2018, CFSA received 319 requests for school transportation for children who were removed and entered foster care. Of that total, 256 (80 percent) children received the requested transportation. School stability transportation was provided for an average of 89 days. For the 63 children who did not receive transportation, the following reasons applied:

- 16 youth were able to access public transportation because of age and cognitive ability.
 - 13 youth were transported to school by the resource parents.
 - 10 youth returned home
 - 8 cases were transferred to another provider.
 - 8 children were enrolled in before-care or after-care programs at the school.
 - 6 youth were in abscondence at the time of service.
 - 2 children enrolled in schools near their placement.
- ▶ **Office of Youth Empowerment (OYE) Enrichment Bootcamp.** As a result of a continued need and feedback from resource parents, in April 2018, OYE began a new day program to serve CFSA youth in foster care who are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change. Traditionally, these youth might stay at home unsupervised if their parents or caregivers worked full-time. Bootcamp is an opportunity for youth to remain in a safe setting on-site at OYE and to receive individual guidance to make use of their time out of school. The program is open to all youth regardless of placement location.

OYE specialists supervise and structure each “Bootcamp” day based on the educational and behavioral needs of each participant. Youth in the program keep up with school assignments, complete homework, and take part in activities that support academic achievement and build new skills (such as using computers). The program is open to youth from the sixth grade through age 20. The program operates Monday through Friday from 7:30 a.m. to 5 p.m. The program capacity is 10 participants per day on a first-come/first-served basis. Each youth can participate for a maximum of 10

consecutive days. For children in Maryland, OYE has placed two co-located education specialists at CFSA’s partner agency, NCCF.

To date, OYE has received 81 referrals for the Bootcamp: 62 CFSA youth and 19 NCCF youth.

OYE Bootcamp	
Reasons for referral	<ul style="list-style-type: none"> • Placement disruption (22) • School suspension (47) • School Enrollment Change (12)
Reason for Non-acceptance	<ul style="list-style-type: none"> • Under age, grade requirement, or no day plan (10)
March 2019 at a Glance	<ul style="list-style-type: none"> • 5 Referrals total • 2 of the 5 youth had previously been to Bootcamp (average of 3 days each) • 3 of the 5 youth were new referrals • All youth were accepted

WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

Healthy Horizon Assessment Center (HHAC)

Under the purview of CFSA’s Health Services Administration (HSA), HHAC is CFSA’s on-site medical screening clinic for children who are entering, re-entering, exiting, or changing placements while in foster care. From birth up until their 21st birthday, children and youth have access to a full-time nurse practitioner and medical assistant, 12 hours a day (9:00 a.m. to 9:00 p.m.), five days a week for medical screening and comprehensive exams. On-call nurse practitioners staff the clinic during evenings, weekends and holidays. Nurses are trained in the physical and developmental needs of children and youth, maximizing this knowledge to inform resource providers of the child’s immediate physical and behavioral health needs. All HSA nurses are full-time CFSA employees, including nurses assigned to Entry Services, co-located nurses, and nurse care managers (see descriptions below).

- ▶ ***Medical Screenings.*** Each child entering foster care receives an initial or re-entry medical screening prior to, or within 24 hours of placement. This screening is designed to identify overall health status, and any acute or chronic health conditions. The screening process ensures the youth’s health is appropriate for placement in a foster home and alerts the resource parent to any medical follow-up needs. HHAC provides the results of the screening to the child’s social worker and resource parent. A mental health status examination is also conducted at the time of entry. Each screening identifies immediate medical needs, including but not limited to signs of trauma, mental health or psychiatric needs, medications, durable medical equipment needs (e.g.,

eyewear or hearing aids), sexually transmitted infections (STI), or substance use. In FY 2018, 321 children received an initial or re-entry health screening by HHAC before entering a foster care placement. As of FY 2019-Q2, 109 children served by HHAC received an initial or re-entry health screening before entering foster care. Nurses also share screening results with placement specialists for consideration during the placement matching process.

- ▶ ***Comprehensive Medical Evaluations.*** In addition to the initial screenings, children are required to receive a comprehensive medical evaluation within 30 days. Children may return to HHAC for this evaluation. These evaluations build on the information and outcomes obtained from the initial medical screening. All medical screenings and evaluations comply with federal and District requirements, including the following components:
 - Complete recording of a child’s medical and developmental history.
 - Physical examination by a qualified health care practitioner.
 - Age-appropriate screening tests, including identification of risks and conditions.
 - Preventative services such as immunizations, health education, and health and reproductive education (age-appropriate).
 - Development of a current and previous diagnoses list.
 - Development of a health care treatment plan that includes treatment objectives, methods, interventions, services that address the child’s individual needs, and an array of specialized health care practitioners.

In FY 2018, 360 children entered foster care. Of these children, 249 received a medical evaluation within 30 days. As of FY 2019-Q2, 115 children entered foster care. Of these children, 92 children received a medical evaluation within 30 days. Per federal requirements for the child health component of Medicaid (i.e., Early and Periodic Screening, Diagnostic and Treatment or EPSDT), each child must also participate in regular well-child visits (i.e., periodic comprehensive medical assessments) to help achieve optimum preventive healthcare. Ongoing care is provided by the child’s primary care physician.

As of January 2, 2019, HHAC has started immunizing children during the comprehensive medical examinations in the clinic in order to safeguard children and expedite placements in daycares and schools for those entering and re-entering care. For children with an ongoing case, the child’s primary care physician will continue to be responsible for the child’s immunizations. At present, resource parents may not consent to nor refuse immunizations. Only the birth parent or the Family Court (via court order) can consent to allow a child or youth to be immunized.

- ▶ ***Nurse Care Management Program.*** If any chronic or complex medical issue is identified during the initial or re-entry screening, a nurse care manager (NCM) is assigned. The

NCM program is staffed with seven registered nurses who collaborate with ongoing social workers to develop the necessary, comprehensive health plans for children with chronic or complex needs. On average, 14 children are referred to the program each month. The NCM program purposefully integrates planning for health and social services to intensify well-being and permanency outcomes. NCMs also engage caregivers and social workers to bridge health-related knowledge gaps. NCMs further perform the following specific activities and services:

- Complete comprehensive assessments on medical, dental, and mental health care.
- Develop and maintain care plans to address medical, mental health, and other unique needs.
- Coordinate, facilitate, and implement physical, mental, and behavioral health services.
- Educate clients, providers, and social workers about activities that support health, including any related social and educational outcomes (otherwise known as health promotion).
- Monitor and evaluate service outcomes and the progress of children.
- Advocate for options within the service array to meet individual medical, dental, mental health, and other needs.

In FY 2018, 280 children were assigned to an NCM. As of FY 2019-Q2, there were 204 children assigned to a NCM.

- ▶ **Community Nurse Unit.** HSA also provides nursing support for in-home families involved with CFSA. A team of four nurses are located within the Collaboratives throughout the District. These nurses support children who have chronic and complex medical conditions. This unit receives an average of 24 referrals per month. Medical case management services delivered by the community nurses mirror the services delivered by the NCM support to children in foster care.
- ▶ **Child Protective Services (CPS) Nurse Unit.** The HSA provides registered nurses to the CPS unit to provide consultative support to investigative social workers. The CPS nurses receive an average of 118 referrals per month. CPS nurses are critical in providing medical assessments and supporting substantiation of medical neglect complaints. The CPS Nurse Unit includes five nurses, complementing the four Collaborative nurses and the seven on-site NCMs. The HHAC and HSA nursing units work in tandem to provide an effective and comprehensive medium of positive health and well-being for CFSA involved children and families. Collectively, HSA also monitors service delivery and provides supportive resources and consultative services for social workers, foster families, and biological families. Overall, CFSA has partnerships with child and family related sister agencies to ensure that comprehensive health care-related services are readily available. To further ensure the quality of available medical treatments, CFSA

actively consults, involves, and partners with other health care entities and professionals that specialize in different areas of health care.

- ▶ **Dental Health.** Comprehensive dental care for children in foster care includes routine restorative care and ongoing dental examinations, preventive services, and treatment as recommended by the dentist. Legislation requires follow-up care for all conditions identified in the initial dental assessment.

A DC Medicaid dental provider or HHAC nurse practitioner conducts the initial dental screening within 30 days of a child's placement (or 14 calendar days if placed in a residential facility). To meet the EPSDT guidelines, social workers refer infants in foster care to a dentist after the first tooth erupts or by 12 months of age (whichever comes first). CFSA enrolls every child in CFSA custody in Medicaid. Once enrollment in Medicaid is complete, a dental provider is established so that dental examinations can occur every six months. The social worker and NCM, if assigned, work collaboratively to ensure that the child receives ongoing dental care as prescribed in the DC Medicaid Dental Periodicity Schedule.⁷⁷

Children in CFSA's care must receive dental services from a dental provider within the DC Medicaid provider network, unless the family is able to pay for their own private dentist. Some of the Medicaid-approved providers are Small Smiles, Kool Smiles, and Adventure Dental. By scheduling appointments with a Medicaid-approved provider, social workers can ensure that clients receive necessary dental services in a timely fashion. Again, dental evaluations are required every six months. Any time a child enters care with a current evaluation, that child will only need a new evaluation after six months and one day in care.

In FY 2018, 360 children entered foster care. Of that number, 237 were eligible for a dental evaluation but 123 children were excluded because they either received a dental evaluation prior to foster care or they were under the age of one. Seventy-five children received a dental evaluation within 30 days of foster care. By the end FY 2019-Q2, 115 children were removed. Sixty-nine children were eligible for a dental evaluation and 38 received a dental evaluation within 30 days.

- ▶ **Mental and Behavioral Health of the Child.** Historically, CFSA has partnered with the District's Department of Behavioral Health (DBH) to ensure that children in the child welfare system received appropriate screenings for mental and behavioral health services, as needed. CFSA ensures that initial behavioral health screenings occur within 30 days of entry into care.

⁷⁷ The DC Medicaid HealthCheck Dental Periodicity Schedule follows the American Academy of Pediatrics Dentistry Periodicity Schedule for oral health recommendations in consultation with the local dental community. The DC HealthCheck Dental Periodicity Schedule is modified for children with special health care needs or if disease or trauma manifests variations from normal.

Up until FY 2019, co-located DBH staff coordinated all mental health screenings conducted at HHAC, at the child's school, or at any other location where both the caregiver and child feel safe. Once the screening was conducted, the DBH staff provided the assessment results to the social worker. Social workers would then directly refer children to DBH for a diagnostic assessment to determine the need for mental health or substance abuse services. Assessment results subsequently guided the selection of available evidence-based therapies that met the client's needs, given any limitations to the current service array.⁷⁸ DBH would then submit the referral to the DBH Core Service Agency (CSA) or Child Choice Provider.⁷⁹

In FY 2018, CFSA identified 257 children who were eligible for a mental health screening. Mental health screenings are completed for children who initially enter and re-enter foster care. Of those children, 197 received a mental health screening; 155 received mental health screenings within 30 days of entry; 64 of the 197 children had a clinical need for further evaluation. Out of the 64 children identified with a further clinical need, CFSA referred 55 for further mental health evaluations.

For the 55 children referred for further mental health evaluations, 46 children completed a diagnostic evaluation and intake assessment. For those nine children who did not need additional evaluations, the following circumstances applied:

- Two children's cases were closed.
- One child was under the age of three years.
- Two children had diagnoses of a developmental disability.
- One child absconded.
- The social work team for three children determined there was no need for further treatment.

In total, CFSA referred 393 children for mental health assessments and treatment in FY 2018. Mental health assessments are completed for children already in foster care and are experiencing a crisis or need a re-assessment. Co-located DBH staff connected children directly with a DBH-CSA or Child Choice Provider within the DBH network. Of the 393 children, CFSA referred 146 children to a Child Choice Provider. The remaining 247 children were enrolled with alternative DBH CSAs (Hillcrest, Family Matters, MBI Health Services, Contemporary Family Services, Howard Road and Latin American Youth Center). On average, enrollment with the provider occurred within one day. However,

⁷⁸ The District of Columbia currently does not offer any Medicaid-reimbursable trauma-informed expressive therapies within the provider network. Agency or local funds are sometimes available for expressive therapies that may be more appropriate for clients where the trauma history precludes talk therapy. Expressive therapies might include equine-assisted psychotherapy, yoga therapy, dance therapy, drama therapy, etc.

⁷⁹ DBH contracts with Core Service Agencies (CSAs) to coordinate and provide services to children with behavioral health disturbances. In effect, Child Choice Providers are DBH-contracted CSAs that provide behavioral health services to children and families in the District's system of care.

enrollment did not indicate receipt of services, only linkage of a child to a CSA for further evaluation to determine the need for services. CFSA referred and connected the remaining children to private providers.

- ▶ **OWB Mental Health Redesign.** In FY 2019, CFSA initiated the Agency's Mental Health Redesign, a plan to improve quick access to mental health treatment for children in foster care, including medication management. The build-out for the redesign involved OWB hiring three dedicated therapists to assess and provide short-term mental health treatment to children entering foster care. After an in-depth analysis, including information from the CFSR stakeholder interviews, CFSA found that the time frames between submitting a referral to the receipt of a service significantly delayed a child receiving necessary services. Delays were often impacted by a higher therapist turnover. Even though CFSA worked closely with DBH to ensure service delivery for families and children, the Agency determined the length of waiting time for receipt of clinical and therapeutic interventions had to be shortened. The behavioral health needs of children were simply not being met within an appropriate time frame, given the layered adverse childhood experiences of abuse, neglect, removal, and entry into foster care.

OWB's Mental Health Redesign is geared to ensure timely assessments and early access to appropriate services and support for every child newly entering or re-entering care. If the child or youth has been receiving a CSA's behavioral service at the time of entry into foster care, or at the time of an in-home case opening with the Agency, CFSA will continue with that service for continuity of care.

OWB also added a contracted full-time psychiatric nurse practitioner to HHAC's staff in FY 2019-Q2. This position includes a tracking component for the psychiatric nurse to monitor children's psychotropic medication management. In the interim, the assigned social worker is the lead for coordinating medication management appointments in partnership with the resource parent. If necessary, OWB NCMs can provide additional support.

As of FY 2019-Q1, CFSA referred 54 children for mental health assessments and treatment. Of these children, CFSA referred 25 to a CSA or Child Choice Provider. DBH enrolled the remaining 29 with alternative DBH CSAs. On average, enrollment with the provider occurred within one day. As of FY 2019-Q2, OWB identified 98 children who were eligible for a mental health screening. Of these children, 69 received a mental health screening. OWB provided 57 of the 69 children with mental health screenings within 30 days of entry. Out of the 69 screenings completed, 49 screenings indicated a clinical need for further mental health evaluation, of which 47 children received further mental health evaluations. For the 22 children who did not receive evaluations from CFSA, the following circumstances applied:

- Twelve children were already connected to a CSA.

- Seven did not require further treatment.
- Two required higher level of care, e.g., neurological testing or a psychiatric residential treatment facility (PRTF).
- One child was in abscondence.

For the two children who did not complete additional evaluations, one child was in abscondence and one child required a higher level of care, such as a psychiatric residential treatment facility.

CFSA’s Performance Accountability and Quality Improvement Administration (PAQIA) will complete a comprehensive evaluation to cover 36 months of data from October 2019 – April 2021. PAQIA will also determine if there is a correlation between this CFSA program and better outcomes. The evaluation design is presently under review.

WELL-BEING OUTCOMES




GOAL 3: WELL-BEING – EVERY CHILD IS ENTITLED TO A NURTURING ENVIRONMENT THAT SUPPORTS HEALTHY GROWTH AND DEVELOPMENT, GOOD PHYSICAL AND MENTAL HEALTH, AND ACADEMIC ACHIEVEMENT.



OUTCOME 3.2: CHILDREN AND YOUTH GET THE QUALITY EDUCATION AND TRAINING THEY NEED TO SUCCEED AS ADULTS. (WELL-BEING OUTCOME 2)

Measure
Objective 3.2b: Increase percentage of youth graduating from high school. (IB) Annual Measure.
 (Data source: Four Pillars Scorecard, OYE manual data)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
80%	78%	72%	60%	63%	76%	75%	73%	75%	67%	70%	Not Available



GOAL 4: EXITS TO PERMANENCY: EVERY CHILD AND YOUTH EXITS FOSTER CARE AS QUICKLY AS POSSIBLE FOR A SAFE WELL-SUPPORTED FAMILY ENVIRONMENT OR LIFELONG CONNECTION. OLDER YOUTH HAVE THE SKILLS FOR SUCCESSFUL ADULthood.



OUTCOME 4.1⁸⁰: CHILDREN AND YOUTH LEAVE THE CHILD WELFARE SYSTEM FOR A SAFE, PERMANENT HOME. (WELL-BEING OUTCOME 2)

Measure

Objective 4.1c: Increase the percentage of youth who completed vocational training and or received industry education (IB) Annual Measure. (Data source: Four Pillar Scorecard, OYE data)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
75%	22%	75%	44%	46%	69%	70%	71%	70%	76%	65%	73%⁸¹

Measure

Objective 4.1d: Increase the percentage of youth in foster care who graduate from college (IB) Annual Measure. (Data source: Four Pillar Scorecard, OYE data) partnerships for aftercare services

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
30%	14%	30%	8%	12%	16%	20%	12%	20%	19%	10%	Not Available



GOAL 3: WELL-BEING – EVERY CHILD IS ENTITLED TO A NURTURING ENVIRONMENT THAT SUPPORTS HEALTHY GROWTH AND DEVELOPMENT, GOOD PHYSICAL AND MENTAL HEALTH, AND ACADEMIC ACHIEVEMENT.



OUTCOME 3.1: CHILDREN AND YOUTH IN FOSTER CARE GET QUALITY SERVICES FOR GOOD HEALTH. (WELL-BEING OUTCOME 3)

Measure

Objective 3.1a: Increase the percentage of children/youth receiving mental health *and* trauma screenings within 60 days of entering care.⁸² (IB) Measured Quarterly. (Data source: Four Pillars Scorecard, Clinical and Health Services Administration manual data)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
90%	Not Available	90%	92%	96%	100%	96%	100%	96%	Not Available⁸³	96%	Manual Data


⁸⁰ Phrasing of original 4.1c objective was noted as modified in 2016 APSR due to the separation of youth who graduated college from the cohort of youth who achieved a vocational or industry certificate.

⁸¹ Manual data complete and available for FY2019 Q1

⁸² Objective expanded to include trauma screening with the implementation of trauma-informed practice.

⁸³ Due to programmatic changes in FY2018-FY2019 in how mental health services will be administered and tracked, data for this measure is unavailable at this time.

Measure											
Objective 3.1b: Increase the percentage of children ages 0-5 receiving developmental screenings upon entering care. (IB) Measured Quarterly. (Data source: Four Pillars Scorecard, Health Services Administration data manual data)											
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual	2019 Target	2019 Actual (as of Q2)
85%	93%	70%	77%	82%	90%	82%	94%	85%	96%	90%	96%



GOAL 4: EXIT TO PERMANENCE: EVERY CHILD AND YOUTH EXITS FOSTER CARE AS QUICKLY AS POSSIBLE FOR A SAFE, WELL-SUPPORTED FAMILY ENVIRONMENT OR LIFELONG CONNECTION. OLDER YOUTH HAVE THE SKILLS FOR SUCCESSFUL ADULTHOOD.

CFSA continuously assesses permanency barriers through information-gathering efforts that have revealed several strategies that could most likely drive positive changes in permanency outcomes. This section includes updates on the steps CFSA has taken over the past year to further implement the proposed strategies and to otherwise develop or refine initiatives that promote timely permanency.

- ▶ **The DC Family Treatment Court (FTC).** FTC is a court-supervised, voluntary residential substance abuse program for caregivers whose children are the subject of a child neglect case. The program promotes family reunification through a comprehensive substance use treatment that includes screenings, assessments, integrated case plans and intensive case management to caregivers. Originally the program offered residential treatment options and served only mothers whose cases involved both substance use and child neglect. FTC expanded to include fathers, as well as intensive outpatient treatment options. During FY 2018, FTC served 41 families, including 17 cases where children were reunified with their parents. As of FY 2019-Q2, there are 24 participants enrolled in FTC. Over the first two quarters of FY 2019, a total of 17 children have been reunified with a parent involved in FTC.

- ▶ **Parent Education, Engagement, and Resource (PEER) Support.** In response to an internal 2017 assessment of services provided to birth families, CFSA resolved to restructure and increase its supports. As a result, in May 2018, CFSA launched the PEER Support Unit, an in-house resource to advise, engage, and support birth parents whose children have been removed from the home. The PEER Unit includes a supervisor and five support specialists. All of the specialists have prior experience as parents of children involved with the child welfare system; four of the specialists had their own children removed and returned so their hands-on experience with the system is an invaluable asset for coaching others to success. Based on their experiences and additional training, PEER specialists are uniquely capable of serving as advocates, mentors, teachers, and

supporters for CFSA-involved parents. PEER specialists support reunification efforts for individual cases through one-on-one support for the birth parent. PEER specialists also work with birth parents to draw on family strengths and resources, and to promote positive interactions with child welfare system team members.

PEER engagement is initiated during a one-to-one orientation, ideally within seven days of a child's removal. The orientation provides an opportunity for caregivers to connect with CFSA staff members who are uniquely situated to provide a first-hand account of what is happening, and what to expect in the coming weeks and months.

In addition to individualized interventions, the PEER Unit leads parent support groups, provides in-house training, collaborates with the Family Court on permanency mediation programming, and hosts events to celebrate such occasions as Mother's Day, Father's Day, Reunification Day, and Christmas.

In September 2018, the PEER Unit led the Agency's effort to develop and distribute the *Information and Resource Guide for Birth Parents*. This comprehensive, user-friendly manual provides birth parents with information, strategies, and encouragement as they work to reunify with their children after a removal from the home.

The PEER Unit has recorded the following valuable contributions from its inception in May 2018 until March 2019:

- Worked with 189 birth parents.
- Conducted 447 face to face parent visits.
- Supervised 87 parent child visits.
- Facilitated 65 one-to-one birth parent orientations.
- Provided parenting education to six families (Triple P parenting program – see description under *Shared Parenting* below).
- Attended 200 teaming meetings with birth parents.

In addition to tracking outputs, the PEER Unit continually assesses its efficacy in identifying and responding to the needs of birth families. Among other practices, the PEER Unit is in the early stages of hosting focus groups and disseminating surveys to gather parent feedback about interventions and engagement approaches.

The PEER Unit also benefitted from training and consultation from the Chicago-based, "Be Strong families," in order to develop a birth parent café model. This café model utilizes a support group format that helps parents to expand their insight into creative, alternative parenting strategies and developing community connections to resources and other parents. The café is a joint effort between CFSA's PEER Unit and the Collaboratives. The PEERs were trained in the Birth Parent Café Model late April 2019, through the Be Strong Families. The Collaboratives were also trained in the model, and the PEERs are planning to partner over the summer with the Collaborative to host cafés.

The model is relatively new and no café dates have been scheduled during this final report period.

- ▶ **Shared Parenting.** Shared parenting refers to the on-going, active, supportive relationship between birth and resource parents. The shared parenting focus is on a friendly, mutually respectful approach from both the birth parents and the resources parents getting to know one another and learning about the children who will eventually return home. The approach emphasizes listening, learning, sharing information, collaborating and making joint decisions.

In July 2018, CFSA provided a shared parenting webinar to social workers, family support workers, and supervisors. To reinforce the webinar presentation that July, CFSA's Child Welfare Training Academy (CWTA) facilitated a series of workshops on shared parenting that took place in August and September of 2018. Also in September, CFSA released an Administrative Issuance: *Permanency Focused Teaming*, which clarified shared parenting timelines and emphasized its critical importance to positive communication and the increased potential for reaching positive permanency outcomes.

CFSA's recruitment and on-boarding of new resource parents allows for multiple opportunities to discuss shared parenting. Targeted recruitment tools assess prospective resource parents' comfort with shared parenting prior to nudging resource parents into a relationship with a birth parent. Similarly, PEERs speak at informational sessions to present the birth parent's perspective of shared parenting. The materials and "talking points" used to train newly-licensing resource families focus on shared parenting in detail. While orientation for birth parents may occur too early in a case to discuss shared parenting in detail, PEERs can use birth parent orientation to lay the foundation for shared parenting.

Training preparation for shared parenting includes the positive parenting plan, or "Triple P," which is a 10-module, hands-on parenting instruction and support program. PEERs and resource parent support workers (RPSWs) use the module with birth and resource parents "in the moment" with children. Triple P also helps solve problems and increases stability within a family structure. Since both birth and resource parents use the same Triple P strategies, transitions for children are smoother, regardless of whether the interactions occur during visitation or post-permanency. Additionally, CWTA provides a half-day in-service training, *Be Strong Families: Shared Parenting*, which lays a foundation for understanding the child welfare professional's role in developing and maintaining a shared parenting approach between the biological parent and resource parent. Participants engage in discussions on the definition of shared parenting and how to operationalize this approach in day-to-day parenting and practice. These efforts

dovetail with CFSA's intention to build internal capacity for working with families on parenting skills. The following shared parenting activities are included in the program:

- **Icebreaker:** Placement Administration staff members facilitate this meeting between the birth parent or caregiver and resource parent approximately seven to ten days following removal (or re-placement). The icebreaker launches the shared parenting experience by providing a structured opportunity for the two families to get to know each other; to share information about the child so that each parent can understand the other's insights into the child; and to make a communication plan for the coming weeks and months. CFSA held 43 icebreakers in FY 2018, and held 12 icebreakers in the first two quarters of FY 2019.
- **Family Team Meetings (FTMs):** FTMs provide an important opportunity for bringing extended family together to collaborate on developing and achieving case goals. This circle of support should include resource parents whenever possible, so that shared parenting strategies can be incorporated.
- **Initial Case Planning Meeting:** This first full team meeting includes birth and resource family members who strategize toward one singular goal: "What will it take for this child to return home?"
- **Parent-Child Visits:** As birth and resource parents build a comfortable working relationship, parent-child visits become an excellent opportunity to practice shared parenting. This opportunity may be as simple as using a visitation drop-off or pick-up time to communicate and share information. As the relationship evolves over time, resource parents may be able to use visits to practice demonstrating the shared parenting techniques and to benefit from shared guidance.
- **Family Affair Events:** CWTA organizes quarterly learning events for children in foster care along with their birth and resource parents. These "Family Affair" events combine information-sharing, hands-on activities, team-building and general fun. The events are a good opportunity for visitation and an excellent way for birth and resource families to connect and develop future shared parenting plans.

Adoption.

CFSA implemented the Adoption STAT process in 2017 to identify and mitigate barriers to timely permanency for children with case goals of adoption. Throughout 2018, CFSA conducted a review of the STAT process, and ultimately replaced it with Permanency Goal Review Meetings (PGRM) and the Comprehension Adoption Tracker. For more details about these protocols and tools, please refer to Goal 2, *Appropriate Permanency Goals – Case Reviews*.

In FY 2018, a total of 98 children were adopted with an average period of 10 months from filing to finalization. As of the end of FY 2019-Q2, a total of 45 children had been adopted.

Over the past two years, the average number of months to finalize an adoption decreased from 44 months (FY 2016) to 32 months (FY 2017), which is a 27 percent performance improvement.

Comparison of performance in the fourth quarter of each year reflects a decrease from 38 months (FY 2016-Q4) to 32 months (FY 2017-Q4). Continued analysis of performance will assist the Agency with determining and mitigating some of the barriers.

Adoptive Resources

District resource parents are dually licensed for both foster care and adoption. Many who serve as resource parents decide later on to become the permanent resource when a child in their home has a goal change from reunification or guardianship to adoption.

In some cases, a prospective adoptive parent becomes licensed to serve as a resource parent. If a child in the resource parent's home has a goal change to adoption, the resource parent has priority for adopting that child. In other cases, a prospective adoptive parent may become interested in a specific child, either through one of the several channels CFSA uses to advertise or through direct adoption recruitment. This person becomes licensed as a resource parent so CFSA can make a pre-adoptive placement of the specific child in the resource parent's home.

In FY 2018, CFSA received 120 foster-to-adopt applications in the District. As of March 2019, CFSA has received 46 foster-to-adopt applications. In FY 2018, a total of 49 families completed pre-service training, 10 of which expressed a desire to adopt. As of FY 2019-Q2, 15 families have completed training, none of whom are following an adopt-only pathway.

Child-Specific Recruitment

Children who are not in an adoptive placement but have the goal of adoption receive an internal CFSA recruiter who utilizes existing adoption resources, and develops individualized recruitment plans and strategies for that child or sibling group. The recruiter examines the child's case management record to ensure that CFSA has exhausted all efforts to explore local and out-of-state family members and other supportive individuals. In addition to connections through the biological family, the recruiter explores the foster family as an adoption resource.

When there are no viable family or foster care connections, broader recruitment efforts include exposure on local and national adoption websites; the Heart Gallery, a travelling exhibit that displays professional quality photographs of waiting children; and adoption exchanges, which connect children awaiting adoption with prospective resources. CFSA's recruitment team does not close out a case until 1) a letter of intent is signed, a petition is filed and the child is placed in the pre-adoptive home; or 2) the child's goal changes to guardianship or reunification.

For the past couple of years, at any given time CFSA has had between 50 and 60 children in need of an adoptive home. The majority are older youth, ages 12 to 20.

Child-Specific Recruitment for Children Diagnosed as Medically Fragile

CFSA's recruitment team includes a unit that works closely with each nurse care manager (NCM) assigned to a child diagnosed as medically fragile and an identified pre-adoptive family. By doing so, the NCM can explain any specific needs or requirements to prepare the family. In addition, the recruitment team incorporates both general and child-specific efforts into planning for this population via CFSA's collaboration with the DC and Maryland chapters of nurses unions. The DC Chapter of the National Black Nurses Associations, for example, partners with recruitment staff to present needs for the population at large events and conferences for nurses. The association also sends a newsletter out to over 3,000 nurses, including information on the need for able resource parents to foster and adopt these children.

CFSA recruitment staff members continue to identify potential adoptive families from databases found on the national websites, adoptuskids.org and afamilyforeverychild.org. These sites display each family's characteristics, preferences, and home study results. Recruitment staff also identifies suitable children to register on these sites, and enters their characteristics and preferences into the databases, which have a system for finding potential matches and notifying the Agency of results. Recruitment staff reviews the potential matches to determine viable options. In addition, on a quarterly basis, CFSA sends a letter to all licensed adoptive parents regarding any available children with the goal of adoption.

In FY 2018, HHAC identified five children entering care as medically fragile. As of FY 2019-Q2, HHAC identified an additional five children as medically fragile.

Adoption Supports

Permanency Specialty Unit – Pre- and Post-Adoption Support

Four social workers comprise the CFSA Permanency Specialty Unit (PSU) to provide both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption. The unit also includes a family support worker who conducts adoption searches.

During FY 2018, PSU staff provided services to 216 children, who were referred through telephone calls, emails, walk-ins, and the newly implemented Guardianship Help Line. As of FY 2019-Q2, the unit has provided services to 102 children.

FamilyWorks Together Program⁸⁴

To provide further adoption and guardianship services, CFSA contracts with Adoptions Together⁸⁵ which administers the FamilyWorks Together Program to provide post-permanency

⁸⁴ The FamilyWorks Together program was previously named Post Permanency Family Center.

⁸⁵ Adoptions Together is a community-based organization that serves children and families throughout the District to provide post-adoptive services.

services for any child who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved. In effect, FamilyWorks Together is a “one stop shop” for the following services:

- Case management and advocacy
- Crisis support services
- Family and Individual Counseling
- Support groups
- Video counseling
- Saturday respite program
- Parent education and training

Center for Adoption Support and Education (CASE)

Using an adoption-centered therapeutic approach, CASE supports CFSA staff through a variety of trainings and webinars, as well as through monthly consultations on intervention planning and matching. CASE directly supports individuals and families through an in-house therapist who is especially equipped to provide attachment focused therapy and to help families deal with more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and heavier court-involvement).

Adoption and Guardianship Subsidies

To ease the potential financial challenges that may come with welcoming a new child or sibling group into the home, CFSA provides adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs as specific needs arise. For FY 2018, on average, CFSA issued monthly adoption subsidies for 1,256 children, and guardianship subsidies for 727 children. During FY 2019-Q1 and Q2, CFSA issued adoption subsidies, on average, for 1,173 children, and guardianship subsidies for 639 children monthly. In FY 2018, the Grandparent Caregiver subsidy program served 511 caregivers and 793 children, and during FY 2019-Q1 and Q2, the program has served 517 caregivers and 806 children.

In FY 2018, a total of 63 children and youth exited foster care to guardianship. As of the end of FY 2019-Q2, a total of nine children and youth exited to guardianship.

Supports to Promote Successful Transitions for Youth Aging out of Care

The youth services detailed below have been described earlier in this APSR. However, additional components might be added in this section to explain how the Agency reinforces the strengths of youth preparation for transitions out of foster care and into self-sufficient adulthood.

Office of Youth Empowerment (OYE) Career Pathways Unit

OYE's Career Pathways Unit connects youth to internships, vocational training, and employment opportunities that the youth identifies as a field of interest. Career Pathways specialists also help youth create effective resumes, prepare for interviews, and develop the type of workplace habits and soft skills that are critical to gainful employment, career advancement, and successful independence. In concert with OYE's education specialists, the Career Pathways specialists also support youth in connecting with the District's Summer Youth Employment Program.

During FY 2018, the Career Pathways Unit served 111 youth in care. By FY 2019-Q2, there were 65 youth served by the Career Pathways Unit. In FY 2018, there were 35 youth enrolled in vocational programs, 11 of whom successfully completed their programs of choice, and 10 of whom are still enrolled. There were 14 youth who did not complete their program due to barriers such as attendance, behaviors, substance use, and mental health. At the end of FY 2019-Q2 there were 11 youth enrolled in vocational programs, 5 of whom had completed their programs by the end of the quarter, with the remaining 6 still enrolled.

OYE continues to partner with local employers and programs to provide subsidized employment opportunities for youth in care. These experiences typically occur in the form of internships, wherein youth gain workplace experience and industry knowledge while receiving a stipend from the District of Columbia. Host sites include District government agencies, hospitals, culinary institutes, community organizations, and retailers. In FY 2018, 31 youth took part in an internship, and as of FY 2019-Q1, there are 15 youth taking part in an internship.

In FY 2018, there were 148 youth, ages 18 to 21, in foster care. Of this number, 54 were employed full-time and 37 were employed part-time. At the end of FY 2019-Q2, there were 147 youth, ages 18 to 21, in foster care. Of this number, 12 were employed full-time and 3 were employed part-time. Of those not employed, 94 were enrolled in an academic program, 6 were enrolled in a vocational or technical program, and 5 were participating in an internship.

Office of Youth Empowerment (OYE) YVLifeSet⁸⁶

After successfully participating in a competitive grant-making process in 2018, CFSA became one of four child welfare jurisdictions in the nation to be awarded \$10 million in matching grants to expand services to transition-age youth through the Youth Villages (YV) LifeSet Program. Launched in April 2019, and to be implemented over a three year period, YV LifeSet provides technical support, in-house supervision, programming, and eventual guidance for an

⁸⁶ Founded in 1986, Youth Villages is a non-profit organization that has become one of the country's largest and most innovative providers of children's mental and behavioral health services. Serving over 27,000 youth across 16 states in 2018, Youth Villages works to find solutions using proven treatment models that strengthen the child's family and support systems and dramatically improve their long-term success.

OYE-run model. Using evidence-based practices, YVLifeSet replaced the Career Pathways Unit as OYE's vocational and life skills service delivery model. The transition included program-specific training of OYE's vocational specialists, as well as recruitment of a new unit supervisor with experience implementing the YV LifeSet model.

The YVLifeSet model is based on intensive supports to help youth transition from foster care to successful independence. The program is for youth ages 17-21 who demonstrate a positive willingness to commit. Specialists carry caseloads of 8 to 10 youth and see each youth at least once per week. The goal is to have highly individualized services in the youth's natural environment, including the home, place of employment, and community. Programmatic services include assessments related to successful outcomes in vocation, education, parenting, transportation, community living, supports, and sexual health. The program assists youth with the identification and development of individual strengths with a goal to maximize outcomes and promote life-long self-sufficiency.

The YVLifeSet program is youth-driven, holding young adults accountable for their goals, input and involvement. The unit further offers a comprehensive support network, teaming, and supervision, all of which is based on multiple perspectives and professional experiences. Together, the specialist and the youth address education, employment, housing stability, healthy relationships, mental and physical health, and other independent living skills relevant to the youth. The program model requires outcome data collection at 6, 12, and 24 months post-discharge to monitor the success of program participants.

The YVLifeSet model requires complete buy-in from each participant. Those youth electing not to participate will be assigned to a vocational specialist, and will continue to receive supports similar to those offered under the Career Pathways Unit.

While many YVLifeSet supports are similar to the outgoing Career Pathways model, the transition represents an evolution to a more comprehensive, intensive, individualized, and youth-driven experience. The new model improves the consistency, quality, and ultimate impact of CFSA's youth engagement practices.

Pre-Aging Out Transition and Aftercare Services

In February 2017, CFSA contracted with the Young Women's Project (YWP) to provide aftercare services for youth ages 21 to 23.⁸⁷ To support youth who have aged out of foster care, YWP established the Center for Youth Adults (CYA), a comprehensive program that provides a broad range of supports, including skill-building activities, support groups, jobs, individual coaching, and community connections. CYA also provides a safe environment for youth to address

⁸⁷ Per contract, YWP attends transition planning activities starting from the time that the youth turns 20 ½; however, CFSA retains case management responsibilities until the youth's 21st birthday.

challenges and work toward life goals. Built on a foundation of youth development and youth-adult partnership, CYA integrates work and best practices from successful models across the country, including YWP's own comprehensive, outcomes-based programming with DC's most at-risk youth. The following key components are included in the program:

- ▶ **Group Support:** All CYA youth must commit to attending a two-hour weekly peer support group in order to be eligible for financial benefits, employment, and paid training. Peer groups comprise youth with similar goals, interests, and life circumstances. CYA promotes regular program engagement, not only as a means of financial benefit, but as an essential step toward long-term success.
- ▶ **Individual support:** When necessary, direct service staff offer one-on-one support, crisis intervention, and counseling, particularly in the areas of housing, job placement, educational advocacy, health, food, clothes, and other basic necessities.
- ▶ **Training:** CYA offers regular, incremental, interactive skills and knowledge trainings three days a week, four hours a day. Training topics include health and wellness, housing, employment, education, financial management, pregnancy, parenting, politics, and community.
- ▶ **Employment:** All youth who are part of CYA engage in work, volunteer, or training for at least 12 hours a week unless they are a full-time student. YWP facilitates employment through in-house staff positions and a network of providers.
- ▶ **Financial Support & Resources:** Youth get paid to participate in the weekly peer support group sessions (\$35 a week in transportation funds), skills-based trainings (\$5 an hour), and individual projects (\$5 an hour). Those interested in becoming trainers, peer support specialists, or mental health specialists receive \$11.50 an hour for 20 hours a week.
- ▶ **Web-based Support:** YWP's new website (www.youngwomensproject.org) includes rights, resources, and connections to community resources in housing, education, employment, and sexual-mental-physical health, as well as jobs and youth blogs. Each youth has access to a youth portal where they can access personalized information, assignments, timesheets, stipend forms, worksheets, resources, and evaluation and documentation tools.
- ▶ **Leadership Opportunities:** YWP is an organization founded by young people and dedicated to nurturing their leadership and building their power. Working side-by-side with YWP staff and board members, youth participate in the strategic planning process in order to shape and define their own programming, and to take on a range of roles as leaders, project developers, trainers, and peer supporters.

In FY 2018, CFSA referred 36 youth to CYA for aftercare services, 21 of whom were referred prior to aging out of care. In FY 2019-Q1, CFSA referred five youth for aftercare, all of whom were referred prior to aging out of care. As of March 2019, a total of 126 youth were enrolled, with 43 youth actively participating in the CYA program. Youth are considered to be actively participating if they attend programming at least three times a month.

Based on the low proportion of transitioning young adults who were actively engaging the CYA program and for whom services and outcomes were being documented, CFSA decided, in FY 2018 to not only discontinue contracting with the Young Women’s Project, but to completely redesign the District’s approach to aftercare. In May 2019, CFSA began the process of bringing aftercare services in-house by establishing a fully staffed aftercare unit within OYE. Expected to be operational by October 2019, the unit will not only capitalize upon pre-existing relationships with the youth, it will also leverage OYE’s capacity for consistent and individualized support and referrals in such areas as case management, education, employment, housing, and transportation.



GOAL 5: CONTINUOUS QUALITY IMPROVEMENT (CQI): CFSA WILL DEVELOP A COMPREHENSIVE AGENCY-WIDE CQI PROCESS TO ASSIST AGENCY PROGRAMS AND SERVICES TO MEET, TRACK AND MAINTAIN PROGRESS ON GOALS AND OBJECTIVES.

In late FY 2017, CFSA’s Office of Agency Performance (AP), Quality Assurance (QA) and Quality Improvement (QI) merged to become the Performance Accountability and Quality Improvement Administration (PAQIA) under the direction of the Office of Planning, Policy, and Program Support (OPPPS). This move centralized all evaluation and continuous quality improvement (CQI) activities and responsibilities under one administration, allowing for more effective collection, analysis, and reporting of data and findings from the Agency’s QA and CQI processes. PAQIA leadership shares all report results with staff from the impacted administrations. During debriefing sessions, staff identifies strategies for areas in need of improvement.

PAQIA serves several functions, all of which provide valuable qualitative and quantitative analysis to evaluate the quality of services, to identify strengths and needs of the service delivery system, and to provide reports that include information about program and performance measure improvement. PAQIA oversees the following functions:

- Completing qualitative and quantitative case reviews⁸⁸

⁸⁸ These include 125 quality service reviews, an average of 20 child fatality reviews of children from ages 0-20, other reviews required under the *LaShawn* IEP (e.g., 132 quality investigations every six months), quality of visits being conducted for families receiving in-home and out-of-home care, quality of older youth transition planning, and special reviews based on specific requests from the deputies or the Agency director.

- Completing analysis and providing reports to management and staff on programmatic data
- Conducting program evaluations
- Providing performance support to management and staff, based on results from reviews (e.g., recommendations to help implement practice and process improvements)
- Preparing performance reports under the *Four Pillars Strategic Framework*
- Providing performance reports required by the Executive Office of the Mayor⁸⁹
- Conducting surveys and focus groups with frontline staff for direct feedback on suggested practice improvements

In addition to the above review activities, PAQIA's dedicated CQI staff is also responsible for QA and improvement reviews. Staff operates under the following principles and goals: to create a continuous learning environment for consistent use of data that helps to improve Agency processes, procedures, and functions. PAQIA also analyzes data independent of case reviews. Utilizing a quantitative data validation plan to regularly analyze data from new FACES.NET reports, PAQIA staff also closely monitors key exit standards under the *LaShawn Implementation and Exit Plan (IEP)*.⁹⁰

Include any training or technical assistance the state anticipates needing from CB resources or other partners.

Through a contract with Casey Family Programs,⁹¹ Chapin Hall⁹² provided technical (TA) assistance during FY 2018 and will continue to do so into FY 2019 in order to enhance CFSA's CQI system. CFSA utilized the TA to support the development an integrated CQI system, structure, and tools that is rooted in a culture of continuous learning, discovery, and problem-solving. The first phase of development has occurred. CFSA is now working toward a more strategic alignment of Agency resources to achieve systems improvement and safe reductions of children entering and remaining in foster care.

⁸⁹ Annual Public Report, CFSA Commitment to Positive Outcomes, Four Pillars Scorecard, and specialty reports (e.g., Reducing Disproportionality).

⁹⁰ The IEP was negotiated in December 2010 as the result of the American Civil Liberties Union (later Children's Rights, Inc.) filing the initial *LaShawn A. v. Barry* lawsuit in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. The lawsuit carries through mayoral administration; therefore currently *LaShawn vs. Bowser*.

⁹¹ Casey Family Programs is a national operating foundation focused on child welfare and foster care established in 1966 and based in Seattle, Washington. Their mission is "to provide and improve—and ultimately prevent the need for—foster care" in the United States.

⁹² Chapin Hall was founded in 1985 and has earned a national reputation in child welfare, pioneering strategies for collecting, linking, and analyzing public agency data to understand and improve the effectiveness of programs and policies.

PAQIA CQI results and data have been used to update goals, objectives, and interventions or use of funds in the 2019 APSR.

PAQIA's data analyses include a host of quantitative and qualitative assessments that examine Agency-wide CQI efforts across practice areas to impact Agency goals and interventions. The following examples are reports included under PAQIA analyses (but not exhaustive of the analysis and reports PAQIA completes):

- ▶ *Acceptable Investigations:* As agreed between the Center for the Study of Social Policy (CSSP) and CFSA senior leadership, during the July-December 2018 monitoring period, PAQIA reviewed a statistically significant randomized sample of 183 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations during November 2018. The review examined the quality of practice with conducting essential investigatory actions during CPS investigations. During this review, 73 percent of the referrals were deemed as acceptable, which was a 6 percent improvement from the last review in spring 2018.
- ▶ *Community-Based Services Referrals:* As agreed between the CSSP and CFSA senior leadership, this review conducted solely by CSSP began during the July-December 2018 monitoring period and was jointly conducted by CFSA and CSSP during the January-June 2019 monitoring period. PAQIA reviewed a statistically significant sample of 144 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations and Family Assessment referrals closed during February 2019. The purpose of this review is to determine whether CFSA connects a family with a low-to-moderate risk level to the appropriate service through one of the Collaboratives or other community-based agency. The final results are still pending.
- ▶ *Visitation/Safety Assessment:* This review assesses whether the Agency is conducting safety assessments at the required frequency (i.e., foster home visits during the first four weeks, in-home visits, and ongoing placement visits). The review last occurred during the July-December monitoring period. PAQIA reviewed a statistically significant sample with a confidence level of 95 percent and ± 5 percent margin of error for documentation for August 2018 visits. The first four-week sample was 60 children, the out-of-home sample was 158 children, and in-home sample was 164 children.
- ▶ *Community Papering:* This examination provides quarterly updates regarding the number of cases presented for community papering.⁹³

⁹³ CFSA's process for requesting court intervention for investigations and in-home services cases where there are issues of non-compliance with the case plan in an effort to prevent removals and keep children safely in their own homes.

- ▶ *Disengaged Youth*: The analysis is a quarterly report on efforts to improve outcomes for disengaged youth⁹⁴ across administrations, including the identification of supports to reconnect this population.
- ▶ *Educational Neglect Screen outs*: The purpose of the review is a monthly examination of a 42-case sample that evaluates screened-out reports and assesses whether the screen-out was appropriate. The Education Neglect Unit is notified as to the findings.
- ▶ *Educational Neglect Reporting*: This monthly and quarterly (school advisory period) report provides the number of referrals, referral source, trajectory of referrals, program area that engaged the family, findings of the referral, and number of children ages 5-13 engaged by the Agency for educational neglect. The quarterly reporting highlights trends and is shared with the city-wide EveryDay Counts Taskforce and EveryDay Counts Data Committee.
- ▶ *Good Faith Effort (GFE)*: This one month-per-quarter review examines whether Entry Services has conducted all the required activities to meet the GFE standard on CPS investigations. Senior management for Entry Services is notified of the findings.
- ▶ *Hotline Call Quality Assessment*: This review examines the appropriate management and quality of 10 Hotline calls per month. Its purpose is to determine whether the Hotline staff is asking relevant questions, demonstrating appropriate customer service, and accurately completing a referral summary. At the end of the assessment, the QA team makes the determination as to whether they agree with the Hotline's decision on accepting or screening out the calls. QA notifies the Hotline's senior management of the quarterly findings.
- ▶ *Missed Visit Efforts - Quarterly*: This quarterly review determines whether cases are found in compliance for parent-child visits, and whether cases meet the acceptable effort threshold for a missed visit.
- ▶ *Missed Visit Efforts - Monthly*: This monthly review determines whether cases are found in compliance for parent-social worker visits during the first 90 days after a child's entry into care, and whether cases meet the acceptable effort threshold for a missed visit.
- ▶ *Four+ Audit*: The monthly audit reviews all CPS-I referrals with a history of four or more documented reports (Four+ Eligibility) to determine if a supervisory consult was conducted timely and appropriately.
- ▶ *CPS Executive Office of the Mayor (EOM) Report*: This monthly report summarizes monthly CPS referrals and results. The report also tracks changes and trends.

⁹⁴ CSFA defines "disengaged youth" as any older youth who is not involved in an education, vocational training or employment program at the beginning of each fiscal year. The Office of Youth Empowerment works with them throughout the year in a diligent fashion to link them to one of these areas where youth express an interest.

- ▶ *Monthly CQI Review*: PAQIA holds monthly data review meetings with CFSA program administrators, program managers, and supervisors to review trends around selected benchmarks. Meeting participants also identify barriers to completing those benchmarks, and discuss possible solutions to those barriers.
- ▶ *Youth Transition Plan Review (YTP)*: This bi-annual review examines a year's worth of YTPs for all youth who age out of the foster care system or who have their case closed prior to their 21st birthday. The purpose of the YTP review is to determine whether the youth completed transition planning in accordance with CFSA policy and the *LaShawn* exit standards and whether that planning was customized to support the youth's individual needs for growth and development, including connections to the appropriate services and resources.
- ▶ *Permanency Microstrategy Dashboards*: PAQIA is working with the District's Office of the Chief Technology Officer and CFSA's Child Information Systems Administration to develop Microstrategy dashboards that will track progress towards each positive permanency goal (reunification, guardianship and adoption). The dashboards should permit the identification and alleviation of systematic or other barriers towards progressing towards timely permanency.
- ▶ *Placement to Kin Analysis*: A PAQIA workgroup conducted an analysis of the 523 placement entries and re-entries between October 2017 and February 2019 to examine successful efforts toward placing children with kin. Among other data points, the analysis revealed that 12 percent (n=64) children were placed immediately with kin, 19 percent (n=100) had a later placement with kin, and approximately 12 percent (19) children disrupted from their initial kinship placement. Results showed that, it took, on average, 10 days for children to be placed with kin; however, when those initially placed with kin were removed from the analysis, the average time of placement was 46 day. Among the most commonly observed barriers to kinship being the first and best placement were after-hours removals (n=48), licensing regulations (n=41), identification of kin (n=22), family temporarily unavailable (n=17), and family dynamics (n=17). Less frequently observed barriers included engagement of kin, primary address in Maryland, reluctant family, and kinship refusal. Based on the analysis, the workgroup recommended that CFSA complete the following activities:
 - Further review the process of identifying and engaging kin
 - Further explore the *30 Days to Family* strategy and the role of the Permanency administration in identifying and engaging kin after placement
 - Work with Maryland officials to improve the licensing process for Maryland homes
 - Continue to conduct data workgroup activities in order to develop recommendations on automation of the kinship licensing process

- ▶ *Mental Health Evaluation:* PAQIA is collaborating with the Office of Well Being (OWB) to evaluate outcomes from the Mental Health Redesign, which OWB launched in October 2018. The 18-month evaluation will measure the effectiveness of hiring therapists and a psychiatric nurse practitioner internal to CFSA to provide mental health assessment, medication management, and therapy to clients of CFSA. A draft evaluation plan is currently under review by OPPPS and OWB leadership. Approval of the plan is expected in early July 2019, with implementation to begin in September 2019.
- ▶ *Repeat Maltreatment Analysis:* PAQIA is analyzing the number of children who were victims of a substantiated or indicated maltreatment report in FY 2017 and then again in the next 12 months to identify the reasons for increased repeat maltreatment. The analysis includes the Agency's response after the first and second substantiation (and whether there was an in-home case, out-of-home case, or no open case); trends regarding allegation types; and whether the Agency had history with these families prior to the dates under review.
- ▶ *Family First Data Analysis:* PAQIA completed a comprehensive analysis of the following subsets of clients:
 - Children who entered foster care during FY 2018
 - Children of teen mothers who were in care during FY 2018
 - Clients who began receiving services from CFSA's In-Home administration and the HFTC Collaboratives during FY 2018
 - Clients who were still receiving services from CFSA's In-Home administration and the HFTC Collaboratives as of the end of FY 2018
- ▶ *Family First Data Analysis:* PAQIA completed a comprehensive analysis of clients who were being served by In-Home and by the Collaboratives as new clients in FY 2018. The analysis included clients in point in time at the end of FY 2018, clients who newly entered foster care in FY 2018, children of teen mothers in foster care, and children who exited care to reunification and guardianship in FY 2018. PAQIA will share the results with the citywide group to assist in the recommendation process for who the District will define as a candidate for the evidence-based services to be included in the District's *Families First Prevention Plan*.

The *Four Pillars Strategic Framework* comprises both workplace compliance measures and child outcome measures across the child welfare system in the District of Columbia, including some *LaShawn* Implementation and Exit Plan standards and the federal Administration for Children and Families measures. Although CFSA did not meet all of its targets in FY 2018, the Agency did make year-on-year improvements on seven separate measures.

Each December, the Agency celebrates its staff by giving special recognition to top performers at a “Four Pillars Awards Ceremony.” This important end-of-year event reinforces the purpose of the strategic framework and serves as a focal point to unify staff around the mission of the Agency.

In addition, CFSA recognizes individual staff and teams on a quarterly basis for supporting the Four Pillars in exceptional instances. At any time, anyone can nominate any CFSA employee, work unit, or team. The CFSA leadership team reviews the quarterly nominations and selects and announces the Four Pillars Heroes Award winners. Winners receive all-staff acknowledgement within CFSA, a commemorative medallion, and “pride of place” in a wall display.

Quality Services Review (QSR)

Since 2003, CFSA has used the QSR process to annually review cases and to collect and review data on the quality of case planning and service delivery for children and families. The data from these reviews come from ratings that are finalized through a supervisory QA process that almost always includes representation from CSSP. QSR ratings are specific to multiple indicators on the overall status of the child and the overall practice of the system. QSR specialists spend two days conducting the exhaustive reviews.

As a standard part of the QSR process, the trained reviewers ask children, parents, and caregivers about their experiences with the foster care system, their level of satisfaction with the services received, and whether they are listened to and included in the case planning process. This information is covered under the *Voice and Choice* indicator. The findings for this indicator in CY 2018 showed that 92 percent of the cases were rated as “acceptable” for children and 96 percent for caregivers. The ratings were not as high for biological parents. Those findings were 63 percent for fathers and 91 percent for the mothers who reported feeling included in the case planning process. While mothers’ scores are slightly lower than those of the children and caregivers, there is 10 percent increase over the CY 2017 scores. Fathers had a 6 percent decrease from CY 2017 scores. The performance was lower for fathers and mothers in the reviews of 41 cases with a goal of reunification. Of these cases, 84 percent of mothers felt included in the case planning process, while 40 percent of the fathers felt included. The QSR team has found that, while practice improvements are ongoing, fathers remain less frequently involved in the case planning process for various reasons, such as not knowing that their child has an open case. In general, when participants report feeling inadequately involved, observed factors have included lack of necessary accommodations or supports, feelings of having a marginal role in the child’s life, and feelings of being overwhelmed by life circumstances.

The QSR process also includes reviews of hard case files, case notes entered into FACES.NET, and interviews with key stakeholders (i.e., birth and resource parents, children, social workers, attorneys, and service providers). Both in-home and out-of-home cases are randomly selected but stratified, using age, gender, placement type, and permanency goal as data points. The sample is further stratified so that no family is reviewed more than once within a two-year period. Stratification includes representation from contracted private agency cases.⁹⁵

For CY 2018, the QSR sampling plan included 83 reviews for out-of-home cases and 54 reviews for in-home cases.⁹⁶ The sample size increased from 125 in 2017 to 140 in CY 2018 with a larger proportion of in-home cases reflecting CFSA's emphasis on decreasing removals of children from their homes (unless child safety is at imminent risk). This sample increase also corresponded with the increase in the case management of in-home cases overall.

Upon completion of the review, reviewers submit written narrative summaries that support the ratings and provide further details on the child's placement (out-of-home cases). Always included are a family's demography, history, and functioning. Further details are provided on the system's support of the child's permanency goal, as well as information on supportive services provided to the child's family to help them stabilize and become self-sufficient. For out-of-home cases, indicators are rated for the support of resource parents as well as birth parents.

As of January 2017, the QSR program manager facilitates an "entrance conference" with the private agency or CFSA administration scheduled for review. Scheduled approximately two months prior to the review, the purpose of the conference is to discuss logistics of the review, confirm the sample, and provide a brief overview of the review process. In addition, during the review process, there is a weekly case presentation that is held with the private agency or CFSA administration leadership. Reviewers a brief oral synopsis of the cases reviewed, highlighting the salient points for services and supports, the pathway to case closure, and planning interventions. Each presentation looks at what is working well in practice and what areas may be in need of improvement.

An "exit conference" occurs within a month of the final case presentation. QSR management invites members of CFSA's senior leadership to participate, along with the Permanency and In-Home program managers, supervisors, and front line staff (depending on the administration being reviewed). The presentation of preliminary findings provides the leadership team with

⁹⁵ Based on the decreasing number of children in out-of-home care, and CFSA's efforts to streamline effective services and practice, the Agency issued a Request for Proposals in FY 2017 to seek one contracted private agency to case manage all children placed in the state of Maryland with CFSA continuing to case manage all children placed in the District of Columbia. This reduction of its current pool of seven contracted agencies is anticipated to take effect in FY 2018. Impact on the QSR process will be updated in the FY 2018 APSR accordingly.

⁹⁶ As of the end of CY 2018, there were 849 children in foster care, and there were 394 In-Home cases (involving a total of 1,393 children).

the opportunity to discuss programmatic strengths and challenges, any systemic issues that were noted during the reviews, and strategies for improvement. A formal CQI plan is then developed in collaboration with the program area; follow-up occurs within 60 days after the exit conference. The plan includes identified areas of performance in need of improvement, the strategies and activities involved to achieve improvement, and a plan for how to measure progress on the QSR.

QSR management also sponsors monthly team meetings for managers from CFSA, contracted private agencies, and the Healthy Families/Thriving Communities Collaboratives. The QSR program manager shares an overview of key program performance, including QSR results.

Beginning in 2018, the QSR unit also initiated a formal CQI process to address areas identified as needing improvement. The CQI plan is developed in collaboration with the designated program area to outline program goals and strategies on improving practice. Comparison of data is used to determine practice improvement and sustainability. Through the 2018 implementation of the Temporary Safe Haven Redesign (TSHR), detailed earlier under *Goal 2*, CFSA anticipates streamlined and aligned service delivery and improved QSR ratings for CY 2018 child status and practice performance indicators.

Internal Child Fatality Reviews (CFR)

The statutory responsibility for reviewing child deaths falls under the District's Child Fatality Review Committee (CFRC), under the auspices of the Office of the Chief Medical Examiner (OCME). CFSA has permanent representation on CFRC as well as conducting its own internal CFSA process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child's death. CFSA's internal committee includes a multidisciplinary team of key program leaders from the Offices of the Director, Entry Services, Permanency, Well Being, and General Counsel. Representatives from the Agency's Child Welfare Training Academy and Policy Unit are included. A representative from OCME also attends to ensure a stronger network between the Agency and CFRC.

Based on the timing of a child's death, a fatality case may not necessarily be reviewed within the same year (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child's death that was not CFSA-involved may not be reported by OCME to CFSA until a year or more later after the death). In CY 2018, CFSA reviewed 42 fatality cases ranging from the years of 2015 to 2018. Of these cases, 32 were closed at the time of the child's death and 10 were open. For the 10 open cases, four were in-home, two were out-of-home, three were active with the Family Assessment Unit, and one was active under CPS investigations.

CFSA’s internal review process seeks to identify any systemic, training, supervision, safety, or policy issues that surface during the review of these cases. As a result of these reviews, CFSA identifies specific recommendations in hopes of reducing any factors that may relate to a fatality (despite the fact that abuse-related fatalities are statistically lower than any other type of fatality). Both the District’s CFRC and CFSA have made similar recommendations based on cases reviewed in the past two years, particularly in regards to the dangers of bed-sharing and co-sleeping, the care of children who are diagnosed as medically fragile, and the distressing number of fatalities of older youth caused by handgun homicides.

During FY 2018, the CFR Unit moved to the QA unit and the CFSR PIP case reviews moved to the QSR team for improved alignment. In so doing, CFSA also made improvements to the gathering of data for the child fatality review process. These improvements include a fatality review specialist submitting survey answers based on a detailed review of the deceased child and family history with CFSA, including services offered as well as interventions needed. The survey asks for more specific demographic details to examine trends on younger parents, past history with CFSA and other agencies (including parental involvement in child welfare as child victims), employment, housing, substance use, service delivery, etc. The surveys are completed at the end of each child fatality review. The information gathered by the survey is used to identify trends, themes, and systemic issues in order to determine policy and practice changes.

In addition, PAQIA has refined its database of information that is collected and reported out on an aggregate basis from each case reviewed. Data gathering now includes demographics as well as recommendations that surface from the fatality case presentation during the internal review. CFSA internal committee members agree upon the CFSA administration responsible for implementing the recommendation, and the time frame for completion. CFR Unit staff incorporates the data culled during reviews to inform the Annual Child Fatality Review Report. Below is a table trending child fatalities that the CFR Unit reviewed in 2008-2018.

Child Fatalities Reviewed by Calendar Year

Calendar Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
# Non-Homicide Deaths	39	27	20	15	21	13	14	17	13	5	32
# Non-Abuse Homicide	21	19	9	11	3	9	7	13	6	20	10
# Abuse Homicide	8	4	4	0	1	2	1	0	1	1	0
Total # Deaths of Known Children	68	50	33	26	25	24	22	30	20	26	42

Case Reviews and Analysis

PAQIA staff conducts a variety of case reviews and analyses at the request of the deputy directors. The purpose of these case reviews is to provide timely feedback to the managers in order to inform and improve child welfare practice. As a result of such requests, QA conducted the following qualitative reviews:

- 30 CPS Hotline calls per quarter
- All referrals during the last month of each quarter where good faith efforts (GFEs) applied
- 50 referrals per quarter submitted to the Educational Triage Unit

With regards to the analysis of the 30 CPS Hotline calls from January to March 2018, the QA review indicated that Hotline workers applied customer service skills 95 percent of the time (on average) throughout the duration of a call. On average, the Hotline workers gathered information on the alleged victim child 94 percent of the time. Additional data included the gathering of information on the alleged maltreater (87 percent of the time, on average) and gathering safety-related information (also 87 percent of the time, on average). In addition, the written narratives entered into FACES.NET were consistent with information provided by the reporter (80 percent of the time, on average). Lastly, QA agreed with the Hotline supervisory screening decision (83 percent of the time, on average).

QA continues to review, assess, and elevate to the deputy of Entry Services any safety concerns pertaining to an allegation, and any significant customer service concerns pertaining to the Hotline workers. No calls were elevated either for safety or customer service reasons during the period reviewed. Due to other priorities, but mostly given the consistently high quality with which the Hotline workers' met customer service standards during the first two quarterly reviews, QA suspended additional reviews for the last two quarters of FY 2018. QA will resume these Hotline customer service reviews in July 2019 for April-June 2019 Hotline calls.

In regard to the GFEs reviews, QA and Entry Services agreed that overall compliance ranged between 65-to-85 percent from March to December 2018. QA continues to provide each Entry Services supervisor with a detailed quarterly analysis that may assist Entry Services leadership with determining training needs, identification of barriers that may need to be ameliorated, and pinpointing trends that may impact compliance.

From January to March 2018, the QA Unit conducted quarterly reviews of educational neglect referrals that the Educational Triage Unit screened out. The key purpose of this review was for QA reviewers to assess whether they agreed with the screening decisions for each referral. To conduct the review, QA randomly selected 50 screen-outs each quarter in which the only

allegation was educational neglect.⁹⁷ For the quarter reviewed, QA agreed with the decision to screen out the referral 88 percent of the time. Given the consistently strong findings for these screen-outs throughout CY 2017 and January-March 2018, educational screen-out reviews were put on hold until CY 2019.

For every PAQIA review, CFSA utilizes quantitative and qualitative data to assist with deeper, root-cause analyses beyond the surface data. Every case reviewer conducts qualitative research using a tool based on current policy, best practices, and input from program area management. Reviewers are trained on the purpose of the review and the tool prior to commencing each case review. Additionally, PAQIA requires each review to include a QA process where a sample of each reviewer's completed review tools are subject to a secondary review to ensure accuracy and consistency throughout the review. Based on the results of the secondary review, re-training on specific practice areas may be provided to reviewers as necessary.

Collaboration with External Reviews and Evaluation Processes

In addition to the internal processes described, CFSA staff partners with representatives from other organizations brought in to conduct evaluations or assessments of the Agency's work and practice. For example, throughout 2016 and 2017, CFSA engaged a national consultant to provide technical assistance for analyzing historical QSR data.⁹⁸ The key intent here has been to determine the most salient factors impacting performances in case planning and services. As a result of the consultant's recommendations, the QSR unit completed an internal CQI review process to strengthen the feedback loop to the program areas. The unit issued a survey, conducted focus groups, and obtained information from other jurisdictions, such as New Jersey.⁹⁹

As a result of the internal CQI process, the QSR unit now assigns a QSR specialist to each CFSA program area (including private agencies) as a team lead. The team lead collaborates closely with program staff in the preparation for upcoming reviews, provides immediate feedback to program areas on QSR results, and addresses areas of practice in need of improvement. One formal CQI process includes an initial meeting with the deputy of each program area to identify

⁹⁷ Prior to January 2018, the QA Unit reviewed 125 educational screen-outs per quarter based on CFSA's response to CSSP's assessment, *An Assessment of the District of Columbia Child and Family Services Agency Child Abuse and Neglect Hotline and Intake Practices and Decision Making*, Sept 2016. Due to QA's consistently strong findings of these screen-outs throughout CY 2017, the number of reviewed screen-outs was reduced to 50 per quarter.

⁹⁸ CFSA worked closely with a nationally-recognized QSR protocol developer, Human System & Outcomes Inc., to develop CFSA's QSR protocol and subsequently to assist in the QSR analysis for determining trends and practice changes. Human System & Outcomes Inc. is a privately held company in Tallahassee, Florida.

⁹⁹ CFSA's court monitor, the Center for the Study of Social Policy (CSSP), also monitors the state of New Jersey. Based on similar QSR protocols and procedures, CSSP recommended that select CFSA QSR staff visit New Jersey and observe their QSR protocol practice. As a result of the observations, CFSA modified its tracking documents, QSR case presentations, and the case summary outline.

practice areas to be addressed. Afterwards, a CQI plan is developed in collaboration with the designated program area staff with the QSR specialist as the lead.

As stated earlier, an additional collaboration has taken place between CFSA and Chapin Hall in Chicago to develop and embed a CQI system throughout the Agency. The goal is to establish an optimum CQI system that includes the following components:

- More strategic alignment of Agency resources and efforts to achieve the Agency's outcomes
- A process that is rooted in a culture of continuous learning, discovery, and problem-solving
- More proactive mid-course correction and responsiveness to change in performance
- A new learning environment for managing with data

Other Quality Assurance Activities Related to Case Reviews

Review of Safety Assessments during Visits with Children

Safety assessment reviews determine the extent to which child safety was assessed and documented during visits by social workers and other CFSA employees, including both in-home and out-of-home cases. CFSA and CSSP conducted joint case record reviews of randomized samples of August 2018 in-home and out-of-home case visits at three mandated visitation benchmarks. QA documented a confidence level of 95 percent and a ± 5 percent margin of error to ensure statistically-significant sample sizes for each review. QA reviewers examined the frequency and quality of visits alongside the social workers' assessments of safety within the first four weeks of placement (n=60), general out-of-home population (n=158), and in-home population (n=164). The reviews of August 2018 visits began in September 2018 and concluded in October 2018. The following findings were prominent in the review results:

- For the review of August 2018 visits during the first four weeks of placement, at least one visit occurred with all 60 children (100 percent). Of these children, 54 (90 percent) received the required number of visits within the first four weeks of placement. Full assessment of safety at every visit was documented in 25 reviewed cases (42 percent).
- From the review of out-of-home visits during August 2018, at least one visit occurred for all 158 children (100 percent). Of these, 153 (97 percent) children had at least two or more visits during the month. Ninety children (57 percent) had three or more visits. Safety was fully assessed for all August 2018 visits for 72 children (46 percent).
- From the review of the August 2018 in-home population, two or more visits were conducted either by a social worker, supervisory social worker, family support worker, or Collaborative support worker with 159 (97 percent) children. Full assessment of safety at every visit was documented in 54 reviewed cases (33 percent).

Case Review

Over a two-year PIP period with a non-overlapping evaluation period,¹⁰⁰ CFSA will conduct reviews of 228 cases, 76 per year, using the On-Site Review Instrument (OSRI). Of these 76 cases, CFSA will review 26 in-home cases and 50 out-of-home cases. During the CFSR, the District reviewed 40 foster care cases, 19 in-home and 6 family assessment cases.

As a result of the June 2016 CFSR, none of the seven outcomes were found to be in substantial conformity, yet the District is only required to address measures of improvement for Safety 1 and 2, Permanency 1 and Well-Being 1.¹⁰¹ The CFSR review found the Agency to be in substantial conformity with five of seven systemic factors.¹⁰² The Agency will conduct a PIP with measures of improvement for the following data elements:

Data Element	Outcome	Item and Question ¹⁰³
Safety Outcome 1 ¹⁰⁴	Children are, first and foremost, protected from abuse and neglect.	Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the children made, within time frames established by agency policies or state statutes?
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriate.	Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification? Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care?
Permanency Outcome 1	Children have permanency and stability in their living situations.	Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal? Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner? Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

¹⁰⁰ The non-overlapping evaluation period for PIP measurement will likely be longer than one year. The period consists of two full AFCARS periods after the end of the two-year PIP implementation period. If the PIP is approved in the middle of an AFCARS period, the non-overlapping evaluation period will include a partial AFCARS period plus two full AFCARS periods.

¹⁰¹ Children's Bureau Presentation on District's CFSR Performance. [P:\CFSR\CFSR Round III\Round 3 PIP Docs\DC Presentation 12 7 12 final.ppt](#)

¹⁰² The Agency was found to be in substantial conformity with five of seven systemic factors: statewide information system, quality assurance system, staff and provider training, service array and resource development, agency responsiveness to the community.

¹⁰³ The District will not be providing aggregate data for case review system item 20 and 23 or foster and adoptive parent licensing, recruitment, and retention items 35 and 36.

¹⁰⁴ The Agency will not be using internal aggregate data for this indicator.

Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.	<p>Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster resource parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?</p> <p>Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?</p> <p>Item 14: Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?</p> <p>Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?</p>
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MOVING FORWARD: ASSESSMENT OF PERFORMANCE AND THE CHILD AND FAMILY SERVICES PLAN (CFSP)

CFSA's objectives and measures for the CFSP integrate internal and stakeholder feedback, areas of needed performance improvements, and alignment with the macro-level goals from the Agency's Four Pillars. The CFSP will provide details of CFSA's plans to maintain positive performance and improve on areas of need. For the CFSP, each goal has a series of objectives and aligning measures that are mapped to specific planning activities for positively impacting outcomes related to safety, permanency and well-being.

Systemic Factors

Information System

CFSA's Child Information Systems Administration (CISA) tracks and ensures data accuracy through the Agency's child welfare information system, known locally as FACES.NET. FACES.NET is the central repository for all client-level information in the District. It operates uniformly District-wide, encompassing all geographic and political subdivisions wherein families have access to programs and services funded under title IV-E. As well, FACES.NET serves as the technological infrastructure for compliance with federal requirements for recordkeeping, program, and reporting functions. For both federal and local data submissions, CISA and the Office of Planning, Policy, and Program Support (OPPPS) collaborate with program areas to gather, track, and analyze data that are subsequently shared with program staff and management. Data entry for child specific information includes but is not limited to child status, demographic characteristics, geographic location, and placement goals for every child who is currently or has been in foster care within the last 12 months. Because FACES.NET is a web-

based system, CFSA and private agency staff can readily retrieve any child's information from any location. The system further performs functions related to the following federally-required domains:

- Intake management
- Case management
- Foster care provider resource management and licensure
- IV-E eligibility determinations and re-determinations
- Court tracking
- Financial management (for client-specific services and expenses)
- Administration and quality assurance
- Federal reporting, including AFCARS,¹⁰⁵ NCANDS,¹⁰⁶ Monthly Visitation, and NYTD¹⁰⁷

Prior to receiving access to FACES.NET, every CFSA and private agency social worker receives training in the use of the system. As well, CFSA and private agency managers of case-carrying social workers receive comprehensive training on each FACES.NET case management module. After training, social workers are able to enter child-specific information in FACES.NET. This information becomes the basis for developing the formal case record of every child in foster care. All CFSA and private agency case-carrying social workers are required to use FACES.NET as the primary case management tool.¹⁰⁸ Further, FACES.NET includes specific core data fields that are identified with a yellow background to prompt the social worker to complete them. A FACES.NET system data check also precludes entering additional data until the social worker updates the case management data fields.

In fiscal year (FY) 2018, CISA completed the following modifications to FACES.NET to reflect data quality focus and the initiatives that CFSA implemented that year to improve practice and performance:

- Implementation of functionalities to find duplicate clients and provide information to social workers to merge records
- Private agency data clean-up to remove duplicates and erroneous data
- Initiation of a new placement functionality that identifies available licensed providers that match with children's needs

Also in FY 2018, CFSA continued efforts to transition FACES.NET into compliance with the federal Administration for Children and Families' (ACF) new, required Comprehensive Child Welfare Information System (CCWIS). To accomplish this task, CFSA worked closely with a technology firm (Courage IT) to collect functional and system-based requirements that were

¹⁰⁵ *Adoption and Foster Care Analysis and Reporting System*

¹⁰⁶ *National Child Abuse and Neglect Data System*

¹⁰⁷ *National Youth in Transition Database*

¹⁰⁸ It is not uncommon for private agency partners to employ custom systems, forms and practice tools, in addition to FACES.NET, to support their own case management functions. However, CFSA requires partners to utilize the core case management modules and tools that are built into FACES.NET.

included in a request for proposal (RFP) for new technology and system integrator(s). CISA submitted the draft RFP to CFSA’s procurement team for their review. The timeline shown below is CFSA’s current estimate for issuance of a contract resulting from the RFP. At present, the District’s Office of the Attorney General (OAG) is reviewing the RFP. Once OAG completes the review, the document will be submitted to ACF for their review and comments.

2019								2020				
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
OAG	ACF		OAG	RELEASE		PROPOSAL REVIEW		NEGOTIATION			COUNCIL	START

During the 2015-2019 CFSP review period, CISA has implemented the following FACES.NET and data-sharing enhancements to better support best practices in case work, address federal and local policy initiatives, improve system-wide management and accountability, and facilitate the extraction and analysis of meaningful data:

- **Email Encryption Program:** In 2017, CISA partnered with OCTO to become the first of all District agencies to create tighter email security controls via a new Email Encryption Program. As a result, CFSA staff is now able to send an email with concealed data and sensitive but secured information about Agency clients, e.g., case management details inclusive of clients’ social security numbers, health and financial information.
- **Federal Enhancements:** In 2018, CISA revised the hierarchy of investigation referral types to include “sexual exploitation/sex trafficking of a child (by a non-caregiver).” Accordingly, CISA also created “sex-trafficker” as an intake pick-list option when assigning a role to an alleged maltreater. To further support case practice, CISA enhanced the child file field to allow for “safe care plans,” including services required for substance-exposed infants.
- **Dashboard Utility –** Noted in the 2015-2019 CFSP, the development of the FACES.NET dashboard utility was the first of two enhancements aimed at giving social workers better and easier access to direct information that can assist them with case level scheduling and decision-making. First, the dashboard allows supervisors and workers to access caseload data in a concise, actionable, and interactive format. It also supports the timely completion of case management tasks by providing a comprehensive view of each social worker’s performance across 19 distinct measures. Over the past year, the dashboard was enhanced to indicate the existence of duplicate clients for a social worker. CISA then started a massive duplicate client merge clean-up project called “Close the Loops – No More Dups.” This project is ongoing and includes tracking and reconciliation of client information such as ward and address that social workers formerly entered by hand. By the end of June 2019, social workers will no longer manually enter addresses. Rather, CISA created a mapping function that populates the address as its being entered into the appropriate field. This function is expected to improve the availability and accuracy of ward and address information, as well as the Agency’s ability to map by ward and neighborhoods where children and investigations

originate. The mapping capability also locates providers in geographic relation to families with children entering foster care.

- **Birst™ Data Visualization Dashboard:** As mentioned in the 2015-2019 CFSP, this dashboard continues to serve a data accountability function for supervisors and program managers to observe their workers' caseload statuses as well as the Agency's status on performance indicators. The dashboard serves an important QA purpose by highlighting incongruous case status information (such as inappropriate permanency goal with respect to the length of time the child has been in foster care) and by providing supervisors with ready access to the client information and case management activities of their case-managing team members. Because Birst is a web-based application, users have widespread system access. The applications are compatible with most Internet web browsers, and can be accessed wherever users have an internet connection using their security credentials. Enhancements to Birst are automatic whenever there are enhancements to FACES.NET management reports that feed into the visualization program.
- **Well-Being Profile:** The purpose of the Well-Being Profile is to provide one central location in FACES.NET for social workers to quickly view and analyze case-related information for clients. The profile is especially helpful for social workers to examine the clinical make-up of clients within each case record, including current and historical CAFAS/PECFAS¹⁰⁹ assessments for each child, providers' locations relative to the child, and the current view of Caregiver Strengths and Barrier Assessment for each caregiver and visitation data. The goal of the profile is to determine which services lead to more positive outcomes for children and families.
- **Temporary Safe Haven Redesign (TSHR):** In FY 2018, CFSA launched TSHR by transitioning from seven contracted private agencies to one Maryland child placing agency to provide family-based case management services for all DC children placed in a Maryland foster home. CFSA continues to case manage all children in foster care in DC. Two exceptions include Spanish-speaking families served by CFSA's contract with the Latin American Youth Center, and unaccompanied refugee minors served by the contracted agency Lutheran Social Services. As a result of TSHR, children across the child welfare continuum can receive consistent and comparable foster care service delivery, regardless of placement, provider, or jurisdiction. Regarding FACES.NET, TSHR required enhancements to service lines and improving the embedded placement matching system.
- **Data Tracking and Analysis:** In May 2019, CISA initiated a "Help Us Improve" campaign, which consists of ongoing surveys for all program areas. Survey topics touch on the

¹⁰⁹ The CAFAS (Child and Adolescent Functional Assessment Scale) and PECFAS (Preschool and Early Childhood Functional Assessment Scale) provide information on client functioning and help to inform both the case planning and service delivery process.

impact or potential solutions for all challenges related to FACES.NET, data reports, and CFSA's information technology (IT), including IT equipment, training, and support.

In June 2017, CFSA received confirmation that the Adoption and Foster Care Analysis and Reporting System (AFCARS) assessment review program improvement plan (PIP) had been successfully completed. This was as a result of efforts since late 2014 to improve data quality protocol and institutionalize a continuous quality improvement process.

Service Array

Information and data provided throughout the APSR demonstrates the current functioning of CFSA's services for children and families already involved with the Agency. These services span across the continuum of child protective services to post adoption and aftercare services for older youth. Numerous tools and resources are utilized by social workers to ensure that each child's individual needs are appropriately assessed and that plans are created accordingly.

Agency Responsiveness to the Community

In efforts to better support and strengthen families, CFSA continuously works with a number of community partners for a mutually beneficial relationship. The District is fortunate to have within its borders a number of child welfare organizations and advocacy groups locally focused on improving the child welfare system. While these groups vary in areas of concentration (e.g., some focus on specific areas of practice or service while others maintain interest in the entire child welfare spectrum), all have played a key role in the development of the Agency's APSR and CFSP.

In developing the APSR and 2020-2024 CFSP, CFSA invited ongoing stakeholder feedback on the assessment of Agency performance, specifically regarding the practice domains of safety, permanency and well-being. CFSA convened a facilitated series of stakeholder forums to discuss the goals, their alignment with Agency and community priorities, and how the goals interface with the Agency's strengths and areas in need of improvement. CFSA also integrated stakeholder feedback on the CFSP systemic factors. Held at CFSA headquarters, the stakeholder convenings occurred over three individual sessions, one each in February, March and April 2019. Each session had dedicated focal areas of the CFSP goals, objectives and measures. CFSA staff from the offices of Entry Services, Program Operations, and Well-Being joined external stakeholders from the following entities: Children's Law Center, Family Court: Court Improvement Project, Citizens Review Panel, Center for the Study of Social Policy, Collaboratives, DC127, Domestic Violence Coalition, Parent Watch, the Children's Trust, Office of the Attorney General, Office of the State Superintendent (OSSE), and OSSE's Head Start/Early Childhood Development. CFSA also integrated the assessment of practice based on focus group and survey feedback from resource parents, youth and birth parents. Stakeholders provided feedback and recommendations.

Additionally to inform the development of the APSR and CFSP, CFSA utilized information from the Agency's Annual Needs Assessment process and report. As a part of continuous quality improvement and resource planning, the Needs Assessment examines the quality and effectiveness of services and supports, and assesses the extent to which these resources are facilitating the implementation of the values-based Four Pillars Strategic Framework. In addition to data analysis, the 2019 Needs Assessment considers the collective voices of youth, teen parents, birth mothers and fathers, as well as traditional, adoptive, and kinship caregivers,¹¹⁰ all of whom are key stakeholders in the decisions surrounding the future of the District's child welfare system, and hence in the development of the CFSP.

Ongoing and routine stakeholder involvement is integral to CFSA's ability to develop strategies, policies, and practices for achieving the District's child welfare goals. To balance the exchange of feedback, CFSA continues to provide data, and policy and practice change ideas to stakeholders for their perspectives and insights into practice changes and improvements. Conversely, internal and external stakeholders often participate in forums, work groups or standing committees to share system issues, concerns, or recommendations for practice changes with CFSA leadership and, when appropriate, with the CFSA ombudsman.

These activities to engage stakeholders in the APSR and CFSP development are a few of the various methods used for CFSA and its stakeholders to communicate about overall barriers and solutions. CFSA considers and adopts as feedback received as appropriate.

Changes from the Previous CAPTA Plan

CFSA continued to direct CAPTA-sponsored activities towards reinforcing the first pillar (Front Door) of the Agency's *Four Pillars Strategic Framework*:

- Intake, assessment, screening, and investigation of reports of abuse and neglect
- Case management, including ongoing case monitoring, and delivery of services and treatment that are provided to children and their families
- Reinforcement of child protective services through ongoing use of risk and safety assessment tools and protocols, including use of the Differential Response model

A significant change from the District's previously approved CAPTA plan for how CFSA uses funds to support the CAPTA program areas was the discontinuation of the Differential Response (DR) model and the Family Assessment (FA) track. Effective April 1, 2019, CFSA transitioned

¹¹⁰ The terms "resource parent" and "resource provider" are often inclusive of traditional resource parents, kinship caregivers, and pre-adoptive or adoptive parents.

from a dual-track system back to a one-track system with the ending of the use of the DR approach and the FA units.

Use of CAPTA Funds in the Last Year

Screening and Assessment

CFSA continues to identify and utilize the most effective tools to promote and sustain trauma-informed case practice within the Agency's organizational structure, culture, and policies. For example, social workers use the screening tools include Ages and Stages Questionnaire Social-Emotional (ASQ-SE), Strengths and Difficulties Questionnaire (SDQ), Global Appraisal of Individual Needs- Short Screener (GAINS-SS), and Trauma Symptoms Checklist for Children and Younger Children.

These trauma screenings help to inform social workers about a child's history of exposure to potentially adverse or traumatic experiences. Information from trauma screenings also provides insights into behaviors and emotions that may be the result of trauma. Social workers then incorporate this history and current clinical presentations to develop a child-specific service array that is integrated into the case plan.

Case Management

CFSA has also continued case planning integration of the following tools: Child and Adolescent Functional Assessment Scale (CAFAS®), and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS®), and the Structured Decision Making (SDM) Caregiver Strengths and Barriers Assessment (CSBA). These tools help social workers make clinically sound decisions while developing a behaviorally-based, trauma-informed case plan. CFSA strives to administer the assessments to all children within 30 days of entering care, and to update the CAFAS and PECFAS assessments every 90 days. In addition, OWB maintains databases to track monthly completion rates for each social work unit within CFSA and for each CFSA-contracted private agency.

Differential Response

Throughout FY 2018, CFSA's Child Protective Services (CPS) Administration continued to use the Differential Response (DR) approach for referrals, based on the immediacy of safety concerns. As noted throughout the APSR, in certain abuse and neglect situations where there was no immediate risk, the CPS Hotline referred families to the Family Assessment (FA) unit. The FA approach differs from a traditional investigation in that the social worker utilizes clinical skills to partner with the family to develop a voluntary service plan to meet their needs. Families who participated in the FA were not substantiated for abuse or neglect, and their names were not included in the District's Child Protection Register. If, however, during this time period, a CPS

report indicated that a child's safety was at imminent risk, a formal CPS investigation occurred. As stated earlier, CFSA discontinued the use of the DR approach during FY 2019.

Risk and Safety Assessment

Child safety continues to be the paramount concern for CFSA's CPS Administration. Accurate and ongoing assessment of safety and risk remain a critical function of CPS social workers to include a trauma informed approach and improved strengths-based engagement practices with families. Based on prescribed time frames for investigations, CPS social workers will continue to use formal safety and risk assessment tools such as the *Danger and Safety Assessment* and the *SDM Family Risk Assessment* for all accepted investigations. In line with best practices, the investigative social workers will also continue to conduct ongoing, informal risk and safety assessments during each regular contact and all visits with the families.

Regarding safety in particular, the CPS administration works closely with primary caregivers and the rest of the family to create a safety plan in efforts to ensure that children can remain safely in their homes. If any CFSA assessment indicates that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will remove the child to ensure their safety.

3. UPDATE ON SERVICE DESCRIPTIONS

UPDATES ON SERVICES PROVIDED

STEPHANIE TUBBS-JONES CHILD WELFARE SERVICES PROGRAM (TITLE IV-B, SUBPART 1)

CFSA continues to apply IV-B, Subpart 1 funding toward the first of the Agency's Four Pillars: Narrowing the Front Door. Please refer to descriptions, contained in this report, regarding Entry Services.

Services Provided During FY 2015-2019

Throughout the reporting period, CFSA applied IV-B, Subpart 1 funding toward Front Door initiatives to help families stay together safely.

PROMOTING SAFE AND STABLE FAMILIES (TITLE IV-B, SUBPART 2)

FAMILY PRESERVATION SERVICES

As mentioned previously in this report in *Goal 1: Narrowing the Front Door*, through the Safe and Stable Families (SSF) initiative the agency has more flexibility to use IV-E funds for prevention of removal and keeping children safely at home through in-home services. The waiver also allowed CFSA to expand its partnerships with both public and private agencies in the District to implement a diverse array of services and resources available to families in all of the District's communities.

In FY 2017, SFF was redesigned to reach more families that were at risk of involvement with CFSA by providing improved access to tailored services (formal and informal) and interventions aimed at reducing risk. In addition to targeting families with multiple and complex needs or difficulties that statistically lead to children suffering neglect and cumulative harm, service targets include young families experiencing homelessness as well as grandparents participating in the District's Grandparent Caregiver Subsidy Program. The following services continue to be included:

- Emergency Family Flexible Funds
- Respite services
- Support groups and trainings
- Information and Referral
- Family Group Conferencing
- Parent Education Support
- Mobile Stabilization Support
- Homemaker Services

COMMUNITY-BASED FAMILY SUPPORT SERVICES

CFSA has a contractual partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives), which support both prevention and intervention services for families that are known and unknown to CFSA. Support for families known to CFSA includes preparation for reunification as well as post-reunification supports to prevent re-entry of

children into care. The Collaborative services will continue in 2019. Please refer to *Goal 1: Narrowing the Front Door*, regarding the Collaboratives.

Services Provided During FY 2015-2019

Throughout the reporting period, the majority of the District's family preservation and community-based family support services have been provided by the Collaboratives. Services have included crisis intervention, counseling, life-skills education, emergency family flexible funds, respite, mentoring, tutoring, and home visiting. During the reporting period, CFSA expanded its scope of referral to reach more at-risk families, as described in the previous section under Family Preservation Services.

FAMILY REUNIFICATION SERVICES

The following key services will continue in FY 2019 to support family reunification:

- CFSA manages the Rapid Housing Program (RHP) to provide short-term rental payments to families in need of stable housing.
- CFSA manages the Family Unification Program (FUP) vouchers for long term rental assistance for families.
- CFSA coordinates with other DC Government agencies to help families to access existing city-wide housing resources.
- The Family Treatment Court (FTC) in DC promotes family reunification through the provision of comprehensive substance use treatment and related services to facilitate achieving timely permanency for children.

Services Provided During FY 2015-2019

CFSA has throughout the reporting period, helped families toward reunification by providing rental assistance, coordinating with appropriate agencies for housing programs, and through the Family Treatment Court, described above.

ADOPTION PROMOTION AND SUPPORT SERVICES

Each child or sibling group with a goal of adoption receives an adoption recruiter who utilizes existing resources and develops individualized recruitment plans and strategies. Please refer to *Goal 4: Exit to Permanence*, regarding other permanency goals.

Services Provided During FY 2015-2019

Throughout the reporting period, through the Permanency Specialty Unit, CFSA has provided direct service and made referrals for pre-and-post adoption supports to help ensure positive permanency for children and their caregivers. Services included those for children with special needs, services for children with adjustment and behavioral issues, family crisis intervention supports, adoption and guardianship support networks, workshops that support family and child well-being, assistance with subsidy management, assistance with locating birth families, and education on child development and parenting. CFSA has partnered with the community

organization, Adoptions Together, to provide information, referrals, and services following adoption and guardianship finalization.

SAFE AND STABLE FAMILIES PROGRAM (IV-E WAIVER SERVICES)

The Title IV-E Waiver provides CFSA with more flexibility for prevention efforts. Please refer to *Goal 1: Narrowing the Front Door*, regarding community services and the Safe and Stable Families Program.

MONTHLY CASEWORKER VISIT FORMULA GRANTS

CFSA uses monthly caseworker visitation (MCV) funds to augment local investments to help cover the long-distance travel expenses of social workers who must complete home visits with children who are placed outside the District. While the Agency prioritizes the placement of children within or close to their neighborhoods, schools, and communities of origin, individual child needs or preferable kinship care arrangements may warrant placing the child with caregivers who are located some distance from the District.

CFSA continues to meet the statutory performance requirements of the MCV program. Per CFSA's Visitation Policy, children entering foster care or experiencing a new placement while in foster care should receive one visit per week for the first four weeks of placement. The social worker with case management responsibility must make at least two of the visits while a family support worker or a nurse care manager can make the other two visits. At least one of the visits in the first four weeks must be in the home where the child is placed.

After the first four weeks of placement, CFSA policy requires social workers to visit children in foster care at least two visits per month. The social worker with case management responsibility must make at least one of the visits. Again, a family support worker or nurse care manager can make the second visit. At least one of these monthly visits must occur in the home where the child is placed.

Services Provided During FY 2015-2019

There have been no substantial changes to the manner in which CFSA uses these funds since the writing of the 2015-2019 Child and Family Services Plan (CFSP). CFSA continues to utilize federal MCV funds to cover costs associated with airfare, rail tickets, car rentals, and other expenses that help facilitate social worker visits to youth placed in other states, as well as reimbursements for social workers' vehicle mileage to complete local visits.

CHAFEE

Chafee funding continues to support the transition process through various programming opportunities. CFSA earmarks Chafee funds for driver's education, college tours, extra-curricular activities that fall outside of youth's academic pursuits, career exposure activities,

transportation funds for youth, and transitional funds provided to youth aging out so they can purchase necessary household items. Additionally, CFSA uses Chafee funds to pay the salaries of some of the staff from CFSA's Office of Youth Empowerment (OYE) who work directly with youth on education and career goals. CFSA does not plan to extend Chafee services up to age 23 at this time.

Services Provided During FY 2015-2019

Throughout the reporting period, Chafee funding has helped OYE to supplement the activities described above and to implement and refine programmatic elements that are critical to a youth's successful transition to independent adulthood. In regard to college and vocational preparation, OYE's Education Unit historically provided college and career preparation beginning in 10th grade. Within the last several years, OYE has expanded the beginning of student eligibility for college and career preparation supports to 9th grade. In addition, the OYE education specialist's role has expanded to include regular visits to youth attending colleges and universities. OYE has also strengthened its network of supportive faculty and staff contacts at post-secondary institutions.

In addition, OYE has modified several other services. Vocational services have evolved to be more intensive, individualized, and youth-driven, particularly with the FY 2019 implementation of a brand new program model. OYE has increased resources for pregnant and parenting youth, specifically by recruiting, training, and compensating qualified foster parents to provide specialized care in a family-like setting for these youth. OYE has also developed transitional housing programs that reflect the unique needs of young parents transitioning from foster care. OYE has partnered with the Department of Behavioral Health and community-based organizations to develop and manage a transitional housing program for eligible youth aging out of foster care. OYE continues to work with local banking institutions to provide youth in care with financial literacy education and opportunities to manage matched-savings accounts. Lastly, OYE maintains its priority of celebrating youth in care through such annual events as the Fashion Show, Youth Recognition Ceremony, and Youth Holiday Gala.

EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM

Academic and financial supports are part of CFSA's case management infrastructure for high school youth. As part of early transition planning, case-carrying social workers stress to their youth the importance of completing a high school diploma or GED. CFSA also has various supports for youth who are interested in pursuing post-secondary education, be it in a four-year college or university, community college, or vocational training program.

OYE administers the ETV program, which is an important financial resource to help youth in foster care with the cost of attendance at an institution of higher education, e.g., tuition, fees, books, housing and other related-college expenses. Up to \$5,000 worth of ETV funds are made

available to youth only after all other forms of financial aid have been explored and utilized. In light of more than a 50 percent reduction in federal ETV funding since FY 2014, CFSA youth have, over time, had to depend more heavily on other federal and local financial resources, such as the DC Tuition Assistance Grant, the DC College Access Program (DC CAP) program, or federal grants and scholarships available through the Free Application for Student Aid (FAFSA). Youth receive ETVs on a first-come, first-served basis, until the ETV funds are exhausted. Youth must re-apply for an ETV each school year.

Social workers enter the ETV distribution data into FACES.NET, whereupon FACES.NET tracks the distributions for federal reporting. The reporting of ETVs is based on the youth's client identification number and voucher issuance date. This tracking methodology prevents the Agency from inadvertently issuing more than ETV per youth.

Youth must meet the following criteria to be eligible for the ETV program:

- Youth have been in care for 12 consecutive months prior to their 18th birthday.
- Youth are aged 18 to 20 years old. Note: Only youth receiving ETV funds at the time they age out of the foster care system may re-apply up to age 23.
- Youth aged 16 have reached permanency through adoption or guardianship.
- Youth are receiving out-of-home services at the age of 15 years or older, or were adopted or under legal guardianship at the age of 16.
- Youth are United States citizens or have legal residency.
- Youth have a high school diploma or equivalent.
- Youth are enrolled in post-secondary school or a training program, either as a full-time or part-time student.
- Youth have submitted an application for financial aid, including FAFSA, to the post-secondary school or training program.
- The youth participated in post-secondary education or training before age 21.
- There is proof of satisfactory academic progress (i.e., at least a cumulative grade point average of 2.0 on a 4.0 scale) or academic standing consistent with the institution's FAFSA graduation requirements.

CFSA also maintains a separate pool of Chafee funds to assist with expenses that are incidental but still necessary to successfully participate in programs of study, including but not limited to uniforms, supplies, transportation, and other items not covered by ETV funds. Through these Chafee funds, eligible youth can attend summer bridge programs where the youth spend one week on the campus of a college that they may be interested in attending. Chafee funds can also be applied to tuition for pre-college programs, such as training opportunities that may not lead to nationally recognized certifications but nonetheless provide experiences and outcomes that will render students more marketable and capable to succeed in a competitive workforce. In FY 2018, CFSA spent approximately \$40,641 to directly support 14 youth in various pre-

college programs. As of March 2019, CFSA has spent approximately \$7,759 to directly support six youth in various pre-college programs. CFSA does not plan to extend ETV eligibility up to the age of 26 at this time.

COLLABORATION, PROGRAM SERVICE DESCRIPTION, AND PROGRAM SUPPORT FOR ETV

The District collaborates with CFSA’s Office of Well Being (OWB) and the District’s Office of the State Superintendent of Education (OSSE) to ensure that all eligible youth are connected to OSSE’s post-secondary education program for additional tuition supports. Students in the District are able to obtain funds equal to the difference of in-state and out-of-state costs in order to attend any state institution in the country. In addition, students are eligible for \$2,500 to assist with tuition to a Historically Black College or University (HBCU). This collaboration affords OYE the ability to bypass any barriers so that even youth residing in foster homes in Maryland and Virginia are eligible.

CFSA continues to collaborate closely with nearby post-secondary education institutions. In FY 2018, OYE worked with the academic departments of several colleges and universities to strengthen partnerships on behalf of youth attending these institutions and to ensure ongoing supports. OYE facilitates biannual workshops in which representatives from nearby post-secondary institutions present information to college-enrolled and college-bound youth in care. In 2018, academic advisors, retention coordinators, and financial aid specialists from Trinity Washington University, Bowie State University, and the University of the District of Columbia shared strategies for post-secondary success. Additionally, several of the representatives serve as ongoing information contacts for OYE’s education unit, and avail themselves to the youth as resources for individual guidance throughout their post-secondary career, regardless of which school they attend. CFSA is confident that the level of partnership established with the post-secondary institutions has allowed for increased retention rates. Also in FY 2018, CFSA spent approximately \$103,000 to directly support youth in various post-secondary programs. As of April 2019, the Agency has spent approximately \$68,048 to directly support youth in various post-secondary programs.

Number of Youth Receiving ETV Assistance		
School Year (July 1 – June 30)	Total ETVs Awarded	Number of New ETVs
2014-2015	65	27
2015-2016	61	21
2016-2017	68	32

Number of Youth Receiving ETV Assistance		
School Year (July 1 – June 30)	Total ETVs Awarded	Number of New ETVs
2017 – 2018	48	17
2018 – 2019	37	14

Services Provided During FY 2015-2019

Throughout the reporting period, CFSA has collaborated with OSSE to ensure that all eligible youth are connected to the ETV program and that they are connected with the appropriate resources and services as described above.

SERVICES FOR OLDER YOUTH

The following table provides the numbers of youth who participated in activities related to youth transitioning out of foster care and into adulthood.

Workshops/IL Programming	# in FY 2018	# in FY 2019 (as of Mar 31, 2019)
College Tours: Group, community based, and individual tours of target colleges/universities. Youth are exposed to college life and academics to determine best fit for post-secondary education.	20	4
College and Career Preparation: Exposure to post-secondary educational options and high demand employment fields.	214	160
Youth Recognition Ceremony: Annual ceremony that recognizes education and vocational accomplishments.	31	N/A occurs in July
Urban Alliance: Organization that provides youth with internship opportunities. Youth participate in a three week job readiness training program and then are placed in an internship where they receive real time feedback from an onsite mentor. Youth also participate in a weekly workshop that is designed to address any issues that may have presented itself on the worksite.	12	0 (contract ended in FY18 due to poor outcomes)
Making Money Grow: Financial literacy program created for young professionals ages 15 to 20.5 in care to learn how to manage their finances, save for the future, and transition with-up to \$12,000. The savings component is a matched savings.	89	94
College Connect 4 Success: An academic and professional development workshop for all youth attending college. The	19	This event transitioned to

Workshops/IL Programming	# in FY 2018	# in FY 2019 (as of Mar 31, 2019)
purpose of this workshop is to provide students an opportunity to dialogue directly with a variety of college representatives (i.e. academic advisors, financial aid representatives, trio program counselors, etc.) and receive guidance and information aimed at empowering students to be successful academically. This workshop focuses on strategic goals to achieve academic success and examines the process and how-to steps for utilizing academic advising, financial aid, student accounts, and disabilities support services.		individual meetings
Career Preparation-Support youth in preparation for vocational training, internships or employment.	111	65
JUMP (Juvenile Mentoring Program): Mentoring for young men who are experiencing difficulties in the communities to receive guidance and support.	14	8
Youth Education and Advocacy Workshop: Show Me Democracy- An acclaimed film that highlights seven St. Louis college students as they evolve into activists and demand change through policy and protest. The film was followed by an interactive question and answer period between youth and OYE staff.	March 2018 Workshop: 4 Youth	N/A

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

NYTD remains one of the data collection methods used by the Administration for Children and Families (ACF) and CFSA to gather additional knowledge about services and outcomes of youth in foster care and transitioning out of foster care. In December 2018, the Children’s Bureau (CB) conducted a NYTD Review of applicable CFSA cases. The review included pre-onsite and onsite activities that allowed CB to understand CFSA’s practices related to youth, data collection methods, documentation, and child welfare system coding. During the onsite review 30 case records were reviewed for accuracy and consistency of data reported in previous NYTD files and there were interviews held with 27 stakeholders to include caseworkers, providers, resource parents and youth who are knowledgeable of the Agency’s practices and services for youth. The NYTD review served as an evaluation of the system, policies and practices related to the collection of youth transitioning out of foster care. As a result, CFSA was provided with a review summary highlighting strengths and opportunities for improvement for these areas of work.

Strengths

- Strong leadership and desire to improve data collection and reporting efforts

- Clear process for assessing youth needs and providing supportive services to vulnerable youth
- Office of Youth Engagement (OYE) caseworkers administer a variety of independent living services to support youth moving through transition: Making Money Grow (MMG), Boot Camp
- Program youth who are enthusiastic about supporting NYTD data collection and recruiting efforts

Opportunities for Improvement

- Better alignment of training and technology with case practice needs to ensure collected data are reflective of the casework and services delivered to youth across programs and third party service providers
- Promoting the NYTD survey as an opportunity to empower youth to provide feedback while removing barriers to participation in the survey
- Conducting quality assurance to determine the accuracy and completeness of case-level data on youth served by the independent living program
- Including program staff in the planning and development of the CCWIS and aligning development plans with the need to capture accurate, timely and reliable NYTD data

In response to the exit meeting held during the NYTD Review and the Review Summary provided by CB, CFSA made the following changes in FACES.NET that were deployed into production on April 12, 2019:

- Allowing the submission of partially completed surveys
- Changed all response values “I’d Rather Not Say” to read “Declined” (in accordance with NYTD requirements)
- For question 14, removed “Dopn’t Know” as a response option (in accordance with NYTD requirements)
- Edited question language/wording of any questions that did not match NYTD requirements Questions that were edited are:
 - a. Q 10, 11, 12, 13: follow-up populations surveys only
 - b. Q15: all populations surveys
- Change field label “Submission Date” to read “Completion Date”

At this time, CFSA is awaiting Appendix C from CB. This will be the addendum to the summary of the findings document received on the last day of the review. Once this report is received, CFSA has 45 days to reconcile the findings that would then impact the ratings changes. The final report will then be received. Once the final NYTD Review report is received, CFSA will utilize that information, determine the relevant staff and stakeholders needed for implementation of next steps and develop the program improvement plan. In the interim, CFSA’s internal and external stakeholders continue to review NYTD outcome data and the use

of this data for improving case practice. As part of its ongoing communication with NYTD stakeholders, CFSA continues to identify areas of opportunity for utilizing NYTD data to improve service provision (e.g., CFSA's identification and improvement of data entry for independent living service areas). CFSA has 30 days after the final report is issued to submit the improvement plan.

In the last FY 2019A file submission, which included the survey completion, CFSA attempted to meet the 80 percent benchmark for the 19-year-old population. However, CFSA was non-compliant due to the lack of staff documentation around independent living (IL) services in the following areas:

- Education Level
- Public Financial Assistance
- Public Food Assistance
- Public Housing Assistance
- Children
- Marriage at Child's Birth
- Other Health Insurance Coverage
- Health Insurance Type-Medical
- Health Insurance Type- Mental Health
- Health Insurance Type- Prescription Drugs

The Agency has identified that the data errors identified in the submission are new areas of concern from previous submissions. The Agency is working to develop a corrective action plan that will address the mapping and documentation needs to ensure error free entry of NYTD related information into the FACES.NET database.

In FY2019, CFSA plans to share information received from the NYTD Review as well as the A and B file submission with relevant stakeholders. The information will be disseminated among internal and external stakeholders (e.g., MACCAN, CRP) as part of a larger Agency Continuous Quality Improvement (CQI) process. To gain youth perspective on the findings, CFSA will also coordinate NYTD report findings focus groups with the older youth. From the focus groups CFSA will develop recommendations for integration into improved service delivery in order to better meet the needs of the older youth community.

COLLEGE AND CAREER PREPARATION

For information on college and career preparation services available for youth, please see *Goal 3: Education Services* and *Goal 4: OYE Career Pathways Unit/YVLifeSet*.

YOUTH TRANSITION PLANS

CFSA continues to use the youth-driven Youth Transition Plan (YTP) to emphasize the importance of youth achieving success in particular life domains. All youth ages 14-19 take part in YTP meetings twice a year. Once a youth turns 20, they have a YTP every three months. Domains include (but are not limited to) finances and money management, job and career, identity, permanency, and education. YTPs require intentional dialogue, barrier resolution, and planning for the youth's path toward independent living.

COLLABORATIONS WITH YOUTH-SERVING PROGRAMS

Public and Private Sectors Helping Adolescents to Achieve Independence

CFSA provides independent living services to all youth in care, either through OYE or through services provided by CFSA's contracted private provider agencies. OYE has a Career Pathways Unit that focuses on connecting youth to internships, vocational training, and employment in the youth's field of interest. The career specialists help youth to develop soft skills and to build their resumes, both of which are essential for youth achieving independence.

CFSA also offers youth (ages 15-21) the opportunity to participate in a matched savings program where every dollar saved is matched by Capital Area Asset Builders (CAAB). The matched funds are capped at \$1,000 per year, and are funded directly from the Agency's Chafee grant. They can only be accessed to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors (refer to the *Financial Literacy* section for more details and data).

In addition to essential independent living skills, OYE also has an education unit that supports a youth's effort to establish a solid educational foundation. OYE begins to provide educational supports for youth in the 9th grade and continues all the way through college. Education specialists meet with the youth and their teams to develop educational plans that fit a youth's personal goals while also developing a career pathway that they can continue to follow after exiting care. This report describes more details regarding OYE's educational supports under Goal 3: Education Services.

CFSA continues to reinforce the importance of any variety of career and vocational paths for youth, including program partnerships with the District's Departments of Employment Services (DOES) and Youth Rehabilitation Services (DYRS). CFSA further has a partnership with the University of the District of Columbia to provide workforce development training for youth completing high school and transitioning to the vocational track. For youth in college, CFSA partners with local businesses to provide paid career-path internships during the summer months. In addition, OYE educational and vocational specialists support youth involved in the OYE Enrichment Bootcamp (discussed earlier in Goal 3). This specialty program supports high

school-aged youth whose regular educational program interrupts due to placement, suspension, or school enrollment changes.

As noted earlier under Goal 4, CFSA applied for and received a three-year grant in 2018 to provide the Youth Villages LifeSet (YVLifeSet) model to youth who are struggling with achieving their goals. In April 2019, YVLifeSet replaced the Career Pathways Unit as OYE's vocational and life skills service delivery model.

OYE'S GENERATIONS UNIT: PREGNANT AND PARENTING YOUTH (PPY)

CFSA's Generations Unit offers extra support and guidance for PPY to complete their education, gain work experience, and master other life skills while balancing the responsibilities of parenthood. The Generations Unit comprises one supervisor, three social workers and a family support worker. CFSA provides additional training and resources to the Generations Unit staff to ensure they can appropriately meet the unique needs of the PPY population. All Generations staff members have received training from the Ackerman institute, whose Bright Beginnings curriculum enhances parenting skills, including setting appropriate rules and boundaries, emphasizing the importance of play, and demonstrating safe sleep practices. Additionally, Generations staff members receive monthly training and information from government and community based organizations. The trainings emphasize various skills for parenting and effectively supporting parents. Presenters also provide information on local resources, such as respite and supplemental nutrition programs.

In 2017, OYE completed a placement needs assessment for the PPY population. Results of the assessment indicated that placement of PPY in an independent living program (ILP) was a significant challenge to engaging the youth. Most PPY in an ILP had greater needs than the ILP setting could meet. The ILP setting was also causing the young families to develop unrealistic expectations about their ability to find an affordable apartment after exiting care.

As a result of the assessment's findings, CFSA explored the option of licensing professional resource parents for meeting the needs of those teen parents who could most benefit from living in a family-based environment. For the young mothers who might struggle in a traditional foster home and might also be ill-prepared for an ILP placement, CFSA explored licensing a specialized family group home to meet their needs.

To begin the transition out of ILP placements, CFSA decreased the number of ILP slots from 22 to 12, and limited placements to a single vendor. In November 2018, the Mary Elizabeth House became the sole ILP resource for the Agency's PPY program. In addition to providing individual apartments to the teen mothers and their children, the Mary Elizabeth House provides wraparound services including case management, as well as training on such topics as life skills, parenting skills, budgeting, food preparation, healthy eating, and substance abuse. Acceptance

into the program is conditioned on the parenting youth's eligibility for childcare, either because of employment or school enrollment.

Regarding placement of any PPY who could benefit from an ILP placement, CFSA updated the placement process that requires evidence of eligibility qualifications. The PPY must now complete an application that includes a letter of reference indicating a youth's high school diploma or general education degree (GED), as well as evidence of independent living skills, e.g., employment status and an active savings account. CFSA's director must also approve the placement.

In the summer of 2018, CFSA developed the professional foster parent (PFP) program, contracting with three PFPs to provide the hands-on support necessary to ensure the safety and well-being of high-needs parenting youth and their children. Distinguishable from a traditional foster parent, a PFP cannot have additional employment beyond a part time job. They are required to perform all of the functions of a dedicated primary caregiver for a high-needs youth, including participation in parent-teacher conferences, support of the therapeutic process, and monthly participation in the trainings offered to the Generations Unit (described earlier in this section). Unlike traditional foster parents who are supported by family support workers, PFPs work directly with the Generations Unit supervisor to receive information, coaching, and assistance in resolving any issues. Similar to the hubs comprising traditional foster parents, PFPs have their own cluster, which includes joint-outings and a system of providing respite for one another. Accordingly, the PFPs receive a monthly salary to offset the contractual employment restrictions, which allow the PFP to be available to meet the individualized needs of the youth placed with them.

CFSA has also contracted with the Mary Center to provide in-home support to PPY via the Parents as Teachers evidence-based model. For each family, regardless of whether they are placed in an ILP or with a PFP, the Mary Center creates individualized parenting plans and goals, and completes monthly home visits. The goal for each home visit is to ensure that the young PPY families understand the developmental milestones of their children, are equipped with school readiness, and have a clear understanding of their child's needs. Services began in May 2019.

FINANCIAL LITERACY

Throughout FY 2018 and during FY 2019 to date, CFSA has continued its long-standing partnership with CAAB (noted above) to offer financial literacy training and services to youth ages 15-20. In FY 2018, 89 youth took advantage of the matched savings program. As of the end of FY 2019-Q2, 94 youth were actively enrolled in the matched savings program.

HUMAN TRAFFICKING

CFSA continues to track youth identified as being sex trafficked or at-risk of being sex trafficked. CFSA's Child Welfare Training Academy (CWTA) holds ongoing trainings for Agency staff, resource parents, the District of Columbia Public School System (DCPS), the Office of the State Superintendent of Education (OSSE), the Department of Human Services (DHS), the Department of Youth Rehabilitation Services (DYRS), and any other youth serving agency that requests training as well as community partners to better understand and identify signs of sex trafficking. Trainings cover federal and local laws and policies regarding CSEC, best practice guidelines and mandated reporting aspects.

In FY 2018, there were seven Agency youth (five in foster care) identified as being sex trafficked or at-risk of being sex trafficked. As of February 2019, there were five Agency youth (four in foster care) identified as being sex trafficked or at-risk of being sex trafficked.

CFSA contracts with Courtney's House to provide services to survivors of child sex trafficking and children at risk of being sex trafficked. Courtney's House provides survivors with trauma recovery services and an opportunity to heal in a safe environment. It provides 24-hour crisis intervention services through its Survivor Hotline. Courtney's House also provides services to parents, guardians and caregivers who want assistance addressing a child's risk for sex-trafficking. Courtney House hosts support groups to help the public to better understand the issues of youth that are being sex trafficked and ways that they can advocate on their behalf. Through its website, Courtney's House offers tips for parents, guardians, caregivers and children on what to look for and how to prevent sex trafficking.

CFSA has also partnered with the Department of Behavioral Health to ensure that therapists are trained on the dynamics of sex trafficking and can incorporate that into the service delivery. Lastly, CFSA maintains ongoing communication with MPD regarding investigations to ensure that prosecution of the traffickers occurs when possible.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

CFSA does not conduct inter-country adoptions but rather refers individuals who seek a private adoption to local agencies that specialize in private adoptions. CFSA ensures that supportive services are available to families after adoption or guardianship, which may include partnering with community-based services, Adoptions Together and the Center for Adoption Support and Education (CASE).¹¹¹

For families who adopt or achieve guardianship through CFSA, prior to the finalization of these permanency goals, and again post-finalization, CFSA notifies families of the availability of post-permanency services (e.g., trainings, resources, and referrals). Additionally, CFSA has an internal post-permanency unit to address the service needs of children and families after adoption or guardianship finalization. To support and reinforce the potential for long-term positive permanency outcomes, Adoptions Together and CASE also provide therapeutic services

¹¹¹ The Center for Adoption Support and Education is a local organization that promotes adoption awareness, provides counseling services, and develops the skills for professionals and families to be "adoption competent."

for CFSA's pre-adoptive and guardianship caregivers. The same supportive services and post-finalization services are offered to families who adopt children independently through the District of Columbia.

Services Provided During FY 2015-2019

Services for children adopted from other countries have been consistent during the reporting period. Adoptions Together, by way of the Post-Permanency Family Center (PPFC) and now FamilyWorks Together Program, offered services for adoptive and guardianship families throughout the District. Services included case management, advocacy, family counseling, parenting classes, trainings and support groups for children, teens and adults who are in the post-adoptive process.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE: EDUCATION, CHILDCARE, FAMILY RESOURCES, SCREENINGS AND EVALUATIONS

CFSA continues its diligent efforts to assess and provide the following early intervention services and supports to families with children ages 0-5. These efforts help to achieve prompt, safe, and stable permanency, in addition to supporting children's healthy development.

CHILDREN IN FOSTER CARE

- ▶ ***Screenings and Evaluations.*** The Healthy Horizons Assessment Center (HHAC) is CFSA's on-site clinic for providing health screenings. HHAC also serves as the primary vehicle for medical evaluations for children entering, re-entering, exiting, or changing placements in foster care. In addition to the health screenings, HHAC clinicians complete the Ages & Stages Questionnaire (ASQ) to identify delays and to refer children to appropriate educational resources in the District. Within 28 days of the removal or re-entry of a child between one month and five years, the HHAC clinical staff completes the ASQ to look for any delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The outcome of each screening is sent to OSSE's Strong Start program or Early Stages program for review and determination of need for a more in-depth evaluation or identification of specialized services or supports. The DC Public Schools' (DCPS) runs the Early Stages program, which serves children between the ages of 2 years and 8 months to 5 years and 10 months. After assessments, the program may recommend specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

Within 28 days of the removal or re-entry of a child between three months and five years old, co-located Department of Behavioral Health (DBH) specialists also complete the Ages and Stages Questionnaire – Social-Emotional (ASQ-SE) for social/emotional delays in self-regulation, compliance, communication, adaptive behaviors, autonomy,

affect, and interaction. CFSA also sends the outcome of each screening to OSSE for review and determination of needs.

OSSE and DCPS jointly administer the District of Columbia's Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program for children ages 0-5. The DC Early Intervention Program (DC EIP) – Strong Start Child Find Program (under OSSE) serves children ages birth to 2 years and 10 months. As noted earlier, Strong Start is a system that identifies and refers children who may have a disability or developmental delay, particularly in one or more of the following areas: speech, language, fine or gross motor skills, social and emotional skills, vision, and hearing.

Once referred to the program, staff assigns the family to an initial service coordinator (ISC) who makes a referral for an evaluation to determine eligibility and to gather information for an individualized family services plan (IFSP), if warranted. Based on the outcome of the evaluation, the program staff may assign the family to a dedicated service coordinator (DSC) who facilitates the linkages to early intervention services. Program staff review IFSPs on a semi-annual basis (at a minimum) while completing annual evaluations to determine the need for continued services. The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back from OSSE to CFSA's Health Services Administration (HSA) and the assigned social worker. HSA nurses are then responsible for notifying the assigned social workers of the outcome of the screening and subsequent evaluation.

Services Provided During FY 2015-2019

CFSA has continued to conduct health and developmental screenings for children in foster care during the reporting period. This has included medical and dental evaluations, and a host of assessment tools to gauge the social, emotional, and behavioral needs of children aged 0-5 years old. In addition, referrals made to OSSE and DCPC for continued services has been an ongoing service linkage during the reporting period.

- ▶ ***Child Care.*** CFSA has established a relationship with the District's Department of Human Services (DHS), which issues child care vouchers, in order to help resource parents expedite the processing of applications. After CFSA's child care coordinator helps the resource family determine child care needs and services, the coordinator walks the family through the process of applying for a subsidy and voucher. Once DHS receives and reviews the application, DHS contacts CFSA's point of contact, OWB's early education specialist, within 24 to 48 hours. In addition to the DHS child care vouchers, CFSA provides emergency in-home, nanny services through a contract with PSI Family Services, Inc. PSI's services are tailored for families where child care is a barrier to placement. These services are temporary, i.e., up to 10 days of child care for a maximum

of 10-hours-a-day for children ages 0-5. During the 10-day time frame, the early education specialist researches a more permanent option.

Services Provided During FY 2015-2019

During the reporting period, there have been changes to child care services for children under the age of 5 in foster care. In the beginning of the reporting period, CFSA contracted with Care.com for emergency child care services. This was a short-term contract created with providers to secure 10 days of child care for those children that needed it. This enabled families to secure immediate child care arrangements on short notice while still having time to plan for long-term child care. More recently, the provider for this service has changed PSI, allowing for a somewhat more tailored way to meet the needs of the resource parent as referenced above.

- ▶ ***Education.*** Within the first 48 hours after children ages 0-5 are separated from their parents, the early education specialist from OWB reaches out to the social worker and resource parent to assist the family with identifying and securing appropriate child care or early education programs to promote the child's healthy development. Education specialists are discussed in further detail in *Goal 3, Education.*

Services Provided During FY 2015-2019

- ▶ See above for childcare.

CHILDREN RECEIVING IN-HOME SERVICES

- ▶ ***Health.*** Assigned in-home social workers refer infants and young children to CFSA's community nurses co-located at the community-based Collaboratives whenever the infants or children are diagnosed with special medical needs and observed to have a developmental delay. The community nurses (formerly known as the infant and maternal health specialists) are available to assist in-home families and to discuss their child's health and medical needs, either in their home or elsewhere in the community. The nurse assesses the child's needs which can range from outdated immunizations to an acute or chronic health condition. The nurse then connects the family with appropriate medical services. In addition, the nurse develops, implements, evaluates and revises a plan of care to ensure appropriate treatment (based on the child's age, developmental level, and diagnosis). As needed, nurses also connect families to community resources or District agencies, monitoring their follow-up health care needs. Community nurses complete the ASQ for children ages 0-3 to identify delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The nurses also refer children to the appropriate educational resources in the District. The nurses send the outcome of each screening to OSSE's

Strong Start or DCPS' Early Stages programs for review and determination of need for a more in-depth evaluation or identification of specialized services or supports.

- ▶ **Child Care.** When there is a need for child care, in-home social workers will refer families to the Department of Human Services' Child Care Subsidy Program (Child Care Voucher Program). The Child Care Subsidy Program helps eligible families who live in the District of Columbia pay for child care services. The program helps provide income eligible working families with access to quality, affordable child care that allows them to continue working and to contribute to the healthy, emotional and social development of the child. In addition to helping income-eligible, working families, the Child Care Subsidy Program also serves the following populations:
 - Families who are receiving Temporary Assistance for Needy Families (TANF) and participating in education and training in accordance with their Individual Responsibility Plan (IRP)
 - Families not receiving TANF, who are pursuing additional education to improve their job opportunities
 - Teen parents seeking a high school degree or its equivalent
- ▶ **Education.** As stated earlier, OSSE and DCPS administer programs for young children to identify any delays that a child may have and arrange services to address them. Similar to young children in foster care, young children in in-home cases are referred to the Strong Start program (see above for steps taken once a referral is made.) The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back from OSSE to CFSA's nurse and the assigned social worker.

Young children in in-home cases can also be referred to the Early Stages program. Once referred, the child will receive a developmental screening. If necessary, the child will receive a more in-depth evaluation and services. If it determined the child needs an evaluation, the family will be assigned a family care coordinator, who walks the family through the process from start to finish. As stated earlier, some of the services that Early Stages can recommend include specialized instruction, speech/language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

At times, In-home social workers will refer families directly to the Strong Start and Early Stages programs for an evaluation of a child for any developmental delays. Social workers provide ongoing support and help the family navigate through the process. At the outcome of the evaluation, if a delay is confirmed a plan is developed so that specialized services and supports can be provided to the identified child and family. Social workers help parents, caregivers and children by developing a plan to address their needs and connecting them with appropriate resources for proper diagnosis,

treatment and support. Coming up with a plan to address family needs often includes the social worker working with the family and a team of service providers who can decide together the issues to be addressed and how to address them.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

CFSA’s declining foster care population is a departure from the national trend. The District is one of only two or three jurisdictions avoiding a steep increase in foster care.¹¹² Still, in working to help child victims and struggling families in the District, CFSA faces a host of social issues on a daily basis. Even as the overall number declines, the needs of children and families who come to CFSA’s attention remain acute, e.g., CFSA received 18,768 calls to the District’s 24-hour Child Abuse and Neglect Hotline in FY 2018.¹¹³

For several years the top five factors for substantiations of child abuse and neglect were (1) inadequate supervision, (2) physical abuse, (3) educational neglect, (4) domestic violence, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. However, in FY 2018, substance use by a parent, caregiver or guardian exceeded the number of referrals substantiated for parental inability to provide care.¹¹⁴ CFSA continues to observe that most local instances of child abuse and neglect are rooted in untreated mental health issues paired with parental substance abuse, usually phencyclidine (PCP), heroin, or the synthetic marijuana drug known as K2. These difficulties are frequently exacerbated by risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation.

Based on the most recent population estimates from the U.S. Census Bureau, the District’s population was 702,455 with 17.9 percent of the residents under the age of 18.¹¹⁵ The District of Columbia is compactly populated and divided into eight Wards which contain targeted service areas for child welfare and other arenas, such as public safety. Most recent data from Kids Count based on population data from the U.S. Census Bureau indicates the following geographic distribution of children residing in the District as of 2016.¹¹⁶

Number of Children under 18 in the District by Ward							
Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
10,444	4,387	12,902	17,233	15,470	11,547	17,963	24,765

¹¹² Trends in foster care and adoption: <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

¹¹³ Source: BIRST. October 1, 2017 – September 30, 2018, CFSA Office Dashboard System

¹¹⁴ FACES.NET management report INV050

¹¹⁵ District of Columbia. *Quick Facts*. July 1, 2018. U.S. Census Bureau. <https://www.census.gov/quickfacts/dc>

¹¹⁶ Kids Count Data Center 2016

While the racial and ethnic configuration of children in the District of Columbia has remained relatively stable across Wards over the past few years, it also varies from approximately 77.7 percent Caucasian in Ward 3 to over 90 percent African American in Wards 7 and 8. The majority of District residents identify as African American so it is reasonable to expect that the majority of children in foster care also identify as African American. In 2017, Kids Count reported that 54 percent of children in the District under the age of 18 identified as Non-Hispanic, African American.¹¹⁷ FACES.NET data from March 2019 indicate that African American children continue to comprise over 90 percent of the District's foster care population.¹¹⁸ Families involved in the District's child welfare system are not only primarily African American, but typically the second or third generation struggling in similar ways with similar issues.

As of the end of FY 2019-Q2, data indicated that CFSA and its private agency partners were serving 2,288 children. This number represents a three percent increase in children served at the end of FY 2018.¹¹⁹ Of the 2,288 children, 867 (38 percent) children were in out-of-home care, while 1,421 (62 percent) of the children remained at home and were receiving in-home services.¹²⁰ Data continues to reveal that the majority of the District's children in foster care (77 percent) reside in Wards 7 and 8 (23 and 54 percent, respectively). All of these children have been exposed to more than one poverty-related risk factor, including distressed neighborhoods that could contribute to poor educational outcomes, maladaptive behaviors, child maltreatment, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

Poverty is recognized as a predominant characteristic of child welfare populations. The District's child poverty rate remains at record high levels. According to the 2013-2017 Census Bureau's American Community Survey five-year estimates, 17 percent of District residents live below the poverty line compared to 15 percent poverty level for the entire United States. Specifically, for the District, 26 percent of children under the age of 18 years old were considered living below the poverty line compared to 20 percent of children in the United States. According to Kids Count, child poverty is more prevalent in Ward 7 (41 percent) and Ward 8 (49 percent) than in other District Wards.

Many children and parents have already faced a number of traumatic events long before their involvement with CFSA. Yet, CFSA focuses on working with the entire District's child welfare

¹¹⁷ Kids Count Data Center 2017.

¹¹⁸ There was no difference in percentage of African American children when looking at those under 18 and all children in foster care.

¹¹⁹ A total of 2,205 children were receiving in-home and out-of-home services as of September 30, 2018.

¹²⁰ The total count of 2288 children includes children served in in-home cases as well as children remaining at home while siblings are being served in out-of-home placements. Source: FACES.NET CMT232 Management Report.

system to meet local needs while also continuing to improve the delivery of positive outcomes that these children and families both require and deserve.

Services Provided During FY 2015-2019

During the reporting period, the majority of the District's children in foster care have resided in Wards 7 and 8 as discussed earlier. Due to the poverty related risk factors discussed earlier, services have been targeted for these specific children in these Wards.

FY 2018 KINSHIP NAVIGATOR FUNDING

CFSA administers a robust kinship support program as part of its existing operation. Within the Agency's Office of Program Operations, the Kinship Support unit engages relative caregivers (and potential relative caregivers) of children both inside and outside the foster care system. The Kinship Support unit plans to use the Kinship Navigator Program funding to continue to implement the program enhancement activities that are directed at improving community and caregiver capacity to keep children safe and well in the homes of their relatives.

Improve Kinship Caregiver Access to Community-Based Services and Supports

- ▶ ***211 Answers, Please!*** Throughout FY 2019, CFSA has been collaborating with the DC Department of Human Services, which administers the Mayor's 2-1-1 Human Services Helpline (211 Answers, Please!) to develop a triage and transfer protocol that will avoid duplication or fragmentation of services to kinship care families.
- ▶ ***Kinship Caregiver Mobile Support Line.*** CFSA will administer a dedicated toll-free Kinship Caregiver Mobile Support Line to provide direct support as well as information and referral services to callers. The Kinship Caregiver Mobile Support Line is being planned (and will be operated) in consultation with the members of the District's Kinship Advisory Committee described below. The line will be staffed by trained members of the Kinship Support Unit. Support line operators will serve a dual function of providing real-time facilitation and mediation of conflicts or issues that are occurring in the kinship caregiver's home, as well as referrals and linkages to nearby community-based resources that are equipped to address any number of issues.
- ▶ ***Online Community Resource Directory.*** Concurrent work continues on the development of an online Community Resource Directory that will feature a custom module with tools and resources that address the particular needs of Kinship Caregivers. Users of the directory will be able to search for services and resources by location and service type, and to make contact with providers via text messaging, which will streamline the referral and intake process. Initial implementation will be for the Kinship Caregiver Mobile Support Line operators only, with the intent of releasing a public-facing application thereafter. Roll-out for the directory is planned to occur by the end of CY 2019.

Facilitation of Support Groups for Kinship Caregivers

While it is important to link kinship caregivers to available community-based resources, CFSA recognized the need for more emotional support for them as well. Various community-based and neighborhood based partners already facilitate support groups for kin caregivers. CFSA's intent is to leverage the existing framework of support group services. Throughout FY 2019 thus far, the Agency has been conducting community outreach through a series of focus groups to discern key issues among this population and to frame support services accordingly. Based on the information provided in those focus groups, CFSA will work with the existing framework of support group providers to tailor programming and discussion topics around the issues that are most pressing or of greatest interest to kin caregivers in the District.

The groups will occur on-site at the offices of CFSA's neighborhood-based partners, which minimizes transportation barriers by providing access to the groups within the neighborhoods where the kin caregivers reside. CFSA's Kinship Support Unit will staff and facilitate the groups with the intent of recruiting (and providing specialized training for) caregivers themselves to co-facilitate. CFSA will also provide a small stipend to caregivers who participate as co-facilitators. CFSA further intends to provide age-appropriate, enrichment-focused, on-site child care services during the group sessions so as to remove barriers to attendance.

Referrals to the groups will come through active outreach and by way of the support line and the online resource directory. The Kinship Support Unit will also partner with community-based partners to continue public relations outreach to kinship care families to create awareness of the support group program.

Establishment of a Local Kinship Advisory Committee

Throughout the end of FY 2018 and into early FY 2019, CFSA reached out to various kin caregiver constituencies, community stakeholders, local education agencies, advocates, and sister agencies to recruit membership in a local Kinship Advisory Committee.

Tentatively scheduled to convene on a quarterly basis, the scope of the will be to achieve the following objectives:

- Provide insight and technical assistance to the developers to inform the operation of the Kinship Caregiver Mobile Support Line.
- Engage community-based service providers and partners to train and inform them of the particular needs of kinship caregivers and to provide technical assistance to providers to build their capacity to attend to the needs of this population.
- Ensure that the Community Resource Directory is up-to-date with available community-based services and supports.

CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Prevention services that use community-based resources are strongly supporting the goals of child safety, permanency, and well-being in the District of Columbia. Proper prevention strengthens families, and helps to prevent children from coming into the child welfare system.

During the last five years, the Agency's work to "narrow the front door" stands out in terms of ambition and progress to date. With reinforcement from the commencement of the Title IV-E Waiver in 2012, the Agency has enhanced key strategies for achieving the outcomes of the Four Pillars, and ultimately improving outcomes for children and families. At the end of FY 2012, for example, there were 1,542 District children in foster care. At the end of FY 2018, that figure stood at 839.

As noted earlier, the *Safe and Stable Families* program is CFSA's Title IV-E Waiver demonstration project, which is geared toward improving in-home services and outcomes for children. The *Safe and Stable Families* program includes services such as family preservation, family support, time-limited reunification, and adoption promotion and support.

CFSA is currently planning for the continuation of successful interventions and services that would otherwise have ended after the Waiver terminated on September 30, 2018. For example, optimizing current programs and aspects of the *Family First Act*, the Agency is transitioning successful Waiver-funded evidence-based programs (EBPs) into IV-E prevention-funded EBPs. In addition, The District of Columbia Mayor's Fiscal Year 2020 Budget included funding for a new *Families First DC* initiative. Under this initiative, the District will work with community partners, and empower families with resources, support, and opportunities tailored to their needs within their neighborhood. In particular, during the past year, CFSA launched its Family First Prevention Work Group with a cross-sector of government and community members. The work group was charged with developing a citywide strategy to strengthen and stabilize families. This group helped to shape the Agency's five-year *Family First Prevention Plan* that was submitted in April 2019 to the Children's Bureau. The plan outlined the array of prevention services that will be available to support Family First prevention eligible children and caregivers.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

CFSA expended the \$457,000 that was obligated to be spent by September 30, 2018. CFSA was awarded \$385,000 in Adoption and Legal Guardianship Incentive Payments. Under federal rules, CFSA has until September 30, 2019 to obligate and spend \$270,000 and September 30, 2020 to obligate and spend \$115,000. The agency is on target for spending these funds by the close of FY 2020.

Services Provided During FY 2015-2019

In FYs 2015-2017, CFSA examined whether the then new requirements for these payments would allow the Agency to qualify for the funding. CFSA did not determine the Agency's ability to qualify for and utilize this funding until FY 2018. The funding for the last two fiscal years (FY

2018 and FY 2019) has supported the Post Permanency Center and the PEER specialists both discussed earlier in this report in more detail.

4. PROGRAM SUPPORT

TECHNICAL ASSISTANCE

The District of Columbia is a single jurisdiction, comprising a unified system of neighborhoods, locally referred to as “Wards”. As CFSA assumes the role of a “state” agency for the District, the TA that CFSA receives is applicable to the practice of all targeted social services professionals in the District in efforts to improve the broader child welfare system and in support of the CFSP/APSR goals and objectives. Throughout the past five year period, CFSA has taken advantage of substantial technical assistance (TA) opportunities provided through the federal resources as well as technical assistance provided by national and local organizations.

The specific TA received from partnering organizations and consultants from 2015-2019 is described in alphabetical order in the table that follows.

TECHNICAL ASSISTANCE SUMMARY 2015-2019

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
A Second Chance, Inc.	2018	Program Operations Support to improve delayed permanency outcomes	<ul style="list-style-type: none"> Partner with A Second Chance, Inc. to conduct an assessment of CFSA’s kinship policies and practices to determine strengths, needs, gaps and opportunities for improving their kinship practice and increasing the number of youth residing with kin. Comprehensive assessment of the existing CFSA kinship practices. Narrative Report and Proposal Development.
Action for Child Prevention	2015	Entry Services Training and Assessment	<ul style="list-style-type: none"> Enhance soft skills and customer service skills of Hotline workers. Promote more trauma-informed approach to communicating with Hotline callers, such as mandated reporters. Assess current Hotline customer service skills, domestic violence indicators, trauma-informed practice procedures, and general information gathering
ANU Family Services, Inc. Amelia Franck-Meyer	2016-2017	Human Resources Organizational wellbeing	<ul style="list-style-type: none"> Support to improve the retention, wellbeing and resilience of CFSA staff in response to issues such as compassion fatigue and secondary traumatic stress correlated to the work of CFSA.

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
			<ul style="list-style-type: none"> ● CFSA staff will have access to micro-learnings; approximately 20-25 leaders will have access to wellbeing groups, and the strategies, tools, resources, and other consultation provided will impact the entire workforce at CFSA.
Casey Family Programs	2014-2016	Community Partnerships Consultation Evaluation	<ul style="list-style-type: none"> ● Transform CFSA's community-based contracted partners from case management and referral sites into true community service hubs.
	2014-2015	Entry Services Consultation on use of tools	<ul style="list-style-type: none"> ● Determine and improve (where necessary) Differential Response (DR) tools and protocols. ● Achieve Differential Response system practice enhancements and sustainability.
		Community Partnerships Meetings and teleconferences regarding building Collaborative hubs	<ul style="list-style-type: none"> ● Transform HFTC Collaboratives into true community service hubs. ● Scheduled visit to a "community hub" organization in New Jersey, in June 2016, for Collaborative directors and staff, as well as CFSA leaders.
	2017-2018	Community Partnerships Community Based prevention Initiative	<ul style="list-style-type: none"> ● CFP to organize a Peer TA site visit for CFSA leadership to visit and tour NJ DCF Family Success Center(s).
Casey Family Programs / KVC Health Systems/ Sue Lorbach	2015-2016	Entry Services, Program Operations, Wellbeing and Community Partnerships Consultation for organizational sustainability on using the Consultation and Information Sharing critical thinking tool and RED Team meetings to promote optimal service and	<ul style="list-style-type: none"> ● Provide on-site observation, consultation and coaching to managers and supervisors to enhance use of critical thinking during group supervision using the consultation and information sharing framework. ● Develop a train the trainer manual and training for use with the Child Welfare Training Academy staff. ● Consult with clinical team to review use of critical thinking and the Consultation and Information Sharing Framework into language and tools. ● Provide written guidance and coaching support on how to incorporate the Wellbeing pathway into established RED Team meetings. ● Deliver specific workshops in the areas of Risk Statements, Genograms, Strengths and

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
		outcomes at various decision points in the system.	Protective Factors, Safety/Belonging, Safety Planning and Critical Thinking. <ul style="list-style-type: none"> ● Provide consultation to the computer systems administration as deemed necessary to work on incorporating fidelity measures into the computer system.
Casey Family Programs through Chapin Hall at the University of Chicago	2015	All Administrations Project management support, Clinical and practice support, Data analysis, evidence building, and progress monitoring	<ul style="list-style-type: none"> ● Develop and disseminate a streamlined communication tool to complement CFSA's service framework (Four Pillars). ● Develop a data-driven look at families receiving in-home services to better understand characteristics and needs. ● Develop and implement a practice model that moves away from a compliance-based approach, and advances toward an emphasis on functional assessment and evidence-based practices. ● Identify basic well-being measures available through assessments and other review tools. ● Utilize a systematic data system that matches child and family well-being measures to service and support information, and child welfare outcomes.
	2016-2017	Well-Being Data Analytics and Evidence Use	<ul style="list-style-type: none"> ● Design development and support implementation of a wellbeing dashboard.
		Program Operations Integrated Foster Care Support Model	<ul style="list-style-type: none"> ● Enhance the placement, recruitment and support continuum.
		Community Partnerships Strategic Performance Monitoring and Title IV-E Waiver implementation	<ul style="list-style-type: none"> ● Provide ongoing guidance to promote effective implementation of the IV-E Waiver including addressing barriers to progress.
In-Home Services	<ul style="list-style-type: none"> ● Meetings, assessment, gap analysis regarding utilization of data to inform implementation and service strategies. 		

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
			<ul style="list-style-type: none"> • Provide social workers with a data-driven method to understand and assist families receiving in-home services.
	2017-2019	Consultation and Technical Assistance Around IV-E	<ul style="list-style-type: none"> • Casey Family Programs (CFP) will include CFSA in all Casey waiver related convenings, consultation and technical assistance through the Casey Waiver Implementation team (WIT). • CFP will contract with Chapin Hall (CH) to assist DC CFSA with their continued waiver implementation. • Recommendations and action plans, as needed, guide Safe and Stable Families implementation.
	2017	CQI & Evaluation	<ul style="list-style-type: none"> • Assist workgroups and work on new evaluation; link to CQI/ evaluation work • Cross-walk outcomes and indicators across key initiatives. • Charters for the discrete, but integrated CQI teams and structures. • Recommendations for enhanced CQI processes, including feedback loops with key stakeholders. • Recommendations for program improvement and measurement plans that align CFSA strategies with achievement of CFSR goals.
		Permanency Temporary Safe Haven Redesign	<ul style="list-style-type: none"> • CH will work on the development of an RFP in partnership with CFSA to identify a single provider agency partner that will collaborate with CFSA to improve practice, placement stability, and permanency for children experiencing foster care • CH worked on the development of an RFP in partnership with CFSA to identify a single provider agency partner that will collaborate with CFSA to improve practice, placement stability, and permanency for children experiencing foster care. CH provided guidance on implementation strategies.

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
		Temporary Safe Haven Re-design	<ul style="list-style-type: none"> Identify a single provider agency partner that will collaborate with CFSA to improve practice, placement stability, and permanency for children experiencing foster care. CH provided guidance on implementation strategies.
	2018	Program Operations Implement Treatment Foster Care Standards	<ul style="list-style-type: none"> Implementation tools and strategies to promote the effective roll out of Treatment Foster Care Standards and the Practice Model.
		Community Partnerships Providing technical assistance and consultation around community based prevention initiatives	<ul style="list-style-type: none"> Inform the development of a CFSA prevention strategy that leverages the <i>Family First Prevention Services Act</i> opportunity and align with the boarder CFSA strategic direction. Development of community-based resource guide.
Center for States Capacity Building Center	2016-2017	All Administrations Consultation on a 3-5 year organizational strategic plan	<ul style="list-style-type: none"> Develop, implement, and institutionalize an integrated approach to 3 – 5 year strategic planning with internal and external stakeholders.
		Entry Services, Program Operations and Community Partnerships Consultation by an organizational expert and father on best strategies for implementing better fatherhood engagement	<ul style="list-style-type: none"> Support development and implementation of a fatherhood engagement organizational plan through expert consultants, best practice research and peer to peer learning.
		Program Operations and Agency Performance Consultation on utilizing NCANDS and AFCARS in	<ul style="list-style-type: none"> Provide consultation to agency staff and facilitate peer to peer learning support.

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
		operations decision making	
Child Welfare and Practice Group/Ray Foster	2016-2017	Agency Performance Consultation and revision of QSR protocol, based on evaluation and feedback from QSR staff	<ul style="list-style-type: none"> • Devise methodologies to ensure accurate quality measurement and effective quality control within the Agency.
Children’s Friend, Inc.	2016-2017	Community Partnerships Consultation and guidance, through meetings and site visits, on the Project Connect model	<ul style="list-style-type: none"> • Expand and develop plan for Homebuilders/Project Connect • Develop plan for Homebuilders replacement.
Children’s Research Center	2015	Entry Services Program development, training, and implementation	<ul style="list-style-type: none"> • Create an optimal Hotline screening tool based on the Structured Decision Making (SDM) model: <ul style="list-style-type: none"> ○ Development and implementation phases are complete. ○ Coaching and modification phases are ongoing. ○ Create an optimal safety assessment screening tool, based on the SDM model: <ul style="list-style-type: none"> ○ Development, training, and implementation phases are ongoing.
Community Connections of New York	2015	Agency Performance Consultation on a CQI gap analysis.	<ul style="list-style-type: none"> • Partner with Agency Performance to develop a gap analysis and recommendations of the CQI Process
David Mandel & Associates	2016-2017	Entry Services, Program Operations and Community Partnerships Training and consultation	<ul style="list-style-type: none"> • Increase capacity of direct service workers to identify and meet the needs of families coping with domestic violence issues.
		Well-Being Consultation and development of a data plan; support	<ul style="list-style-type: none"> • Provide enhanced services to survivors of DV through implementation of a nationally recognized model

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
		<p>in the integration of domestic violence (DV)-informed practice into the RED team framework</p> <p>Consultation and TA for Subject Matter Experts.</p> <p>Child Welfare Training Academy (CWTA) Train the Trainer training and certification of CWTA staff on the Safe and Together Model of DV informed practices. Development of training curriculum regarding domestic violence informed practices specific to the tasks and roles of CPS.</p>	<ul style="list-style-type: none"> Establish sustainability as a domestic violence informed agency, continuously increasing the skill and capacity to better serve children and families impacted by domestic violence.
DC Department of Health	2016	<p>Program Operations Partnerships to serve as a safety net for medically fragile youth, technology support, quarterly training of key staff, development of a service model</p>	<ul style="list-style-type: none"> Provide enhanced services to children who are medically fragile or have special needs
Independent evaluator	2015	<p>Agency Performance Analysis and evaluation</p>	<ul style="list-style-type: none"> Determine effectiveness and outcomes of Trauma Systems Therapy (once fully implemented into agency practice) and integrate findings into overall Continuous Quality Improvement process.

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
KVC Health Systems	2017	CWTA Training	<ul style="list-style-type: none"> • Provide technical assistance on trauma informed care giving, curriculum and training of trainers.
KVC Health Systems and Sue Lohrbach	2015-2017	Entry Services Consultation, coaching, evaluation, and fidelity checks	<ul style="list-style-type: none"> • Promote optimal service and outcomes based on the 10-15 day RED team Consultation and Information Sharing Framework (Hotline protocols already institutionalized). • Continue to promote trauma-informed practices among direct service personnel. • Accurately integrate DR information into POM.
		All Administrations Cross-Administration Consultation and Information Sharing Framework Implementation and Coaching	<ul style="list-style-type: none"> • Implementation and training of the Consultation and Information Sharing Framework (CISF), including Instruction, consultation and coaching. • Identification and barrier analysis to progress the macro system of child welfare.
KVC Health Systems/New York University School of Medicine	2018	CWTA Training	<ul style="list-style-type: none"> • Provide technical assistance on trauma informed care giving, curriculum and training of trainers.
Matrix Human Services	2016	Well-Being Consultation and meetings on reporting process and evaluation design regarding the planning and implementation of DC Cross Connect	<ul style="list-style-type: none"> • Improve service delivery to families concurrently involved with CFSA, DBH, and DHS.
National Council of Crime and Delinquency's Children's Research Center	2014-2015	Entry Services, Program Operations and Community Partnerships Consultation and revision of SDM Caregiver	<ul style="list-style-type: none"> • Revise family functional assessment tool and provide training and implementation support on the revised assessment tool- Caregivers Strengths and Barriers Assessment (CSBA).

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
		Strengths and Needs Assessment	
Sivic Solutions Group	2016-2019	<p>Business Services Develop, operate, and maintain infrastructure and software system</p> <p>Amend and update Cost Allocation Plan as necessary</p>	<ul style="list-style-type: none"> ● Increase social workers' random moment sampling (RMS) response and compliance with RMS requirements. ● Maintain Cost Allocation Plan approval and federal compliance. ● Supports CFSA in administering email/web-based random moment sampling (RMS) time studies for CFSA and Private Agency Social Workers to allocate administrative costs to benefiting programs. ● Conducting RMS trainings for CFSA and Private Agency Social Workers and Supervisors to ensure compliance with RMS requirements. ● Prepare an updated Public Assistance Cost Allocation Plan (PACAP) for submission to the Division of Cost Allocation Services within the U.S. Department of Health and Human Services. ● Support quarterly allocation of administrative costs and completion of the CB-496 using its e-SivicCAP system. ● Support implementation of online time and effort reporting in the e-SivicCAP system for CFSA's Office of Training Services.
Sue Lohrbach and Institute of Applied Research	2015	<p>Agency Performance Research, evaluation, framework development</p>	<ul style="list-style-type: none"> ● Understand the efficacy of the DR system: <ul style="list-style-type: none"> ○ Phase 1 (completed in 2014): threshold inquiry as to whether children who were directed to Family Assessments (FA) were as safe as those who went through CPS. ○ Phase 2 (present): qualitative investigation as to the relative safety and progress of FA and Child Protective Services cases.
Sue Lorbach	2017	<p>All Administrations Cross-Administration Consultation and Information Sharing Framework</p>	<ul style="list-style-type: none"> ● Implementation and training of the Consultation and Information Sharing Framework (CISF), including Instruction, consultation and coaching. ● Identification and barrier analysis to progress the macro system of child welfare.

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
		Implementation and Coaching	
The Institute for Family Development, Inc.	2016-2017	Community Partnerships Consultation and guidance, through meetings and site visits, on the Homebuilders model and the Project Connect model	<ul style="list-style-type: none"> Expand and develop plan for Homebuilders/Project Connect Develop plan for Homebuilders replacement.
The National Resource Center for Diligent Recruitment	2017	Office of Planning, Policy and Program Support and Foster Care Resources Administration Framework development	<ul style="list-style-type: none"> Support in the development of a diligent recruitment plan for recruiting and sustaining a pool of families able to meet the needs of children served in the District.

Technical Assistance Summary 2019

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
Agilian	New FY 2019 Contract renewal in FY20	Child Information and Services Administration Information Technology Services	Consulting services to support the development of agency's RFP for Comprehensive Child Welfare Information System (CCWIS).
CAI, Inc.	New FY 2019 Contract renewal in FY20	Child Information and Services Administration Technical Staff Augmentation	Provides support and development in expanding data visualization platforms through MicroStrategies and Tableau.
Casey Family Programs/ Chapin Hall	CY2019	Community Partnerships Providing technical assistance and consultation around community-based prevention initiatives	Co-facilitate and provide guidance in the planning, readiness, and early implementation of the Family First Prevention Provision, while supporting development of a citywide prevention strategy. Provide guidance in analytic conversations related to Family First planning and implementation, including but not limited to the identification and description of

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
			target populations for preventive services. Development of community-based resource guide.
Casey Family Programs/Chapin Hall	CY2019	Office of Planning Policy and Program Support Providing technical assistance and consultation around continuous quality improvement	Support the design and launch of an integrated, comprehensive CQI system to support achievement of CFSA's strategic direction inclusive of its CFSP goals and implementation of Family First.
Courage	FY 2019	Child Information and Services Administration Information Technology Services	Consulting services to support data quality initiative, project management, recommendations for modernizing the agency's suite of IT services, drafting federal reports, and facilitation of leadership meetings.
Deloitte	New FY 2019 Contract renewal in FY20	Child Information and Services Administration Information Technology Services	Provides regular technical support in developing new changes to FACES.NET, documenting business and technical requirements, and providing recommendations and to improve functionality.
PCG, Inc.	New FY 2019 Contract renewal in FY20	Child Information and Services Administration Management Consulting	Supports the development of the agency's Advanced Planning Document, cost allocation methodology, and offers recommendations in the agency's transition to the Comprehensive Child Welfare Information System (CCWIS).
Sivic Solutions Group	Ongoing Next contract renewal is 02/01/2020	Business Services Develop, operate, and maintain infrastructure and software system	Increase social workers' random moment sampling (RMS) response and compliance with RMS requirements. Supports CFSA in administering email/web-based random moment sampling (RMS) time studies for CFSA and Private Agency Social Workers to allocate administrative costs to benefiting programs. Conducting RMS trainings for CFSA and Private Agency Social Workers and Supervisors to ensure compliance with RMS requirements

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
Sivic Solutions Group	Ongoing Next contract renewal is 02/01/2020	Business Services Amend and update Cost Allocation Plan as necessary	Maintain Cost Allocation Plan approval and federal compliance. Prepare an updated Public Assistance Cost Allocation Plan (PACAP) for submission to the Division of Cost Allocation Services within the U.S. Department of Health and Human Services. Support quarterly allocation of administrative costs and completion of the CB-496 using its e-SivicCAP system. Support implementation of online time and effort reporting in the e-SivicCAP system for CFSA's Office of Training Services.

RESEARCH, EVALUATION, MANAGEMENT INFORMATION SYSTEMS, AND QUALITY ASSURANCE SYSTEMS

Safe and Stable Families: Semi Annual Progress Report Summary¹²¹

In support of CFSA’s Four Pillar strategic framework, the Agency’s title IV-E Waiver (Waiver) demonstration project seeks to increase the number of children who can remain safely in their homes and the number of families who can achieve timely permanency by providing services and resources that strengthen family functioning. CFSA’s theory of change assumes families will be better able to ensure their children’s well-being and provide them with a safe, permanent home when they have access to individualized community-based services that engage them in "hands on" skill development to improve overall family functioning. CFSA’s community-based services are designed to reduce risk factors and increase family protective factors through knowledge of child development and age-appropriate behaviors, improved interactions with their children, the ability to positively cope when faced with challenges, and increased connections to positive social supports. The Waiver demonstration project supports this theory by expanding the continuum of services in the child welfare system and by strengthening existing partnerships with District government and community providers.

This semi-annual progress report covers the reporting period from March 1, 2018 through August 30, 2018 and provides an overview of the District’s efforts to implement, monitor, and evaluate the District of Columbia’s Title IV-E Waiver Demonstration Project. The five-year Waiver demonstration project, first implemented in April of 2014, allowed the District flexibility to use federal and state foster care maintenance funds for the provision of direct services to

¹²¹ This report is awaiting final approval

children, youth, and families. The District's Waiver focuses on two interventions to build on child welfare practice: Project Connect and Mobile Stabilization Services (MSS).

During this reporting period, CFSA prepared for the end of the Waiver in March 2019. The Waiver allowed CFSA to learn that the evidence-based national models acquired worked well—but only for a narrow group of people who fit the model eligibility criteria. As such, CFSA made a number of programmatic adjustments to wind-down program operations and ensure sustainability. CFSA reviewed the effectiveness of all family support programs with an eye to continuing only those that provide good results for a large cross section of the families who needed help.

CFSA made the following changes during the reporting period:

- CFSA directed Project Connect to cease receiving new referrals from April 13, 2018 through May 25, 2018 and move to safe case closure for active families by September 30, 2018. This decision was made after consideration of low utilization and the impending conclusion of the Waiver. After further assessment, Project Connect services resumed with program refinements.
- After discussions with both Project Connect providers (Catholic Charities and Progressive Life Center (PLC)) about program amendments to more efficiently serve families and provide direct services and supports, CFSA terminated its contract with one of the two Project Connect providers, Catholic Charities, in order to be more focused and intentional in its efforts to increase utilization of the Project Connect program with one provider. The Agency continues to contract with Catholic Charities for to provide Mobile Stabilization Services (MSS) for families experiencing a crisis.
- CFSA and Progressive Life Center revised the contract relationship with Project Connect's technical assistance provider, Children's Friend. Progressive Life Center now contracts directly for technical assistance services in order to mitigate administrative inefficiencies in training new provider staff and to better ensure structural and organizational fidelity to the Project Connect model.
- Coordinated Care Services (CCSI) is still actively engaged in the evaluation of Project Connect and Mobile Stabilization Services. Additionally, CCSI is working with the CFSA's Waiver Implementation Team to design data management templates and monthly reports to aid in the continuous quality improvement (CQI) process for prevention programs as the Waiver draws near the end.

Finally, the Waiver Evaluation Team completed analysis on program utilization and outcomes. The North Carolina Family Assessment Scales (NCFAS) results show that family functioning was improved in at least one domain for at least 52% of families enrolled in Project Connect or MSS. Families successfully discharged showed more improvement in family functioning than unsuccessfully discharged families on almost all domains.

Although neither Project Connect nor MSS hit their projected enrollment targets set at the beginning of the Waiver, referrals and enrollments have been steady over the past year. Only one CFSA benchmark was met by Project Connect, yet enrolled families did better than Pre-Waiver Match families on both outcome measures (CPS reports and Foster Care entries/re-entries). MSS met two benchmarks regarding foster care placements. Even though they didn't

meet the benchmark for CPS substantiated reports, enrolled families had overall less substantiated reports than the Pre-Waiver sample.

Recommendations and Activities Planned for Next Reporting Period

Staff Education, Promotion, and Program Monitoring

As mentioned in the previous semi-annual progress report, the Agency continues to educate staff about Mobile Stabilization Services and Project Connect. Education and marketing activities include monthly newsletters, monthly webinars, and attendance at in – service, pre-service and all-staff and division meetings. CFSA will continue to conduct monthly case reviews internally to assess the what strategies are working well and what areas require modification. CFSA will work closely with the Waiver Evaluation Team to share monitoring activities and all findings.

Planning for Family First

CFSA has recently embarked (beginning in June 2018) on a robust stakeholder engagement process to plan for the transition from the Waiver demonstration project to providing prevention services under the Family First Prevention Services Act. CFSA is working internally with the Waiver Implementation Team and in partnership with District leadership, sister agencies across the Health and Human Services cluster, and CFSA’s Collaborative and community-based provider partners to plan for implementation in October of 2019, using lessons learned from the Waiver demonstration project to inform planning and implementation decisions.

Evaluation Plan Activities

Lastly, the Waiver Evaluation Team will lead the following demonstration and evaluation activities during the next report period:

- Continue to monitor referrals and program enrollment.
- Determine method for gathering Title IV-E Waiver participant feedback.
- Continue to collect and analyze outcomes data.
- Continue to review provider invoices, create spreadsheets to continue to track data for the cost study, and continue conversations with the providers on details found in invoices.
- Utilize Module A as provided by JBA to plan and execute the Cost Study. The Cost study will focus on Project Connect only and changes to the original evaluation plan will be submitted to the Project Officer and JBA.
- Continue to meet weekly with Waiver Implementation Team.
- Support Waiver Implementation Team in re-examining utilization and outcomes to measure program fit for the DC Waiver.

Trauma Grant II Final Report Summary

The Child and Family Services Agency (CFSA) is the District of Columbia’s cabinet-level child welfare agency. CFSA is charged with investigating reports of child abuse and neglect of children up to age 18. The Agency provides child protection services that include family

stabilization, time-limited foster care and supportive community-based services. CFSA, along with community partners and sister agencies, works to strengthen vulnerable children and families at risk of instability. Collectively, it is our goal to ensure that children involved in the public child welfare system have a permanent, safe, nurturing family and community, as well as the supports and services they require to maintain stability and achieve their life goals. Nationally, at the end of FY17, 442,995 children and youth were in the foster care system. In the District of Columbia, 898 children and youth were in out-of-home placements at the end of FY17. An additional 1,314 children and youth were served by in-home placements in DC.

CFSA achieves its goals by operating within a strategic framework called “The Four Pillars,” that expresses our essential values and priorities in serving children and families. CFSA’s Four Pillars are:

(1) Narrowing the Front Door - Children grow up best with their families and should be separated only when necessary to keep them safe. When a separation is needed, we seek kin placement as the first option.

(2) Temporary Safe Haven - Foster care is a temporary solution that protects children from harm. Forging strong relationships and communication among birth parents, foster parents and children is critical to the success of this temporary home. Deliberate and focused planning for permanence begins the day a child enters care and continues throughout a family’s involvement with CFSA.

(3) Well-Being – Children deserve a nurturing home and community environment that supports healthy development, emotional healing, resilience, academic achievement, and a sense of belonging and connection.

(4) Exit to Permanence - Every child exits foster care as quickly as possible to a safe, well-supported family. Youth emancipate from care only after we have exhausted all efforts to ensure permanence. Young adults who do emancipate have strong, life-long connections and the resources and skills for successful adulthood.

In October 2012, CFSA was awarded federal grant funds in the amount of \$3.2 million (\$640,000 each year for five years) to facilitate the transformation of the District’s current system into a trauma-informed child welfare system that demonstrates measureable improvements to the social and emotional well-being of children in foster care. The overall goal from our work on this grant was to increase placement stability, reduce lengths of stay in foster care, increase the percentage of children exiting to positive permanency (including adoption), and to build a trauma-informed agency and System of Care (SOC) throughout the District of Columbia. Detail on our success and challenges to meet this goal are outlined throughout this final grant report.

CFSA relies upon our partnership with the Department of Behavioral Health (DBH) to fulfill our mission within the Well-Being Pillar. We have an established arrangement with DBH that provides a Choice Provider Network (CPN) to deliver mental health services to children in care. However, over time, the CPN has experienced a reduction in the number of providers and high

turnover of trained professionals which have led to a serious delay in starting therapy services for up to 60 days or more. As a result, CFSA took an uncharted step to provide mental health services within our own four walls. We expanded services within our medical clinic to include mental health screening, assessment, and therapy. We successfully launched our program in October 2018 to meet the mental health needs of all children entering and re-entering foster care. CFSA hired a program manager and supervisor dedicated to the mental health expansion along with three trauma-trained therapists who have experience working with children in foster care.

During the past six years of the trauma II grant, we also attempted to transform the mental health delivery system using a quantitative, data-driven process to ensure the appropriateness and timeliness of services. In April 2017, we introduced the Well-Being Profile (WBP). This profile captures child/youth and caregiver functioning within their community across a number of domains. The information is centrally located within our FACES.NET Statewide Automated Child Welfare Information System (SACWIS) system to provide a more global view of the child/youth and family's needs. However, the WBP was not received as intended by front line staff and consequently became more of an aspirational initiative.

In alignment with one of our trauma grant activities, development of a trauma knowledge workforce, trauma informed training efforts were extensive and included several audiences to include: CFSA front line staff, community members, resource parents, and agency leaders.

In order to complete the goals and objectives of the trauma grant, CFSA contracted with an evaluation team, Coordinated Care Services Inc. (CCSI), who completed a plethora of data analyses, focus groups, and studies. Through our evaluation efforts we found that over the six year time frame, CFSA decreased time to permanency for children in foster care, achieved timely completion of screening and assessments, and developed a trauma knowledgeable workforce. Greater detail of these efforts may be found in *Section VI* of this report.

Based on the practical changes and lessons learned throughout the grant, CFSA is positioned to continue to align its trauma-knowledgeable practices to address the prolonged mental health needs of children and youth, and families. CFSA automated and integrated all screenings and assessments in our SACWIS system, provide in-service trauma training for all new direct service staff, and continue to partner with DBH to support the behavioral health needs of our children and youth in care.

Recommendations

A. Consider the body of work that you have been engaged in over the last five years. What are your practical recommendations to the Children's Bureau?

i. What policy changes can we implement from the federal level, (i.e. Information Memoranda) that can address the barriers and challenges that you faced? How can we help you sustain the changes that you made during the course of this project?

Many of the laws and policies affecting how child abuse and neglect is handled in the United States are developed and carried out at the state level. It is of significant importance that individual states and locales have the ability to work independently based on their specific populations' needs and challenges. However, it is beneficial to share best practices when there are shared issues of community barriers, effective processes for legislative changes, and proven strategies to ameliorate socio-economic conditions that are pervasive to families involved in child welfare.

Based on CFSA's population needs, the mental health expansion is a sustainable process. However, CFSA welcomes additional funding targeted to meet intergenerational mental health and substance abuse that leads to child abuse and neglect. From our experience, child welfare is a symptom of poor mental health that impacts overall well-being in many families.

ii. What guidance can we make to the state IV-E agencies (within our existing authority) that would help mitigate the barriers and/or challenges that you encountered? What guidance could we provide to all states that could help facilitate the successes you may have encountered in your work in all states?

In order to mitigate challenges that we encountered over the past five years, guidance is needed for the creation of a high-quality, trauma-informed surveillance system that draws on multiple data sources. Such a system would improve knowledge of the scope of child abuse and neglect to allow for a better understanding of the magnitude of the problem, identify the populations at greatest risk, and track changes in prevalence over time. A more accurate reporting of the incidence of child abuse and neglect may also help in tracking the effectiveness of prevention programs and better identify the types of activities that should be replicated. In addition, a comprehensive monitoring system to provide for the collection of data on potential environmental, community, and societal risk factors to guide the direction of effective prevention strategies would help mitigate barriers as well. A trauma-informed child welfare system guided by the understanding that by focusing more resources on identifying trauma and early intervention services, may prevent negative effects on a child or youth's mental and behavioral health. This in turn could help facilitate the successes we have encountered during the duration of this project.

iii. What levers can we pull at the federal level to help ensure that this work continues?

In order to ensure that this work continues, it is suggested that to create a sustainable infrastructure for the performance of research at various service locations where abused and neglected children and their families are served on a daily basis. The ability to connect researchers to service providers allows for readily available, community-based research samples. Research efforts would likely contribute to the improvement of services provided by these entities. Furthermore, the federal Departments of Health and Human Services, Education, and Justice should provide incentives and technical assistance to states in order to remove barriers that impede links to shareable data that are key for monitoring child protection and well-being outcomes.

B. Provide recommendations to the Children’s Bureau of how this work could/should inform future funding opportunities in child welfare. How should it inform the larger body of work that ACF does?

We recommend that the Children’s Bureau leverage their roles in the community to promote philosophies and policies that facilitate data sharing in order to inform the larger body of work that ACF does. This could involve promoting additional funding mechanisms to support data sharing and data archiving, working with journal editors to raise the level of data sharing deemed appropriate and necessary for publication, support legislation to encourage limited privacy-protected data sharing, develop standards for appropriate reuse use of health care data, continue to establish grant review guidelines for evaluating data sharing plans, develop methods to quantify the extent and impact of data sharing and reuse, and continue to encourage programs and funding that enable grantees to share data with accuracy, accountability, responsibility, and recognition. We further recommend that the Children’s Bureau publish a combination of all grantees experiences in data sharing to facilitate the development of best practices to better guide the next cluster of child welfare serving agencies.

Another recommendation that should inform future funding opportunities in child welfare would be for agencies to explore opportunities to control their current, existing funding streams to support trauma-informed training, screening and assessment, interventions, and data systems. This will likely include working closely with systemic partners—for example, working with the State Medicaid system and managed care organizations to fund evidence-based, trauma-informed treatments for children. However, the available resources and policies guiding the use of these funding streams will vary by State.

The last recommendation would be for the Children’s Bureau to inform the larger body of work (i.e state agencies across the nation) to build, or continue their collaboration across child-serving systems. Building relationships across systems as a matter of course and maintaining these relationships through regular contact may be more effective than waiting for a crisis to force systems to work together.

C. How does this work prepare the Children’s Bureau and the field of child welfare to further the work of ensuring the safety, permanence, and well-being of children and youth in the child welfare system?

There were valuable lessons learned and insight gained from each decision point of our implementation pathway that can assist the Children’s Bureau and the field of child welfare in furthering the work of ensuring the safety, permanence and well-being of children and youth in the child welfare system. Investments made by the Children’s Bureau in child welfare agencies developing competent workforces should call for an articulation of plans that go beyond classroom and/or didactic training, to include experiential and immersive training modalities as well. The work of ensuring safety, permanence and well-being requires technical knowledge, but more importantly authentic engagement and empathic attunement. These skills, we’ve learned, are best internalized when they can be modeled, coached and supported in real-time

practice, which in turn, translates into immediate impact in advancing and deepening meaningful social work practice.

For additional details, on the District management system and CQI activities please refer to the *Data Collection* section and *Goal 5: Continuous Quality Improvement*.

5. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Federal requirements for consulting, collaborating, and coordinating with tribes on all aspects of the development and oversight of the 2015-2019 CFSP and subsequent APSRs are generally not applicable in the District because there are no federally recognized tribes within its boundary. Yet, for the development and alignment of Agency policies with the requirements of the *Indian Child Welfare Act* (ICWA) and the *Child Welfare Innovation and Improvement Act*, CFSA continues to consult with the Association on American Indian Affairs (AAIA)¹²² and the Navajo Nation for any changes in tribal status for the District. Representatives from both of these partner constituencies provided valuable feedback to strengthen Agency governance on tribal case transfers between state child welfare agencies and tribes.

CONSULTATION ON ICWA COMPLIANCE

In 2011, CFSA sought formal TA from the National Child Welfare Resource Center for Tribes (NRC4 Tribes) for the development of Agency governance to address ICWA requirements. Through its TA collaboration with the NRC4 Tribes, CFSA developed an [administrative issuance](#) to address the following practice areas:

- Inquiry and research into a child’s identification as an American Indian (pursuant to ICWA’s definition)
- Mandatory notification to parents and a tribe regarding family court hearings involving American Indian children
- Foster care placement of American Indian children
- Court and evidentiary requirements surrounding placement and permanency decisions that impact American Indian children

While instances are extremely rare, CFSA developed the internal infrastructure to comply with the ICWA practice area requirements. CFSA also receives assistance from the Family Court of the DC Superior Court in matters related to ICWA. During court proceedings for children entering foster care, the standard Initial Hearing Court Order provides for a thorough ICWA inquiry from the bench, and requires CFSA and parties to the case to provide active responses to questions regarding the child’s potential tribal affiliations. Since the District uses a uniform court order template, every judge is required to follow through and ask the appropriate questions to identify whether a child is a member or descendent of a tribe.

COMPLIANCE WITH TRIBAL TRANSFER REQUIREMENTS

In 2013, when ACF promulgated new rules regarding procedures for the transfer of placement and care responsibility of a child from a state to a tribal Title IV–E agency or an Indian Tribe with a Title IV–E agreement (§1356.67), CFSA updated its ICWA policy, [AI: CFSA-13-02 Compliance](#)

¹²² AAIA is situated locally to the metropolitan Washington area.

[with ICWA](#), with a new section to specifically address tribal transfers. CFSA again sought the assistance of the NRC4 Tribes to ensure compliance with the federal requirement that this document be developed “in consultation with Indian Tribes.” Because the issuance in question was very specific in nature, the NRC4 Tribes connected CFSA with representatives from AAIA to provide additional consultation. Over the course of several months in 2013, CFSA consulted with representatives from AAIA and subsequently integrated their feedback into the policy statement.

AAIA made it clear to CFSA, however, that while it was able to provide insight into Agency policy development, the AAIA itself is not an Indian Tribe and therefore could not formally speak on behalf of any Indian Tribe for the sake of meeting ACF’s tribal consultation requirement. AAIA therefore connected CFSA with the Navajo Nation Department of Justice to provide the consultation necessary to meet this requirement. Further, over the course of several months in 2014, CFSA and representatives from the Navajo Nation held a number of conference calls and corresponded via email regarding the draft policy language on tribal transfers. In the fall of 2014, the Navajo Nation informed CFSA that the draft language was consistent with its understanding of the federal requirement, although the Navajo Nation specifically pointed out that it could speak only on behalf of its own tribe and not for any other federally recognized tribe.

ONGOING CONSULTATION WITH TRIBAL ENTITIES

As noted, it is extremely rare that a child member of a federally recognized tribe enters DC foster care. According to FACES.NET,¹²³ there are no members of a federally recognized tribe in the care or custody of CFSA (as of the end of April 2019).

Moreover, as of the last day of the fiscal year for every year since FY 2013, there have been no American Indian/Alaskan Native children in the District foster care system. Despite the rarity of occurrence, following the dialogue with the Navajo Nation that informed CFSA’s policy related to ICWA and tribal transfers, the Navajo Nation nonetheless agreed to avail itself to CFSA for technical consultation on specific cases, as they arise, regarding ICWA programming and federal compliance.

¹²³ FACES.NET is CFSA’s federally approved child welfare information system, described earlier under *General Information: Data Collection*.

6. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN

CHANGES TO STATE LAW OR REGULATIONS WITH RESPECT TO CAPTA ELIGIBILITY

Since publication of the 2015-2019 CFSP, there have been no substantive changes to District law or regulations relating to the prevention of child abuse and neglect that impact the District's eligibility for the CAPTA state grant.

CHANGES FROM THE PREVIOUS CAPTA PLAN

There have been no significant changes from the District's previously approved CAPTA plan for how CFSA uses funds to support the CAPTA program areas. CFSA will continue to direct CAPTA-sponsored activities towards reinforcing the first pillar (Front Door) of the Agency's *Four Pillars Strategic Framework*:

- Intake, assessment, screening, and investigation of reports of abuse and neglect
- Case management, including ongoing case monitoring, and delivery of services and treatment that are provided to children and their families
- Reinforcement of child protective services through ongoing use of risk and safety assessment tools and protocols, particularly use of the Differential Response model

USE OF CAPTA FUNDS IN THE LAST YEAR

Screening and Assessment

CFSA continues to identify and utilize the most effective tools to promote and sustain trauma-informed case practice within the Agency's organizational structure, culture, and policies. For example, social workers use the screening tools include Ages and Stages Questionnaire Social-Emotional (ASQ-SE), Strengths and Difficulties Questionnaire (SDQ), Global Appraisal of Individual Needs- Short Screener (GAINS-SS), and Trauma Symptoms Checklist for Children and Younger Children.

These trauma screenings help to inform social workers about a child's history of exposure to potentially adverse or traumatic experiences. Information from trauma screenings also provides insights into behaviors and emotions that may be the result of trauma. Social workers then incorporate this history and current clinical presentations to develop a child-specific service array that is integrated into the case plan.

Case Management

CFSA has also continued case planning integration of the following tools: Child and Adolescent Functional Assessment Scale (CAFAS®), and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS®), and the Structured Decision Making (SDM) Caregiver Strengths

and Barriers Assessment (CSBA). These tools help social workers make clinically sound decisions while developing a behaviorally-based, trauma-informed case plan. CFSA strives to administer the assessments to all children within 30 days of entering care, and to update the CAFAS and PECFAS assessments every 90 days. In addition, OWB maintains databases to track monthly completion rates for each social work unit within CFSA and for each CFSA-contracted private agency.

Differential Response

Throughout FY 2018, CFSA's Child Protective Services (CPS) Administration continued to use the Differential Response (DR) approach for referrals, based on the immediacy of safety concerns. As noted throughout the APSR, in certain abuse and neglect situations where there was no immediate risk, the CPS Hotline referred families to the Family Assessment (FA) unit. The FA approach differs from a traditional investigation in that the social worker utilizes clinical skills to partner with the family to develop a voluntary service plan to meet their needs. Families who participated in the FA were not substantiated for abuse or neglect, and their names were not included in the District's Child Protection Register. If, however, during this time period, a CPS report indicated that a child's safety was at imminent risk, a formal CPS investigation occurred. Effective April 1, 2019, CFSA transitioned from a dual-track system, back to a one-track system with the ending of the use of the DR approach and the FA units.

Risk and Safety Assessment

Child safety continues to be the paramount concern for CFSA's CPS Administration. Accurate and ongoing assessment of safety and risk remain a critical function of CPS social workers to include a trauma informed approach and improved strengths-based engagement practices with families. Based on prescribed time frames for investigations, CPS social workers will continue to use formal safety and risk assessment tools such as the *Danger and Safety Assessment* and the *SDM Family Risk Assessment* for all accepted investigations. In line with best practices, the investigative social workers will also continue to conduct ongoing, informal risk and safety assessments during each regular contact and all visits with the families.

Regarding safety in particular, the CPS administration works closely with primary caregivers and the rest of the family to create a safety plan in efforts to ensure that children can remain safely in their homes. If any CFSA assessment indicates that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will remove the child to ensure their safety.

CITIZENS REVIEW PANEL (CRP) REPORT AND CFSA RESPONSE

Per statute,¹²⁴ CRP must submit an annual report to the Executive Office of the Mayor, the DC Council, and CFSA no later than April 30th of each year. Each report summarizes the CRP’s annual activities and any related outcomes. Also per statute, CFSA must provide a written response to the CRP report no later than six months after publication. The CRP submitted a May 1, 2018 through April 30, 2019 Annual Report (see attached) to CFSA in May 2019.

STEPS TAKEN TO ADDRESS THE NEEDS OF INFANTS BORN AND IDENTIFIED AS BEING AFFECTED BY SUBSTANCE ABUSE OR WITHDRAWAL SYMPTOMS RESULTING FROM PRENATAL DRUG EXPOSURE OR FETAL ALCOHOL SPECTRUM DISORDER

Changes Made for Implementation of the 2016 Comprehensive Addiction and Recovery Act (CARA)

CFSA makes continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or fetal alcohol spectrum disorder (FASD) as required by CARA of 2016. Prior to the implementation of CARA, CFSA also strengthened its response to substance-exposed newborns by introducing the following two practices in summer 2017, which focused attention on reports of infants affected by prenatal substance abuse and parental substance abuse:

- Screening in all reports of infants born with positive toxicology from alcohol and drugs (legal or illegal). These reports no longer go through an additional RED¹²⁵ team screening. Rather, based on the level of risk, the Hotline screening process now requires a referral for a CPS investigation. Prior to CFSA’s return to a single track system on April 1, 2019, some of these reports may have been addressed through Differential Response (i.e., the FA pathway).
- Screening in all allegations that involve PCP use or exposure, regardless of the age of the child. These reports also do not go through an additional RED team screening. The Hotline automatically assigns these reports for a CPS investigation.

CFSA’s current protocol also complies with CARA through the mandated development of an intervention plan, known as “the plan of safe care,” for all positive toxicology and FASD referrals. The CPS social worker creates the plan of safe care with the family and then further discusses the plan with the CPS supervisor to ensure that the plan includes supportive services to address the mother’s substance use. As well, the plan must show timely evidence of helping the caregiver resolve the substance use issues that resulted in the newborn’s positive toxicology results. Plans must also ensure the well-being of the substance-exposed infant. In addition, social workers must ensure that the plan of safe care addresses any other need identified throughout the course of the investigation and beyond.

¹²⁴ 942 U.S.C. §5106a; D.C. Code §4-1303.51

¹²⁵ Descriptions of RED team functions can be found under *General Information: CPS Investigations*.

At the onset, the following steps must be taken during the planning of safe care for a substance-exposed infant and family:

1. CPS social workers visit and assess all substance-exposed infants, talk with the affected parents or caregivers, and conduct safety and risk assessments according to the CPS protocol. The investigative social workers also develop the mandatory plan of safe care described above, including substance abuse treatment information. These plans are designed to keep infants, mothers, and families safe and together.
2. CPS nurse practitioners make good faith efforts to visit the child and family at least twice, including efforts to visit the family and child in the hospital to discuss discharge planning and to ensure that hospital staff shares any medical recommendations with the social workers for inclusion into the plan of safe care. There is also at least one visit to the home in order to assess medical needs as well as the infant's home and sleeping environment, and to recommend additional resources and supports as needed.
3. CPS social workers submit a 0-3 early intervention referral to assess the development of the child and to ensure the child's well-being and proper care. Social workers also submit a substance use referral for the affected mother or caregiver. CFSA may also hold an at-risk family team meeting to identify additional family supports.
4. For those families that require ongoing child welfare intervention, the social worker continues to support the family by incorporating the plan of safe care into the family's case plan.

To aid in preparing CFSA social workers for CARA implementation, CWTA prepared a webinar that provided social workers and supervisors with the detailed steps needed to implement this important practice. Training on CARA is now offered as part of the CTWA pre-service training and the staff has been provided with tip sheets on the appropriate documentation of the plan of safe care. All training efforts are supported by close monitoring and coaching by the supervisor staff.

Multi-disciplinary Outreach, Consultation, and Coordination to Support CARA Implementation

- ***Medical Community Reporting Requirements:*** In tandem with CARA requirements, hospitals and medical professionals in the community must also enforce the protective requirements outlined in the federal legislation by mandatory reporting to the CPS Hotline whenever a child is born with positive toxicology results. Once CFSA receives such a report, CPS investigates and refers the infant and family for services, which may include referrals to CFSA's CPS nurses, the 0-3 early intervention, and either CFSA's in-house substance abuse specialist or community-based substance treatment services. If there are other indications of need, such as domestic violence or mental health issues, then CFSA also makes those referrals accordingly.
- ***CPS Nurse Referral:*** Early engagement with CFSA's Health Services Administration, via a CPS nurse referral, reinforces the nurse's partnership with the family to address the

family's needs. CPS nurses assigned to these substance-affected families make diligent efforts to visit these families twice in an effort to assess the medical and the health needs of the infants and caregivers responsible for the infants after the birth. When possible, the CPS nurses interface with the medical staff prior to the caregiver and the infant's discharge in order to be informed of any additional medical recommendations for continued health care or support when the caregiver and infant return to the home. The nurses also assess the sleeping environments and educate the family on safe sleep practices.

- **0-3 Early Intervention Referral:** Also known as the ASQ, discussed earlier in this report, CFSA submits these referrals to support the well-being aspects of the substance-affected newborn and to ensure that infants and families at increased risk receive the intervention and supports needed to provide the infant with proper care. For those infants identified at risk of developmental delays, CFSA works with the District's Strong Start Early Intervention Program, which is a comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for families with infants and toddlers diagnosed with disabilities and developmental delays.
- **Substance Use Disorder Services Referral:** CFSA collaborates with the DC Department of Behavioral Health (DBH) to provide substance use disorder (SUD) services for individuals affected by SUD. DBH certifies a network of community-based providers in the public behavioral health system to provide such services based on the level of need. Services include detoxification, residential, and outpatient services. DBH also provides a range of prevention and recovery services.

CFSA's OWB substance abuse specialist responds to any in-house substance abuse referral and administers an approved substance abuse screening tool to each referred client. The screening tool specifically identifies individuals who may need a more in-depth substance abuse assessment. CFSA continues to collaborate with DBH and refers clients to the most appropriate services within the District's available treatment continuum of care for achieving and maintaining recovery.

Monitoring Plans of Safe Care to Determine Whether and in What Manner Local Entities Provide Referrals to and Deliver Appropriate Services for Substance-Exposed Infants and Affected Family Members and Caregivers

CFSA tracks the number of Hotline reports for substance-exposed infants through its web-based child information system, FACES.NET. Also tracked are the reporting source, development of the mandated plans of safe care, and the services offered to the impacted infant and family. As previously noted, CFSA requires mandatory referrals on these cases, including referrals to a CPS nurse, the 0-3 early intervention program, and a substance use assessment.

To better track and understand strengths and barriers in compliance, the Agency holds monthly data and practice meetings to discuss CFSA's progress in adhering to CARA and the associated data captured in FACES.NET for this population. In FY 2018 and in FY 2019-Q1, CFSA conducted

in-depth case reviews to examine the quality of the plans of safe care. The Agency held these reviews to ensure that the plans provide the specific support needed by the family, and the long-term well-being of the infant. Reviews will continue to take place on a quarterly basis.

CARA CASE REVIEWS

Methodology

During the review window, FY 2019 Q1 (October 2018 to December 2018), 54 referrals were received and accepted of children born with a positive toxicology test.

A 95 percent confidence interval (CI) with a five percent margin of error was applied to the universe of 54 referrals, which produced a sample size of 48 referrals for the FY 2019 Q1 review. The sample of 48 was selected at random; the sample was evenly distributed between the referral types of family assessment and investigation. The forty-eight referrals (n=24 family assessment and n=24 investigations) were distributed across four reviewers.

Reviewers used a review survey tool to gather data and information from documentation in FACES.NET, CFSA's SACWIS system. The review tool included demographic questions such as maltreatment type, drug type, and prior history with an allegation of Positive Toxicology or FASD. In addition, the tool contained questions on safety and risk assessment, the intervention and planning process of the social worker and supervisor, needs of the infants and parents/caregivers, as well as the types of services offered. Moreover, the tool included questions to assess the quality of services to the family and the exposed infant.

Summary of Findings

Of the 48 cases reviewed, the case review reported the following:

- 24 were family assessment and 24 were CPS investigations
- In 98 percent of the referrals (n=47), had positive toxicology of a newborn and 2 percent (n=1) had Fetal Alcohol Spectrum Disorder (FASD)
- In 96 percent of the referrals (n=46), the social worker met with the affected parents to assess for safety and in 94 percent of those cases services were deemed necessary
- In 96 percent of the referrals (n=46), the social worker assessed the substance exposed infant
- In 92 percent of the referrals reviewed (n=44), the social worker completed the SDM Family Risk assessment
- In 98 percent of the referrals (n=47), the social worker provided quality assessment through observations of the interaction between infant, caregiver, and others in the home, and review of medical notes, and contact notes
- In 71 percent of the referrals (n=34), the social worker discussed safe sleeping practices with parents/caregivers
- In 88 percent of the referrals reviewed (n=42), the social worker and the parent jointly created a plan of safe care

- In 56 percent of the referrals reviewed (n=27) it was documented that the social worker followed up with the family within seven days of connecting them to services. The seven day follow-up visit included referrals to Collaboratives, referrals for substance abuse, nurse visits, clothing vouchers, supporting parent with Food Stamp application or TANF intake process, transporting parent to local food bank, identifying additional service needs, etc.

CFSA is currently in phase two of the CARA case review process, which focuses on the quality of the plans and service provision alignment with identified intervention needs. In CFSA's examination of data from Phase I and II, recommendations will be suggestions as a part of the continuous quality improvement of the intervention plans themselves.

Technical Assistance Needed to Support Effective Implementation of CARA Provisions.

Presently, CFSA cannot identify any specific need for technical assistance related to CARA's implementation. CFSA will continue to conduct monthly data meetings, case reviews, and ongoing analyses.

CFSA did not use the increased CAPTA funding to develop, implement and monitor plans of safe care as CFSA has internal measures in place that did not require any additional funding.

MAYOR'S ASSURANCE STATEMENT THAT THE STATE IS IN COMPLIANCE WITH THE PROVISIONS OF SECTION 106(B)(2)(B)(VII)

The Mayor's Assurance Statement is attached.

DISTRICT OF COLUMBIA STATE LIAISON OFFICER – CAPTA COORDINATOR

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7. STATISICAL AND SUPPORTING INFORMATION

CAPTA ANNUAL STATE DATA REPORT ITEMS

THE EDUCATION, QUALIFICATIONS, AND TRAINING REQUIREMENTS FOR CHILD PROTECTIVE SERVICE (CPS) PROFESSIONALS

CFSA’s requirements for hiring child welfare professionals are listed below. Social workers must have a master’s degree in social work from an accredited college and licensing certification from the DC Board of Social Work examiners. In order to advance to supervisory positions, social workers must obtain a licensed clinical social worker certification from the Board and have a minimum of two years of experience in the field of child welfare.

Family Support Workers

Grade 9 Qualifications: Bachelor’s degree

Social Workers

Grade 11 Qualifications: MSW and LGSW, 1-3 years of experience in child welfare social work

Grade 12 Qualifications: MSW and LICSW, 3-5 years of experience in child welfare social work

Supervisors

Grade 13 and 14 Qualifications: MSW and LICSW, five years of experience in child welfare social work, and one year of supervisory experience

Grade 9 Qualifications: Entry Level – Master of Social Work (MSW) and Licensed Graduate Social Worker (LGSW)

Child Protective Service (CPS) Professionals are required to complete at least 80 hours of pre-service training hours, addressing the following topics:

- Foundations for Effective Child Welfare Practice
- Family-Centered Practice
- From Prevention to Permanence
- Teaming with the Legal System
- Danger and Safety Assessment
- CPS Practice Operations
- Worker Safety
- Child Passenger Safety
- FACES.NET training

In addition to classroom training, CFSA Entry Services has a training supervisor who provides on-the-job training and application of concepts and skills learned during the classroom training. The classroom training and on-the-job training alternates weeks.

Also required is 30 hours of annual in-service training. Included in the 30 hours of in-service training in 2018 and 2019 was a re-training for Investigations practice in 2018 and 2019 for all Child Protection Services staff.

DEMOGRAPHIC INFORMATION OF CFSA ENTRY SERVICES STAFF

Race							
Job Title	Black	White	Hispanic	Asian Indian	Asian or Pacific Islander	Not Reported	Total
Family Support Worker	16	0	1	0	0	1	18
Social Worker	73	14	1	0	3	15	106
Supervisory Family Support Worker	0	1	0	0	0	0	1
Supervisory Social Worker	14	7	2	1	0	5	29
Total	103	22	4	1	3	21	154

Gender			
Job Title	Male	Female	Total
Family Support Worker	13	5	18
Social Worker	17	89	106
Supervisory Family Support Worker	1	0	1
Supervisory Social Worker	1	28	29
Total	32	122	154

CASELOAD OR WORKLOAD REQUIREMENTS FOR CPS PERSONNEL

CFSA’s best practice standard for caseload requirements of CPS social workers is a maximum of 12 referrals. Each supervisor on average has four social workers on their team.

JUVENILE JUSTICE TRANSFERS

CFSA and the District’s Department of Youth Rehabilitation Services (DYRS) jointly address challenges and concerns of “dual-jacketed” youth who are tracked and served by both the foster care system and the juvenile justice system. Rather than transfer custody of youth in

foster care to the state juvenile justice system, CFSA retains custody of youth in foster care until they exit the foster care system, either by achieving permanency, aging out, or having their commitment terminated by court order.

CFSA collaborates with DYRS to determine the number of youth who are dual-system involved. As of January 11, 2019, there were seven foster care youth with cases involving a dual jacket of neglect, juvenile delinquency, or PINS (persons in need of supervision).

EDUCATION AND TRAINING VOUCHERS

Please see Attachment F for ETV awards for school years 2017-2018 and 2018-2019.

INTER-COUNTRY ADOPTIONS AND ADOPTION DISRUPTIONS

As stated earlier, CFSA does not conduct inter-country adoptions, but does handle adoption disruptions that occur for residents of the District. Adoption disruptions are handled as a normal Agency CPS removal. As of end of FY 2018, there were 15 adoption disruption cases. Of those 15 cases, three of the children entered care in FY 2018. One of the three cases began as an inter-country adoption. This child was adopted from Ethiopia through the Children's Home Society. The remaining 14 children were adopted in the District. The reasons for these adoption disruptions were neglect - unable or unwilling to provide care - and physical abuse.

Monthly Caseworker Visit Data

CFSA continues to collect and report data on monthly caseworker visits with children in foster care. Data for FY2018 will be submitted to CB by December 16, 2019.