



2020 – 2024

**Title IV-B Child and Family Services Plan
June 2019**

**DC Child and Family Services Agency
Brenda Donald, Director**

200 I Street SE, Washington, DC 20003
202-442-6100 | www.cfsa.dc.gov | www.fosterdckids.org
Facebook/CFSADC | Twitter@DCCFSA



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D1. COLLABORATION AND VISION

STATE AGENCY ADMINISTERING IV-B PROGRAMS

The District of Columbia (DC) Child and Family Services Agency (CFSA or Agency) has the unique function of providing both local and “state” child welfare functions for the jurisdiction. CFSA is also the public child welfare agency charged with the legal authority and responsibility to administer programs under Titles IV-B and IV-E of the Social Security Act. Comprising six administrations and 764 employees, CFSA provides both in-home and out-of-home services to enhance the safety and well-being of abused, neglected, and at-risk children and their families (see attached Agency Organizational Chart).¹

Children and families are stable and thriving within their communities: CFSA has long held this vision as a cornerstone of practice. To effectuate these values, all CFSA administrations dovetail their individual practice areas within the Agency’s Four Pillar Strategic Framework (see Vision Statement following). Established in 2012, the framework serves as the foundation for the development and implementation of the 2020-2024 Child and Family Services Plan (CFSP). Also essential for CFSP’s development is the engagement and participation of CFSA’s stakeholders, each of whom is invested in the success of this long-term strategic plan.

To inform the development of the CFSP, CFSA utilizes information from the Agency’s Annual Needs Assessment 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. The Needs Assessment also provides a detailed look at data to assist Agency decision-makers when developing those resources and services that are essential to improving the safety, permanency, and well-being of DC children and families.

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,² 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. Through ongoing focus groups, interviews and surveys, these stakeholder groups will continue to be active participants in the monitoring of the Agency’s progress over the course of the coming five

¹ For purposes of this document, the terms “child” and “children” are inclusive of birth through age 20.

² The terms “resource parent” and “resource provider” are often inclusive of traditional resource parents, kinship caregivers, and pre-adoptive or adoptive parents.

years. Resource parents continue to be a prominent voice in the identification of needed resources for children and families achieving permanency.

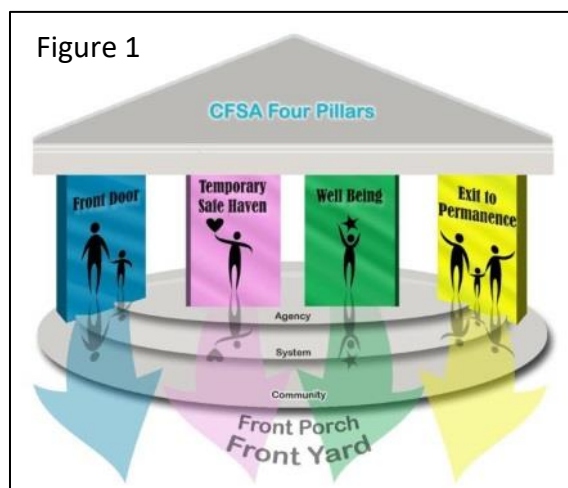
Regarding data collection, CFSA's Office of Policy, Planning and Program Support (OPPPS) collaborates with the Agency's Child Welfare Information Administration (CISA) to gather and analyze data from the Agency's child welfare information system, known locally as FACES.NET. As a web-based system, FACES.NET functions as the central repository for all client-level information in the District. It operates uniformly throughout the District and encompasses all geographical and political subdivisions. The child-specific information therein includes child status, demographic characteristics, location, and goals for placement for every child in foster care. All data is readily retrievable by CFSA and CFSA-contracted private agency staff, irrespective of the geographic location of the FACES.NET user.

In addition to the above, under the purview of OPPPS, the Performance Accountability and Quality Improvement Administration (PAQIA) provides data analyses in partnership with data analysts from CFSA's programmatic areas. Cooperatively, OPPPS, CISA, and PAQIA are equally invested in the use of data to inform shared goals and activities, and the assessment of outcomes for children and families in the District's child welfare system.

VISION STATEMENT

Children and families are stable and thriving within their communities.

CFSA's mission is to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families. To achieve this mission, the 2020-2024 CFSP has outlined the goals, objectives and measures of progress that emerged out of the Four Pillar Strategic Framework. Each pillar represents a distinct area along the child welfare continuum and features a values-based foundation, a set of evidence-based strategies, and a series of specific outcome targets. Aligned to support a coordinated service-delivery system, the following key values undergird each pillar:



- ▶ **Front Door:** The goal is to narrow the Front Door. Children deserve to grow up with their families and should be removed only as the last resort. When CFSA must remove a child for safety, the Agency seeks to place with relatives first.
- ▶ **Temporary Safe Haven:** Foster care is a good interim place for children to live while CFSA works to get them back to a permanent home as quickly as possible. Planning for a safe exit begins as soon as a child enters the system.
- ▶ **Well-Being:** Every child has a right to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. Children should leave foster care better than when they entered.
- ▶ **Exit to Permanence:** Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills they need to succeed as adults.

As noted in Figure 1, CFSA's Four Pillars Strategic Framework includes the Front Yard, Front Porch, and Front Door as a continuum of service interventions designed to meet families' needs and prevent child abuse and neglect across the child welfare system.

- ▶ Families in CFSA's **Front Yard** are not involved with CFSA but may demonstrate potential risk factors for involvement. Primary prevention efforts are designed to ensure children and families in the CFSA's Front Yard are supported in their communities.
- ▶ Families at CFSA's **Front Porch** may have engaged with CFSA, but have been able to safely remain, or reunify with their families, and receive community-based prevention services offered by CFSA's partnership with DC's Healthy Families/Thriving Communities Collaboratives partners (Collaboratives).
- ▶ Families engaged at CFSA's **Front Door** have an open case with CFSA. Whenever possible, CFSA prioritizes keeping families together and working with parents and children in their communities.

PREVENTION

CFSA continues its multi-faceted, 20-year plus partnership with the Collaboratives, which involves various activities within the prevention and intervention continua. The five Collaboratives are strategically located in District neighborhoods that have high representation of families in contact with the child welfare system. The Collaboratives provide an array of essential core services, including case management, information resource, referrals and linkage, as well as specialized services (such as parent education and support programming) to meet the needs of both CFSA-involved and all children, youth and families.

Putting Families First in DC (Title IV-E Prevention Program Five-Year Plan)

For the past decade, CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to an agency that supports and strengthens families. Back in fiscal year (FY) 2010, children in foster care numbered 2,092 while today, the Agency has fewer than 900 children in foster care, even though the city's population has grown by 100,000 within the same time frame. CFSA believes that its investments in community-based prevention and its partnerships with sister health and human services agencies significantly contributed to this 60 percent reduction in foster care cases.

With CFSA's understanding of its populations, the Agency has been able to effectively tailor services to needs, and to identify additional resources needed to prevent child abuse and neglect. Demographics and family histories are crucial to CFSA's recognition of family needs. For example, the median family receiving prevention services has three children. Almost half (45 percent) of the caregivers are between the ages of 31-40, followed closely by 21-30-year-old caregivers (30 percent). Additionally, results from CFSA's recent 2019 Needs Assessment indicated three dominant historical or generational risk factors for families receiving prevention services: 1) the family is often at risk of homelessness, 2) the family is connected to and receiving supports from the District's Department of Disability Services or, 3) the parents were former pregnant or parenting youth in foster care.

CFSA maximized its efforts to address these and other risk factors by tailoring prevention strategies with funding from the Agency's successful bid for the time-limited Title IV-E Waiver demonstration project. More recently, the enactment of the Family First Prevention Services Act (Family First) has provided an opportunity to bridge the end of the Waiver with a holistic District prevention strategy – but only if coupled with a broader primary prevention plan. When CFSA launched its Family First Prevention Work Group in June 2018 with a cross-sector of government and community members, the charge was clear: develop a citywide strategy to strengthen and stabilize families. The plan was not to be driven by Family First, but rather to leverage new opportunities provided by Family First as part of a comprehensive approach to family and child well-being.

The proposed plan to the Children's Bureau represents CFSA's five-year prevention plan in accordance with Family First. The plan also describes the broader context of the District's new citywide Families First DC initiative, building on the substantial progress made over the past decade. The plan further reinforces the successes garnered through the implementation of CFSA's Waiver and capitalizes on the critical lessons learned to better meet the needs of DC's children, youth, and families.

CFSA submitted its plan in April 2019 and is currently awaiting approval from the Children's Bureau for putting the District's Family First Prevention Plan into effect.

Families First DC: District of Columbia Mayor Muriel Bowser's Primary Prevention Community Investments

Families First DC focuses solely on upstream primary prevention for DC residents who reside in vulnerable communities. Supported by local dollars, Mayor Muriel Bowser's vision builds upon work derived from the Family First Prevention Plan but with the intent to provide families with what they need in their communities to avoid ever having to reach CFSA for a formal intervention.

This initiative is a neighborhood-based, whole-family approach for serving vulnerable families. The design intentionally disrupts the way services are delivered in 10 neighborhoods where barriers to well-being, economic opportunity, and achievement are most acute.

Families First DC has the following goals:

- ▶ **Empower communities** – Through a place-based approach, neighborhoods and families will envision and create Family Success Centers that will meet their specific needs. Community Advisory Committees will be established, neighborhood action planning will be employed, and strategically tailored community-based grants will be provided to fill services gaps to meet their communities' needs.
- ▶ **Integrate Services** – The Family Success Centers will be uniquely designed by each community to facilitate access to existing government resources and new initiatives tailored to meet families' needs.
- ▶ **Focus Upstream** – The Family Success Centers will focus on increasing protective factors and mitigating trauma to build on community and family strengths. Services will be designed to prevent crises through early engagement, offer assistance to meet families' basic needs, respond flexibly to the needs of families and the communities, and provide services outside of a traditional office setting.

COLLABORATION

Central to the Agency's ability to maintain and build upon its successes to-date are the strong cross-system collaborations with CFSA's sister agencies and community-based partners. Collectively, CFSA and stakeholders' mutual focus on prevention and long-term vision for the District's health and human services agencies will provide a strong foundation for effective implementation of the CFSP. 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 CFSP.

The goals, objectives and measures of progress for the 2020-2024 CFSP emerged out of CFSA's Four Pillar Strategic Framework. As noted, the Four Pillars align with the CFSP's overarching themes of safety, permanency, and well-being. Agency performance under each pillar can be assessed through quantifiable measures that are informed by the DC National Performance Data Profile, the District's Statewide Assessment, the Agency's 2016 Child and Family Services Review (CFSR) Program Improvement Plan (PIP), the Four Pillars Scorecard, and CFSA's 2019 Needs Assessment.

KEY COLLABORATORS IN THE DEVELOPMENT AND IMPLEMENTATION 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 CFSP development are a few of the various methods used for CFSA and its stakeholders to communicate about overall barriers and solutions. Much of the CFSP feedback is consistent with feedback received through other forums which CFSA considers and adopts as appropriate.

1. CFSP Development Sessions with Stakeholders

In developing the 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.

CFSP Stakeholder Workgroup Invitee Listing	
Organization/Affiliation	
District of Columbia Public Schools (DCPS)	Department of Human Services (DHS)
Center for Social Policy (CSSP)	Department of Youth Rehabilitation Services (DYRS)
Children’s Law Center (CLC)	District of Columbia Family Court
Citizen Review Panel (CRP)	Domestic Violence Coalition
Collaborative-Collaborative Solutions for Communities	Foster Adoptive Parent Association (FAPAC)
Collaborative-East River	Martha's Table
Collaborative-Edgewood-Brookland	Mary's Center
Collaborative-Far Southeast	Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)
Collaborative-Georgia Avenue	Metropolitan Police Department (MPD)
DC Children's Trust Fund	Office of the Attorney General (OAG)
DC Metropolitan Foster and Adoptive Parent Association (DMFAPA)	Office of the State Superintendent for Education (OSSE)
DC127	Parent Watch
Department of Behavioral Health (DBH)	Public Charter School Board
Department of Health (DOH)	Sasha Bruce Youth Work
Department of Health Care Finance (DHCF)	

Each work group session included reference documents and practice worksheets that provided structure and information for the participants’ discussion. These tools included a CFSA practice interventions dictionary, goal sheet handouts, performance data, and completion of an interventions and strategies matrix. Stakeholders completed the tools to rate their perceptions on practice and service area effectiveness. Feedback from the three sessions included the following highlights:

- The five protective factors should be reflected in CFSA’s goals, and therefore the CFSP objectives and measures.
- CFSP needs more objectives related to in-home youth and families.
- The Agency needs to more adequately address emotional well-being.
- Questions arose regarding how the Agency is measuring whether services are aiding in the outcomes desired.
- Consider offering aftercare for teens entering guardianship.
- In general, CFSA needs “aging-out advocacy” long before the youth’s 21st birthday.
- The Agency needs more placements for infants and any objectives related to infants need to have carefully constructed language to make the objectives discrete from objectives that address the rest of the foster care population.
- Add an objective related to community collaboration and resources, e.g., “Communities have the tools and resources...” or “Children are connected to tools and resources in the community...”
- The system can be difficult for birth parents, and often they do not feel heard or the Agency is literally not listening – CFSA needs to listen to the birth parent as well as the birth parent advocate.

CFSA adapted and incorporated all of the above feedback into the development of the objectives and measures of progress for the next five years.

2. Surveys and Focus Groups

CFSA gathered stakeholder perceptions from input and feedback through focus groups, interviews and on-line surveys with internal and external stakeholders. Findings were used to inform the 2019 Needs Assessment,³ the 2015-2019 Annual Progress and Services Report (APSR), and the development of the 2020-2024 Child and Family Services Plan. CFSA also held three stakeholder meetings (as described above) and facilitated discussions on the Agency’s practice, service needs, and barriers to supports and services.

Regarding the Needs Assessment surveys, via CFSA’s Office of Public Information, OPPPS distributed two self-administered online surveys: one survey captured the voices of youth, birth parents and resource parents while a second survey captured the voices of child welfare professionals, both within and outside of CFSA. A total of 271 respondents accessed the survey. Of those, 135 respondents fully completed the survey and 136 partially completed the survey.

³ CFSA’s annual *Needs Assessment* provides an analysis of data inform the Agency’s *Resource Development Plan*, the Agency’s “road map” for service development priorities.

A total of 22 youth, birth parents and resource parents participated in focus groups. For birth parents and youth only, CFSA provided incentive gift cards for participation in focus groups, although they had the option to complete a survey if that was their preference. To further encourage youth participation, the Office of Youth Empowerment (OYE) sent text messages as reminders to youth. To encourage birth parent participation, each birth parent's assigned PEER⁴ supported completion of a survey, either in person or over the phone.

Although the count of birth parent participants slightly exceeded last year's count, OPPPS still scheduled an extra focus group to garner additional feedback, collaborating with a birth parent advocacy organization, Parent Watch DC. This organization co-facilitated the session and helped to encourage birth fathers and birth mothers to participate so that CFSA could integrate ongoing and continuous feedback from these crucial stakeholders. While overall the surveys and focus groups provide valuable insight, they are not a representative sample and the information cannot be generalized across the population.

Survey Respondents

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

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

Survey Respondent Agencies/Affiliations

Agencies/Affiliations
1. DC Child and Family Services Agency (CFSA)

⁴ 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.

Agencies/Affiliations
2. Private Foster Care Agency (i.e., NCCF, LSS or LAYC) ⁵
3. Group Home (e.g., Independent Living, Residential Facility)
4. DC Government Agency
5. Community-Based Organization
6. DC Superior Court
7. Advisory Committee (e.g., MACCAN, Citizen Review Panel)
8. DC Government Agency
9. Other Stakeholders ⁶

Source: Office of Planning, Policy and Program Support

The following survey responses resulted from the total 199 child welfare professionals who accessed the survey:

- 61 percent (n=121) were CFSA employees
- 16 percent were “Other” employees (n=32)
 - Faith-based organization
 - Advocacy organization
 - Direct child-serving or childcare 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 or residential providers (n=8)
- 2 percent were respectively from both DC Superior Court (n=4) and advisory committees (n=4)

⁵ NCCF (National Center for Children and Families), LSS (Lutheran Social Services), and LAYC (Latin American Youth Center) are CFSA’s three contracted child placing agencies. NCCF serves all children placed in Maryland while LSS serves unaccompanied refugee minors and LAYC serves the Spanish-speaking families.

⁶ Faith-based organizations, advocacy organization, direct child-serving facilities, childcare facilities, Children’s Law Center, DC Kincare Alliance, Children’s National Health Center, Center for the Study of Social Policy

OPPPS staff developed and conducted the focus group protocols intended for use by 8-12 stakeholders at a time. Although OPPPS tailored the questions 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 and then sent Evites to all emails and phone numbers. OPPPS permitted focus group participation by conference call and allowed survey responses via telephone call. OPPPS did conduct a birth parent focus group but the PEERS also requested to facilitate the completion of surveys to ensure a certain comfort level for birth parents to respond as honestly as possible.

Summary Findings: Focus Groups with Youth

Among the feedback received, youth indicated challenges with mixing therapeutic and traditional youth in the same placements, and not having onsite mental health services, conflict resolution services, or onsite psychiatric services. Youth also felt that CFSA missed opportunities to identify a youth's kin when the youth already had a connection with that relative, even if a birth parent did not provide the name of the relative. Youth felt that kin needed more financial resources to be providers. Youth also shared that residential placements can feel "like jail," i.e., the youth feel "imprisoned" for acts that are not necessarily criminal. In some instances, youth felt that placements were not good matches and resource parents did not have the training or skill sets to handle or help a youth with their challenges, history, trauma, or behaviors. Youth expressed challenges with being in a Maryland placement without easy access to local transportation or without a personal vehicle to access a DC service.

With regard to useful services, youth and resource parents found tutoring to be a positive support. Youth also mentioned that having a mentor and CASA were useful supports.

Summary Findings: Focus Groups with Birth Parents

The table below highlights common threads identified by birth parents receiving in-home services and foster care services. Gray cells indicate that the respondents did not have a comment on that particular question.

In Home Birth Parents			Foster Care Birth Parents	
Services Received	Services Needed	Common Needs	Services Received	Services Needed
Food Stamps/Vouchers	Additional food assistance	Additional food assistance	Food Stamps/Vouchers	Additional food assistance

In Home Birth Parents			Foster Care Birth Parents	
Furniture vouchers	Gift Cards	Financial support for general home/life needs (furniture, clothing, food, etc.)	Day care for child in care	Furniture vouchers and appliances
Community Connection and Supports (e.g., church, Food Banks, relatives)	Mental Health services including therapy (parent and child)	Therapy (parent and child)	Mental Health services including therapy (parent and child)	Mental Health services including therapy (parent and child)
Job Support (depending on worker or program)	Employment	Employment	Job Support (depending on worker or program)	Employment
	Housing	Housing	Public/Rapid Housing	Housing
	Youth Programs (Big Brother Big Sister, Summer Camps)	Youth Programs (Big Brother Big Sister, Summer Camps)	Parenting Classes	Youth Programs (Big Brother Big Sister, Summer Camps)
			TANF	Transportation
				Clothing vouchers (when child is returning home or coming for overnight visits)

Birth parents also indicated the following key entities for providing useful services: Wendt Center for Loss and Healing (for therapy); A Wider Circle (for employment assistance and donation closet, churches, food pantries); MBI Health Services (for therapy); Bread for the City (food, clothing, medical care, and legal and social services); Martha's Table (education programs, healthy food, and family supports); PSI Family Services Inc. (child care), Hillcrest (behavioral health services); Far Southeast Collaborative (family support services); and Project Empowerment (employment).

Summary Findings: Focus Groups with Resource Parents

Most resource parents' experiences varied by case management agency as well as by needs of the child in their care. For the beginning of the fostering journey, resource parents recommended that the Agency's Child Welfare Training Academy focus more on trauma instead of the actual process (e.g., services and supports, visitation, meetings, people on the child's team, and hands-on preparation, etc.). In different forums, resource parents wanted more information about the day-to-day processes. Resource parents added positive feedback regarding table top trainings. These trainings addressed specific needs of children in the home with the resource parent. Resource parents also found some of the initial key practices and processes to be helpful (when consistent), e.g., icebreakers to prepare for shared parenting.⁷ Resource parents also asked to receive birth parent schedules in advance to set up ice breakers.

When discussing the placement process, resource parents were unclear as to how the process worked with regard to planned placements and unplanned placements. Resource parents generally felt unprepared and unqualified. These feelings were due to a lack of information or vague details provided about the child or youth during the transfer into the home. One resource parent recommended that social workers explain the placement process step-by-step, including how the Agency matches children to foster placements.

Participants' awareness of services varied as well. On occasion a few resource parents had knowledge of resources that others needed but did not know existed (e.g., tutoring). One resource parent had utilized expressive therapy,⁸ mentoring, and case management. The parent noted that all of them were effective. In general, childcare, respite, and transportation were considered useful and essential services for these resource parents.

One resource parent mentioned that CFSA's contracted agency, Adoptions Together, provided a grief and loss support group that was helpful to address grief after a child achieved permanency and left the resource home. This service was especially helpful when a child had been living in the same resource home over an extended period of time, and the resource parent had bonded.

⁷ The shared parenting model provides an "ice breaker" opportunity for birth parents and resource parents to meet in a comfortable environment, share information about the child in foster care, and get to know one another in hopes of establishing rapport. Once rapport is established, the two parents can align their communication styles, approaches to discipline, etc. for consistency and well-being of the child they both parent.

⁸ Expressive therapies may include writing, movement, art, music, and animal-assisted therapy.

Summary Findings: Surveys

Findings addressed Agency performance across key practice domains of safety, permanency and well-being, as well critical functions such as placement, case planning and the overall Agency responsiveness to the CFSA client community. Respondents included a broad array of the child welfare professionals, in addition to CFSA staff who completed the survey. Of the 121 surveys accessed by CFSA staff, the following 115 respondents represented CFSA's various program areas:

- 37 percent Entry Services (23 percent In-Home and 14 percent Hotline and CPS staff)
- 20 percent Permanency staff
- 9 percent Office of Well Being staff
- 8 percent for both OYE and OPPPS staff
- 4 percent for both Placement and Administration staff
- 3 percent for both Resource Parent Support and CISA staff
- 2 percent for Kinship staff
- <1 percent for Community Partnerships, PEERs and Post-Permanency staff

Thirteen percent of survey respondents were supervisory staff, 26 percent were direct service staff, and the remaining respondents were part of the child welfare team or in support functions on a case but not providing "direct case practice." Seventy-one percent (n=74) of respondents did not have a caseload versus 29 percent (n=30) of respondents [out of 104 respondents]. Of the 30 caseworker respondents, they worked with the following top five populations:

- Biological parents
- Youth with developmental challenges, learning, or intellectual disabilities
- Youth who self-identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- Incarcerated parents
- Kinship caregivers

Safety

Overall, respondents felt that social workers frequently assessed and addressed risk and safety concerns, if present (in about 80 percent of cases). Identified concerns could be categorized in two domains: lack of resources and inadequate practice. For example, CFSA may have been aware of risk and safety issues but did not address the issues. Reasons may have related to a lack of placement options, or case decisions were made based on a lack of resources. Another example concerned safety assessments. The information should be included in a child's

Passport package,⁹ but the resource parent never received the Passport package. Respondents also shared that social workers did not accurately address risk and safety in matters of substance abuse. Children may have been left at risk after exposure to or use of substances but without appropriate referrals provided and long-term follow-up. Lastly, more timely interventions could avoid or reduce risk and safety concerns.

Well-Being

The survey results outlined service provision through a host of well-being domains, including mental and behavioral health services, alternate and expressive therapies, medication management services, anger management services, and substance abuse services. Forty percent of respondents indicated that expressive therapies were effective for youth who received the service, whereas 13.3 percent indicated the service was rarely effective. With regard to services under the domain of the mental and behavioral health, 25 percent of respondents found the services to be always effective, while 11.5 percent indicated the services were not effective. Regarding anger management services, 50 percent of respondents found the services sometimes effective while 13.3 percent were unsure about the effectiveness of the services. For substance abuse services, 47 percent of the respondents found the services to be “sometimes-to-often” effective. A summary of responses for well-being services included the following recommendations:

- Increase availability and access to alternative therapies (art, music, pets, dance, horses, etc.), in-home family therapy, grief and loss therapy, trauma-informed mental health services, and treatment for substance abuse.
- Make transportation readily available to take youth to appointments that are located at a distance, especially when public transportation is not readily available.
- Add community drop-in centers to prevent stigma for youth having to participate in certain services.
- Provide in-patient, partial hospitalization, and intensive outpatient (e.g., day treatment programs) behavioral health services.
- Locate residential facilities in DC.
- Provide general group homes (and homes for substance users).
- Provide specialized services for unaccompanied refugee minors.
- Provide in-school mental health supports so youth are not removed from school to attend therapy outside of school.

⁹ CFSA provides a “Passport” packet for each child in foster care. Packets include vital information regarding the child: a photo, medical provider contact information, clothing voucher, Social Security card, etc.

- Improve services for clients experiencing domestic violence (DV); there is concern that CFSA's DV specialist does not go into community like social workers.¹⁰
- Train or contract with providers with expertise in sex trafficking, sexual abuse, post-traumatic stress disorder, and attachment disorders.
- Develop a respite program for resource parents who care for children with challenging behaviors.

Respondents also highlighted the existence of barriers to service provision across the following areas: physical, cultural, language, skills and training, client resources, financial, psychological, geographical and programmatic resources. Respondents indicated a need to improve the availability and coordination of services. At present, the service referral process takes too long, and is filled with gaps and delays in service delivery. Additional feedback on well-being services included service needs in the following life skill areas for parents and youth: paying rent, finding housing, cooking basics, cleaning basics, budgeting, healthy relationships, scheduling and parenting, dealing with legal system, self-advocacy and self-esteem.

Permanency

Assessment of permanency practice objectives and placement matching was a key survey domain. Respondents felt that CFSA and its partner agencies were able to “maintain placement stability,” “achieve permanency,” and “maintain permanency” at least 40 percent of the time. Respondents also felt that CFSA and its contracted agencies performed lowest with maintaining placement stability but better with maintaining permanency. Some of the challenges included children being returning to foster care due to a lack of familial supports. Respondents recommended a higher standard and quality of resource parent with training to promote parent-youth lifelong connections. Chronic issues included employment, education and housing. Additionally, respondents highlighted families continuing to come back to the attention of the Agency for underlying reasons associated with mental health and substance use.

Another critical permanency issue related to case planning. Respondents felt that CFSA and its partner agencies included youth, birth parents and resource parents in case planning 80 percent of the time. More youth are involved than birth parents and resource parents. Resource parents were the least involved. Some barriers to participation included unwilling birth parents or social workers unable to locate a birth parent; children in foster care who are too young or not prepared to give input or not unwilling to provide input to the case planning

¹⁰ This recommendation reflects a communication within the Agency. The CFSA DV specialist position is available for supporting and coaching social workers on how to handle situations where DV is an issue. The specialist position was not created as an in-home service.

process; resource parents are not always invited or able to attend court hearings; and older youth are not attending meetings or meetings are hard to get scheduled; and children and youth are not sure what can be shared with resource parents.

Conclusion

Development of the 2020-2024 CFSP integrated concrete feedback and insight through stakeholder forums, interviews, focus groups and surveys. This feedback helped CFSA to incorporate a comprehensive approach to the CFSP, including identification of priorities for moving forward over the next five years. CFSA has already started to address many of these priorities, e.g., the timely delivery of mental health services through the Agency's Mental Health Redesign. Children and youth are now able to immediately receive emergency services upon entry into foster care.

CFSA continues its commitment to stakeholder engagement for ongoing feedback and practice improvement. Such engagement includes input from an expansive provider network, and the examination of survey findings and focus groups (specifically around issues of risk and safety, placement and the case planning). In sum, achievement of the Agency goals for the 2020-2024 CFSP will remain connected to the value-based Four Pillars Strategic Framework, while development of objectives and measures of progress will be embedded into CFSA's holistic vision for serving the needs of the District's children and families.

D2. ASSESSMENT OF PERFORMANCE

CFSP ASSESSMENT OF PERFORMANCE – MOVING FORWARD THE NEXT FIVE YEARS

The 2016 Child and Family Services Review (CFSR) assessed the District of Columbia's baseline performance on Round 3 - Safety, Permanency and Well-Being Outcomes. In response, CFSA developed its performance improvement plan (PIP) to address challenges and strengthen areas of practice. In formulating many of the Child and Family Services Plan (CFSP) measures of progress, CFSA integrated PIP activities and incorporated core metrics from the District's Four Pillars Scorecard, which serves as the Agency's primary benchmarking document (in alignment with the Four Pillars Strategic Framework). As noted, the Agency included stakeholder feedback during the collaborative CFSP development process (see Vision and Collaboration).

The following sections highlight the 2016 CFSR results for each outcome and its associated indicators. Outcome sections also include the Agency's plan for moving forward within the next five years under the 2020-2024 CFSP.

SAFETY OUTCOMES 1 AND 2 – ROUND 3 INDICATORS

- Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
- Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

The CFSR identified concerns in the areas of CFSA's timely response to reports of abuse or neglect, the provision of safety services, and the assessment of safety and risk to children in cases where the previous two concerns applied. The CFSR also identified a lack of comprehensive assessments for all case types. In addition, initial formal and informal safety and risk assessments, although often completed, were not always comprehensive. Ongoing assessments were not consistently completed, and neither were assessments at case closure. When safety concerns were present, CFSA was not regularly developing safety plans nor regularly monitoring the plans.

SAFETY OUTCOMES: PRACTICE MOVING FORWARD

For Safety Outcome 1, CFSA's performance review includes the following CFSP measures of progress:

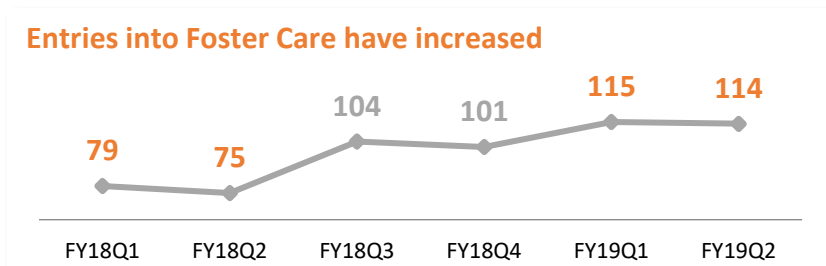
- Reduce new entries into foster care.
- Reduce re-entries into foster care.
- Reduce recurrence of maltreatment.

As of the first quarter (Q1) of fiscal year (FY) 2013, the number of new entries into foster care was 93. For FY 2019-Q1, re-entries is an annual measure with a benchmark of 8 percent, mirroring the national performance target. For the recurrence of maltreatment, CFSA performed at 15 percent (January 2019 data profile/FY 2016B/17A), which fell below the national performance target of 9.5 percent.



STRATEGY 1.1 – ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES

Measure of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Reduce new entries into foster care	300	93 ¹¹					
Reduce re-entries into foster care	8%	Annual Measure					
Reduce recurrence of maltreatment	9.5% ¹²	Annual Measure					



CFSA relies upon several sources to analyze performance data and to make practice-related decisions for performance improvement. As noted throughout the CFSP, the Agency examines data sources for development of the annual Needs Assessment which helps to inform the associated Resource Development Plan (RDP). For the most recent RDP and Needs Assessment, CFSA conducted an analysis of recent trends in foster care entries. As shown in the graph for entries between FY 2018-Q1 as compared to FY 2019-Q2, there has been a 48 percent increase in entries. The number of the youngest children entering foster care is staying steady. Though still a lower number, older youth represent the fastest growing population entering foster care.

¹¹ FY19Q1Ninety-three represents entries into foster care. FY19Q1 One-hundred fifteen represents entries and re-entries

¹² District of Columbia Data Profile (January 2019) Reporting FY 2016B17A

In June of 2019, CFSA also conducted an analysis into the 212 children and youth with recurrence of maltreatment for FY 2018. These children and youth had substantiated referrals opened in FY 2017 with a subsequent referral opened within 12 months of the initiated substantiated referral. Key findings included over a third of the children with a repeat maltreatment occurrence within three months; 46 percent of the children were between the ages of 6-12 and 50 percent of parents or caregivers were between the ages of 31-40. The top three allegations for both the first and second substantiated referrals was inadequate supervision, exposure to domestic violence and educational neglect. CFSA will utilize this information to develop or enhance strategies to decrease the recurrence of maltreatment rate.

For Safety Outcome 2, CFSA's performance review includes the following CFSP measures of progress:

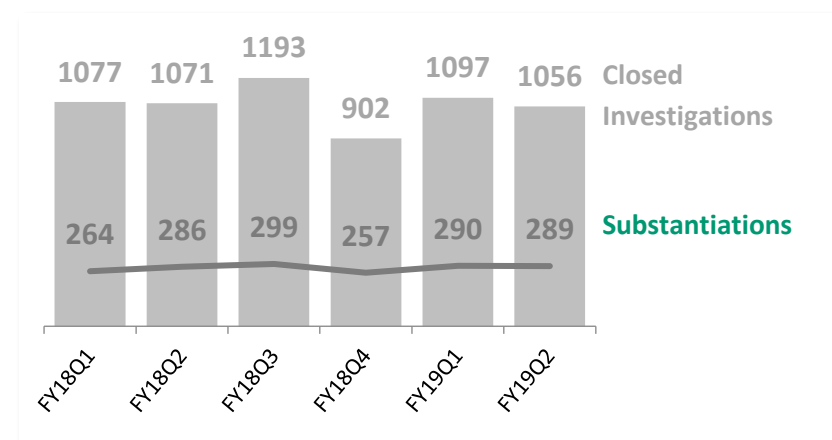
- Increase timely initiation of investigations.



STRATEGY 1.1 - ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES

Measure of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase timely initiation of investigations	95%	90%					

Source: Four Pillars Scorecard FY 2019-Q1



Regarding substantiated allegations between FY 2018-Q1 and FY 2019-Q2, the 2019 Needs Assessment data revealed that substantiations increased, despite no change in the number of


closed investigations. This increase might be attributed to the elimination of the Family Assessment Pathway.

Data for closed investigations are portrayed in the same graph. The number of closed investigations reflects the seasonal variation in the number of Hotline calls accepted for Child Protective Services (CPS) investigations during the year. Comparing Q1 and Q2 for each fiscal year shows no increase in the number of closed referrals (2,148 in FY 2018 and 2,153 in FY 2019). There was, however, a slight increase (5 percent) in the number of substantiated referrals during the same time frame (550 in FY 2018 as compared to 579 in FY 2019). Additionally, there was an increase in the number of investigations closed as “incomplete” (17 percent), while those that were unfounded decreased (-4 percent).

The CFSR Safety Outcomes 1 and 2 (Round 3) align with the District’s CFSP Goal 1 – Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe. CFSA expanded the CFSP measures of progress for the outcomes to include client connection, and engagement and utilization of community-based resources (based on feedback from the CFSP development work groups). To this end, the following measures of progress were derived and folded into the CFSP metrics for the next five-year period:

- Increase families who accept community-based services following case closure.
- Increase children who remain with family after engagement with the Collaboratives.

As of FY 2019-Q1, the Agency will need to benchmark the newest metric increase, families who accept community-based services following case closure. For the metric, children who remain with family after engagement with the Collaboratives, the benchmark is 90 percent. This measure is annual.



STRATEGY 1.2 – CONNECT CHILDREN AND THEIR CAREGIVERS TO COMMUNITY-BASED SERVICES AND AND SUPPORTS

STRATEGY 1.3 – ENHANCE FAMILIES’ CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS

Measure	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase families who accept community-based services following case closure	TBD						
Increase children who remain with family	90%	Annual Measure					

Measure	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
after engagement with the Collaboratives							

Moving Forward: Performance Improvement Plan (PIP) Integration

To address Safety Outcomes 1 and 2, the District integrated activities outlined in the PIP into the CFSP to help improve practice performance, particularly as it relates to investigation quality and compliance. Elements of quality and compliance include the initial referral response time, interviews with core contacts (victim child, alleged maltreater, the reporting source, the non-offending caregiver, and collaterals), non-victim children, medical and mental health evaluations, risk assessment, safety planning and disposition (substantiated, unfounded, inconclusive).

To examine the quality and compliance elements of investigations, CFSA completes the Acceptable Investigations Review, which is a joint review among CFSA's Quality Assurance Unit, the Center for the Study of Social Policy, and the CPS administration. Program managers and supervisors also function as reviewers, discuss results, and determine what to incorporate into supervision practice. CFSA's second representative sample of the Acceptable Investigations Review performance was 73 percent in March 2019, up from 66 percent in the prior review, and 7 points below the target of 80 percent. Program leadership and staff members review the results and target strategies for improvements based on the areas identified for improvement.

Permanency Outcomes 1 and 2 – Round 3 Indicators

- Permanency Outcome 1: Children have permanency and stability in their living situations.
- Permanency Outcome 2: Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

CFSR results from 2016 found that achieving permanency was a challenge for a significant number of CFSA's cases. For some cases, there was a delay in an appropriate change in the child's permanency goal. For other cases, the Agency did not provide the services (e.g., housing) necessary to achieve the goal. As well, the CFSR identified practice barriers, e.g., the Family Court's practice of extending the time for parents to reunify or declining a motion to terminate parental rights (TPR). The District's Statewide Assessment also identified the TPR process as a challenge and barrier to achieving timely permanency, e.g., timely filing of TPR petitions was not consistent. In many cases CFSA did not file TPR motions according to guidelines (15 out of 22 months) but waited until the child's goal was changed to adoption and an adoptive family was identified.



STRATEGY 4.2 – ADDRESS PROCESS BARRIERS TO TIMELY PERMANENCY

Measure(s) of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Reduce time to reunification	14	16					
Reduce time to guardianship	34	35					
Reduce time to adoption	32	31					

As of FY 2019-Q2, and 27 percent of children are in kinship placements. The average number of months to reunification during this period was 16 months (benchmark: 14 months). The average number of months to guardianship during the same period has been 35 months (benchmark: 34 months) and the average time to adoption was 31 months (benchmark: 32 months). While the Agency is missing each benchmark, performance is very close. CFSA will continue to examine areas to close the gap.



STRATEGY 2.1 – PLACE CHILDREN AND YOUTH WITH KIN FIRST WHENEVER POSSIBLE

Measure of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase placements with kin	24%	27%					

With regard to placement stability, the CFSR noted that many children were living in stable placements. The Agency's Resource Parent Support Unit helped to support placement stability, including kinship placements which were frequently stable.



STRATEGY 2.2 - EXPAND THE SPECIALIZED PLACEMENT ARRAY FOR BETTER PLACEMENT MATCHING

The benchmark for placement stability is 55 percent. As of FY 2019-Q1, performance was 50 percent. Based on the 2019 Needs Assessment (as of April 2019), current performance

around placement stability indicates that 49 percent fewer children have experienced a placement disruption since October 2018. Thus far in FY 2019, nearly 3 out of 4 (72 percent) children experienced no disruptions in placement. Additionally, current analysis has found that for children with a placement change, their initial placement move was likely to occur in the first three months of care.

Measure of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase # of children with one placement in the past 12 months	55%	50%					

For parent and child visits, the benchmark is 85 percent. As of FY 2019-Q1, 88 percent of parents and children were meeting their visitation requirements.



STRATEGY 2.3 – PRESERVE THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS

Measure of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase parent/child visits	85%	88%					

Moving Forward: PIP Integration

Similar to the Safety Outcomes, the Agency is integrating PIP activities into the CFSP to address Permanency Outcomes 1 and 2 and to improve practice performance. Specifically, CFSA is continuing to partner with the Family Court to meet the permanency performance metric. In September 2018, for example, CFSA conducted a judicial focus group with seven of the eight magistrate judges to examine barriers to permanency. The focus group identified several areas for improvement, including court scheduling issues, challenges with subsidy agreements, and delays in issuing findings. CFSA has been working with the Court Improvement Project¹³ and is currently awaiting the results from surveys completed by attorneys from the District’s Council on Child Abuse and Neglect. The Agency anticipates that the survey findings will help CFSA to better understand the attorneys’ perspectives on the CFSA-Family Court partnership and, in turn, help to improve permanency outcomes for children and families.

¹³ The Court Improvement Project is a federally funded effort to increase positive outcomes related to court performance in general, and child welfare permanency outcomes in particular.

CFSA continues to fine-tune internal practices that are known to impact permanency outcomes, including the family team meeting (FTM) process. Changes to the FTM include an increase in the frequency of FTMs during crucial decision points in the case, which provides recurrent opportunities for identification and engagement of relatives who can support the family. Other changes include efforts to increase family participation, and efforts to better engage parents and family networks to facilitate collaborative family involvement in case planning. Family involvement includes decision-making for the identification of services that meet the family's needs toward achieving their identified permanency goal.

FTM changes also include family involvement in the coordination and review of the FTM agenda. Based on the families' desire, CFSA may also invite parent advocates and attorneys. With this improved process in place, the overall objectives of the FTM are met: teaming with the family, having the family together to discuss the direction of the case, and having the family together to assess decision points on placement, school, and support for navigating the court system. The FTM further allows for CFSA to know who the support systems in the family are and to engage these supports.

Well-Being Outcomes 1, 2 and 3: Round 3 Indicators

- Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.
- Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
- Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

For Well-Being Outcome 1, CFSR findings showed significant delays in providing appropriate services to children in foster care, primarily as a result of inconsistent completion of quality comprehensive assessments. For children receiving in-home services, the findings also reported a lack of ongoing comprehensive assessments. Regarding the needs of birth parents and resource parents, the 2016 CFSR findings showed an overall lack of either formal or informal comprehensive assessment, both initially and on an ongoing basis.

For Well-Being Outcomes 2 and 3, the CFSR findings showed that CFSA was not monitoring in-home cases opened for educational neglect. Overall, the Agency was assessing the physical health and dental care needs of children. Regarding well-being and mental health, generally the 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 need for ongoing services or any changes with the child's mental health or behavior.



STRATEGY 3.3 – INCREASE COMMUNICATION AND TEAMING WITH SCHOOLS

Measure of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase youth who have employment or internship experience	55%	Annual Measure					
Increase youth in foster care who graduate from high school	70%	Annual Measure					

The following CFSP measures of progress align with Well-Being Outcome 2:

- Increase children and youth who receive needed behavioral health services.

For children and youth receiving behavioral health services, the benchmark is 81 percent. The Agency will report annually on this performance measure.



STRATEGY 3.1 – CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR PHYSICAL AND BEHAVIORAL HEALTH NEEDS

Measure(s) of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase children and youth who received needed behavioral health services	81%	Annual Measure					

The following CFSP measure of progress aligns with Well-Being Outcome 3:

- Increase timely developmental screenings of children in foster care ages birth-to-5.

The benchmark for timely development screenings is 90 percent for children ages birth-to-5. As of FY 2019-Q1, 96 percent of children in this age bracket received timely developmental screenings.



STRATEGY 3.1 – INCREASE CFSA IN-HOUSE CAPACITY TO CONDUCT PHYSICAL AND BEHAVIORAL HEALTH SCREENINGS AND PROVIDE TREATMENT TO CHILDREN

STRATEGY 3.2 – INCREASE CONTRACTED CAPACITY TO MEET CHILDREN'S SOCIAL AND EMOTIONAL HEALTH NEEDS

Measure(s) of Progress	Benchmark	FY19-Q1	FY20	FY21	FY22	FY23	FY24
Increase timely developmental screenings of children in foster care ages birth-5	90%	96%					

Moving Forward: PIP Integration

To address Well-Being Outcomes, the District has integrated activities from the PIP to improve practice performance. Specifically, to address the delay in mental health service provision, CFSA redesigned the process for children and youth receiving mental health services. This redesign included the hiring therapists as CFSA staff to provide emergency and short-term therapeutic services for children entering or re-entering foster care. CFSA will continue to partner with the District's Department of Behavioral Health for community-based services for longer-term service provision for children and families.

Conclusion

In the development of the CFSP measures of progress, CFSA examined alignment with the CFSR Round 3 indicators, the Four Pillars Scorecard, and the CFSR Round 3 data profile. CFSA determined that while integrating the three primary source documents to build performance metrics, the Agency's outcomes would improve if the scope of the metrics included collaborative stakeholder feedback. This expansion applied to Goal 1 and the measure of progress on community engagement (referenced in the Safety Outcomes section). Under CFSP Goal 4, the following measures of progress were developed:

- Increase youth exiting care with stable housing.
- Increase youth enrolled in/completing vocational training or certification program.
- Increase youth graduating from college.

Moving forward, CFSA's CFSP measures of progress will continue to be representative of critical benchmarking documents, such as the Four Pillars Scorecard and Data Profile while aligning the Agency performance objectives with the Agency's priorities. In identifying areas in need of improvement, CFSA will also continue to use both baseline CFSR Round 3 performance data and internal data analyses to assess performance and to make practice adjustments as appropriate for improving practice.

SYSTEMIC FACTOR 1: INFORMATION SYSTEM

OVERVIEW

CFSA uses a web-based child information system, known locally as FACES.NET, to provide CFSA and CFSA-contracted (private agency) social workers and other staff with ready access to case and child-specific information. This information includes child status, demographic characteristics, location, and goals for placement for every child in foster care. Due to the confidential nature of such information, FACES.NET requires secure settings and data access rights. These settings and rights are the same for CFSA and CFSA-contracted staff. As of April 30, 2019, private agency case management responsibility accounted for approximately 45 percent of all children and youth in the District foster care system.

As the central repository for all child welfare client-level information in the District, FACES.NET is secure and completely accessible to approved users wherever there is an internet connection. The system operates uniformly throughout all the District's geographic and political subdivisions. FACES.NET also serves all the following required federal recordkeeping, program, and reporting functions:

- 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,¹⁴ NCANDS,¹⁵ Monthly Visitation, and NYTD¹⁶

It is imperative that demographic information for children is 100 percent accurate for each state's child welfare information system. As of April 30, 2019, the District has continued its conformity with the data entry component of this systemic factor. Regarding demographic characteristics, CFSA data entry is 100 percent for gender and age of clients. For goals and legal status, data entry is 99 percent with 88 percent for both race and ethnicity. FACES.NET generates data reports as needed.

¹⁴ *Adoption and Foster Care Analysis and Reporting System*

¹⁵ *National Child Abuse and Neglect Data System*

¹⁶ *National Youth in Transition Database*

POLICY

CFSA policy requires every CFSA and private agency social worker with case management responsibility to use FACES.NET as their primary case management tool.¹⁷ Data entry includes specific core fields, including the four required statewide data elements: legal status, demographic characteristics, location and goals for the placement of every child in foster care. The FACES.NET's data check and balance system also prevents a social worker from entering further case data until the social worker updates certain case-specific data within the fields. The system uses yellow highlighting to regularly prompt social workers which fields await the required data entry.

Specific timeframes for updating child information vary according to the urgency, sensitivity, and nature of the activity being documented. For example, time-sensitive activities such as CPS investigation updates, Family Team Meeting action plans, or placement changes must be entered within 24 hours of their occurrence. Other examples such as contact notes (detailing such case management activities as home visits, collateral contacts, and assessments) can be entered within 72 hours of the service being rendered, and case plans are completed within the first 30 days of an in home or foster care case being opened.

ONGOING CONFORMITY WITH SYSTEMIC FACTOR

CFSA's Child Information Systems Administration (CISA) is responsible for maintaining FACES.NET, the District's comprehensive case management system. CISA is also responsible for enhancements or revisions to FACES.NET. Such enhancements are jointly prioritized by CISA and Agency leadership to improve the effectiveness of the system, improve worker efficiency and case practice overall, as well as streamlining data entry efforts.

To ensure proper use of the system, CISA provides ongoing FACES.NET training for new staff members during pre-service training and ongoing employees through in-service training. CISA then disseminates tip sheets to help social workers understand and remember how to navigate particular FACES.NET screens. Such activities support CFSA's efforts to maintain data accuracy. In addition, CISA continues to maintain the same data entry processes that resulted in an overall rating of Strength under the Information System (Item 19) rating during the 2016 Child and Family Services Review (CFSR). The Agency also continues to identify and address improvements based on testing and user feedback. (See the Enhancements section below.)

¹⁷ It is not uncommon for private agency partners to employ custom systems, forms and practice tools in addition to CFSA's FACES.NET system to support their own case management functions. CFSA nonetheless requires partners to utilize the core FACES.NET case management modules and tools.

CISA Quality Assurance (QA) Processes

The District and Deloitte Consulting share responsibility for activities related to completing impact analyses, gathering report requirements from end users, and determining report logic. Select quality assurance (QA) activities, however, are separate. For example, Deloitte has full responsibility for “bug fixes” and initial QA of the code. The District has responsibility for the following QA activities:

- Functionally reviewing issues reported to the Help Desk
- Recommending solutions to system bugs
- Reviewing and approving design documents
- User acceptance testing (UAT)
- Regression testing
- QA reviews
- Confirming validity of data
- Training and evaluations from trainings on needed functionality modifications

CISA works directly with the District’s Office of the Chief Technology Officer (OCTO) to ensure that technology services are running well, i.e., guaranteeing service availability to the users, looking at each business within the Agency, and mapping and developing solutions that give value to end users utilizing CFSA’s network.

Title IV-E Foster Care Eligibility Determinations and Medicaid Enrollment

Every time a child is removed from his or her home and placed into foster care, Title IV-E and Medicaid eligibility technicians from CFSA’s Business Service Administration (BSA) perform a QA check to ensure that the assigned social worker has accurately entered the basic demographic information of each child. BSA then determines the child’s Title IV-E eligibility and enrolls the child in the District’s Medicaid fee-for-service foster care insurance program. A key facet of the eligibility determination and enrollment process involves the reconciliation of FACES.NET demographic data with the same information entered in the District’s Department of Human Services’ (DHS) DC Access System (DCAS).¹⁸ Through a Memorandum of Agreement with DHS, which administers the District’s Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance (SNAP) programs, CFSA’s Title IV-E eligibility technicians have access to the DCAS client portal to determine whether every child entering the foster care

¹⁸ The DC Access System (DCAS) replaced the legacy Automated Client Eligibility Determination System (ACEDS) with a modern, flexible, no-wrong-door platform for automated eligibility determinations and ongoing case management.

system has a family history of TANF, SNAP, or receipt of DC Medicaid coverage. This determination involves a manual client-level record check.

If and when the eligibility technicians determine that any of the FACES.NET demographic data elements fail to match its counterpart in DCAS, a standard course of corrective action begins. The eligibility technician documents the issue in an email to the assigned social worker (and supervisor), and gives one of the following two options to rectify the situation:

1. Provide official documentation (such as a birth certificate or Social Security card) to verify that the demographic data in FACES.NET data is correct.
2. Log into FACES.NET to correct the issue to ensure that the data in FACES.NET matches the data in the DCAS record.¹⁹

In the rare instances when the eligibility technicians find no record of the child or family in the DCAS system, the assigned social worker is required to provide BSA with copies of the child's birth certificate, Social Security card, and any other official identification (such as passport or immigration documentation) that verifies the child's identity. The eligibility technician then uses the source documentation to verify the FACES.NET data and to complete the eligibility determination and Medicaid enrollment process. BSA eligibility technicians are required to ensure that any such data issues are rectified before they complete their eligibility determinations and enrollment tasks. Every child who receives a DC Medicaid card through the Medicaid fee-for-service program has been vetted through this data quality check. At any given time over 99 percent of children in foster care are enrolled in DC Medicaid (with the remainder pending until the vetting process can be completed and the client data verified).

Enhancements

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 establish tighter email security controls via an email encryption program so that CFSA staff are now able to securely send sensitive information (e.g., data and 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

¹⁹ If discrepancies occur, the Title IV-E eligibility technician will document and notify DHS of the DCAS data error.

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. Lastly, the Agency continues to make progress toward FACES.NET compliance as a Comprehensive Child Welfare Information System (CCWIS). A major aspect of the CCWIS-based enhancement will be the integration of feedback and input from case management professionals in the development and the testing of the new case management process modules.

- ▶ **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/PECFAS²⁰ 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 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.

The Agency anticipates that the preceding enhancements and feedback resulting from ongoing surveying of FACES.NET users will continue to promote substantial conformity with this systemic factor. See Planned Activities for how the Agency plans to track, analyze, adjust and report on the functioning of FACES.NET.

STRENGTHS AND AREAS IN NEED OF IMPROVEMENT

In fall 2018, CFSA's Office of Planning, Policy and Program Support (OPPPS) distributed the results of the Agency's annual FY 2020 Needs Assessment and Resource Development Plan. Findings revealed that CFSA's different program areas were creating manual databases as an immediate "data fix" for addressing discrepancies that FACES.NET could not address in the time frame needed or did not have the capability of addressing. OPPPS staff shared the findings Agency-wide, which prompted CISA to create a Data Quality Committee to address current and future data enhancements, particularly those necessary for meeting CFSA's CCWIS requirements. Finally, the committee will address how FACES.NET can more efficiently align with each program area's business processes.

²⁰ 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.

In spring 2019, OPPPS staff began preparing for the next annual Needs Assessment. One component of the assessment is feedback regarding the Agency's child welfare information system. To discern data-related needs, OPPPS held focus groups and provided surveys to FACES.NET users, both to gauge opinions on data accuracy and to determine end-users' satisfaction with the web-based application. OPPPS also asked youth about CISA's distribution of cell phones to the youth, and resource parents about the usefulness of the foster parent app.²¹

In addition, in May 2019 CISA polled staff to gauge CISA's performance as an administration and to identify areas for improvement. Fifty-two percent (56 out of 107) of users indicated that they were satisfied with customer service and products. However, satisfaction with the technology provided by CISA dropped to 41 percent (45 out of 110 users). Respondents identified the following main concerns with FACES.NET:

- The application is not continually updated with the latest technology to improve performance.
- FACES.NET is neither user-friendly nor easy to navigate.
- The application continues to provide duplicate clients due to user error; the application should automatically capture and prevent duplications.
- FACES.NET continues to freeze and cause staff to lose information.
- The application needs to be more integrated with analytics.

Strengths

In December 2018, CISA supported the Office of Youth Empowerment by establishing a text messaging program using the Rave Guardian App. Then in March 2019, CISA provided foster youth, who met the criteria of the policy with cell phones to facilitate communications (especially texting) between youth, social workers, and resource parents.²² In May 2019, OPPPS conducted two focus groups with a total of 10 youth ranging in age from 14 years old to 20 years old. Youth respondents indicated that they appreciated receiving cell phones, and that using the phones for text messaging was the most useful and best method to reach them.

²¹ In the District, family-based foster care providers, including kinship caregivers, are commonly referred to as resource parents.

²² Issuance and Use of Mobile Devices for Youth in Foster Care, June 27, 2018.

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Mobile_Phones_for_Youth_Final_July_2018.pdf

Challenges

In a survey of 199 child welfare professionals throughout the District, 30 respondents reported being familiar with or having had access to FACES.NET. Of these 30 respondents, 30 percent (n=9) stated they are very satisfied with FACES.NET, 43 percent (n=13) stated they are slightly-to-moderately satisfied, 17 percent (n=5) stated they were not at all satisfied, and 10 percent (n=3) were not users of the system. Although over 70 percent of users indicated that they were slightly-to-very satisfied, there is room for improvement. For example, stakeholders commented that glitches within the system slow down work flow. As noted above, feedback indicated that the system itself appears outdated, and is not user-friendly (too many navigation screens).

One of the focus groups included eight resource parents, whose experiences as placement providers spanned from six months to nine years. The resource parents expressed concern that the foster parent app created in October 2015 was not functioning properly. The app no longer provided the names of all parties involved in a case. CISA (and managers from CFSA's Program Operations administration) learned of this data glitch and have continued to explore a fix to the app, along with the viability and usefulness of the app itself. This concern was raised at the Parent Advisory Committee Meeting (PAC) who has resource parent representatives, which prompted the idea to survey resource parents using the CFSA Resource Parent Newsletter called Fostering Connections. The survey was sent out in June 2019 and responses will be collected and provided back to the PAC for further discussion and recommendations on how to move forward.

In an Agency-wide survey, a total of 43 out of 46 respondents (93 percent) from Entry Services (CPS and In-Home), Program Operations, and the Office of Well Being provided input on whether FACES.NET provided accurate and timely information. Comments received by users indicated that FACES.NET is only as useful as the accuracy of data being entered. Therefore, social workers must regularly update the data for accuracy and reliability across all data screens. Respondents also felt that FACES.NET had too many duplicative values and the interfacing of the application is not user-friendly.

In general, case management and work-flow enhancements are both areas in need of improvement that will impact the development of the Comprehensive Child Welfare Information System (CCWIS) over the next five-year CFSP period. Stakeholders who completed surveys or participated in a focus group believed that CFSA needed to "evolve with the times" in regard to technology. Stakeholders also felt that the Agency's case management processes (i.e., placement matching, licensing, and recruitment) needed to be web-based versus paper. In particular, resource parents stated that updates to their contact information is being captured

on hard copy documentation but not necessarily online. By ensuring that all resource parent documentation is online, information that remains the same over the years is readily accessible, especially for re-licensing homes.

OPPPS staff members responsible for the gathering of the above feedback are sharing the results from focus groups and surveys to CISA. CISA's Data Quality Committee will address the results as described below under Planned Activities.

PLANNED ACTIVITIES

In collaboration with program areas, CISA continues to support the tracking, reporting and QA of federal and local data measures. In addition to reporting all of the federally-required reporting standards for AFCARS, NCANDS, Monthly Visitation, and NYTD, CISA also uses FACES.NET to capture the vast majority of data pertaining to the LaShawn A. v. Bowser Implementation and Exit Plan (IEP).²³ The FACES.NET application generates over 100 monthly reports that CFSA managers and QA staff use to monitor Agency performance on the IEP's measurable exit standards, as well as best practices and other programmatic, financial, well-being, and case management activities.

As noted previously, CISA created the Data Quality Committee in 2018. The committee's purpose is to drive and refine the Agency's mission and vision for data quality. The committee is responsible for identifying and establishing processes and strategies to prevent and resolve data quality issues. There are three main committee goals: 1) creating a lexicon of definitions across program areas to promote a shared language and understanding, 2) creating a uniformed and reliable approach for data collection and 3) facilitating staff efforts to enter complete and accurate FACES.NET data in a timely fashion and to limit the capturing of manual data.

The Data Quality Committee includes two sub-committees:

- **The Lexicon Sub-Committee:** ensures that the terms CFSA uses day-to-day are unequivocally and unambiguously defined, disseminated and promoted across the Agency and to its partners.
- **The Strategic and Metrics Sub-Committee:** identifies and prioritizes the issues critical to the mission of CFSA.

²³ The District negotiated the *LaShawn Implementation and Exit Plan* (IEP) 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. The lawsuit focused on the quality of the District's services being provided to abused and neglected children in its care.

Overall, the Data Quality Committee will create and deliver projects in collaboration with program areas and business units to address processes and technologies impacting data quality. The definition of metrics, data elements, and their relationship to each other are an integral part of the committee's work. Strategies and approaches for handling data conflicts, errors and omissions are overarching efforts aligned with Agency needs and the requirements of CFSA's CCWIS. It is the expectation of this committee, that feedback from surveys and focus groups regarding manual databases, user-friendly interfaces, etc. are addressed.

SYSTEMIC FACTOR 2: CASE REVIEW SYSTEM

The 2016 federal CFSR found CFSA not to be in substantial conformity with the Case Review System systemic factor. While the CFSR rated three of the five items in the systemic factor as "strengths," the review determined two others as "areas needing improvement" (ANI). The two ANI items were Written Case Plans (Item 20), and Termination of Parental Rights (TPR, Item 23). The Agency is currently addressing these two areas through the CFSR-approved Program Improvement Plan (PIP). In the narrative that follows for each item of this systemic factor, CFSA highlights its performance strengths and challenges, using relevant and reliable data. The narrative further provides a brief description of current or planned activities targeted at improving performance or addressing significant areas of concern identified in the PIP.

Item 20: Written Case Plan

OVERVIEW

CFSA requirements for timely development and ongoing review and update of case plans are standardized across case types. Whether the case is an in-home case or a foster care case, the assigned social worker is required to develop the case plan within 30 days of the case opening.

- In-home cases open at or near the time of closure of the CPS investigation. At this time, the CPS investigative social worker makes a clinical determination (based on protocol) as to whether the family has a high or intensive safety concern, or risk of repeat maltreatment. If so, CFSA opens a formal case and assigns the family an ongoing in-home social worker from CFSA's Entry Services administration.
- Foster care cases open when CPS determines a child's safety is at imminent risk and subsequently removes the child from the home, according to a court order. CFSA places the child in a foster care home under the legal custody and responsibility of the Agency.

Thereafter, social workers are required to engage and partner with caregivers and age-appropriate children for purposes of a joint review of the case plan. As needed, the case planning team updates the case plan at least every six months for as long as the case remains open with the Agency.

- For an in-home case, a key element of the ongoing case plan review with the family is the Caregiver Strengths and Barriers Assessment (CSBA), which informs case plan development according to the CSBA findings. With parental or caregiver collaboration and input, social workers complete the CSBA within the first 30 days every 90 days thereafter) to identify and leverage the caregiver's strengths and to address any functional challenges that may be impacting the successful outcomes of the goals identified in the case plan.
- For a foster care case, an integral practice tool for developing case plans is the CAFAS functional assessment tool and its companion version for younger children, the PECFAS. Both assessment tools measure areas of strength alongside areas where the child or youth struggles to function in a holistic or generally healthy manner. CAFAS and PECFAS findings provide the case management team with sufficient information to prioritize which strengths need protection and which challenges need to be addressed through service referrals outlined in the case plan.

For all case plans, CFSA practice standards require that the social worker partner with the age-appropriate child and the family to develop a comprehensive case plan that accurately reflects the family's goals for successful permanency outcomes. When completed, the social worker and child or parent signs the original hard copy case plan. The social worker ensures the family has the signed original case plan while filing copies in the client's hard copy case record.

DATA/PERFORMANCE

CFSA conducts ongoing monitoring of case plan performance via the FACES.NET management reporting system. The Agency also created specific management reports (CMT 164 and 163) for tracking the timeliness of case planning for in-home ("family cases") and foster care cases. CMT 164 tracks in-home case planning in particular but includes foster cases where the child's goal is reunification. Even though the sample includes foster care cases, this measure is a reasonable proxy for measuring case planning performance for in-home cases. For foster care cases, CMT 163 depicts the timeliness of development and the review and update of case plans.

Recent performance is depicted in the table below.

Month	% of Family Cases with Current Case Plan (CMT 164)	% of Foster Care Cases Developed within 30 days of Removal and Updated within 6 Months (CMT 163)
January 2019	89%	96%
February 2019	89%	95%
March 2019	87%	92%

The above measures are largely quantitative in nature, but CFSA also monitors the quality of case planning through the quality service review (QSR) process. Trained QSR case reviewers evaluate Agency practice along a number of key practice performance indicators, separated into “child status” and “system performance.” Within system performance, CFSA rates the domain for “planning interventions.” For planning, the QSR measures the appropriateness and efficacy of goal planning between client and social worker. The QSR also formulates an “acceptability” rating for these key practice indicators.²⁴ As of March 2019, QSR reviewers rated 78 percent of the cases reviewed as “acceptable” for planning interventions

Implicit in ratings for planning of in-home cases is the engagement of birth families. Anecdotal feedback from a recent focus group of seven birth parents indicated that all seven birth parents felt a level of engagement with their social worker and other team members. Four participants acknowledged that they always felt engaged in the case planning process, including participation in court hearings. The remaining three participants revealed that they sometimes felt engaged in the case planning process. Although a small sample with positive responses, CFSA recognizes that family engagement must be an ongoing effort for all cases, whether in-home or foster care.

Strengths

Initial case plans are usually developed within 30 days, and semi-annual reviews and updates generally occur in a timely fashion. The major systemic strengths include case planning infrastructure, informed decision-making, and practice monitoring. Case planning practice is well-supported through FACES.NET, which contains a behavior-based, trauma-informed, and assessment-driven module that prompts social workers to engage families on their caseload in meaningful conversations around a few key priorities that will help the family along toward their goal. The CAFAS and PECFAS as well as the CSBA are prime drivers for case planning. Quarterly use of these assessments highlights urgent issues and challenges, allowing the case management team (including child and parent) to prioritize action steps for overcoming them.

Challenges

Family engagement and prioritization of goals during the case planning process still remains CFSA’s case planning challenge, as evidenced by the 2016 CFSR findings and recent qualitative analysis from the QSR, alongside a May 2019 stakeholder survey. Thematically, the qualitative data show that the parental voices in general do not necessarily inform case plan development. Findings specifically indicated a lack of consistent engagement with extended family, including

²⁴ QSR ratings fall into the following categories: acceptable-maintain (5-6), acceptable-refine (4), unacceptable-refine (3), unacceptable-improve (1-2).

initial and ongoing efforts to identify, locate, and engage relatives and parents. This gap is especially prevalent with respect to non-custodial parents, the majority of which are fathers, and even more acutely with incarcerated parents.

PLANNED ACTIVITIES

Within the framework of the CFSR PIP, CFSA is addressing the issue of family engagement through the following two principal strategies:

1. Re-tooling the Family Team Meeting (FTM) to maximize a family's voice in the case planning process.
2. Implementing a "Levels of Care" case management framework for in-home cases in order to promote engagement and family buy-in with respect to case planning.

Re-tooling the FTM

The FTM is the key process for family engagement, based on families driving the meeting for optimal "buy-in" and increased positive outcomes. However, at the time of the 2016 CFSR, CFSA's FTM process still used the Consultation and Information Sharing Framework as the facilitation tool that had an unintentional consequence of deterring family engagement. As a result, CFSA incorporated the FTM process in the development of its PIP and elected to re-tool the FTM through a two-pronged approach: 1) improve the quality of family involvement during the meeting, and 2) increase the frequency of FTM occurrences throughout the "life of a case" to maximize family input at crucial decision points. To implement these changes, the FTM managers informally received feedback from staff, family members, and stakeholders. The following key changes resulted:

- Reclaimed the family-driven agenda versus using the Consultation and Information Sharing Framework.
- Adding FTMs during critical case planning decision points (e.g., goal change or risk of removal).
- Promoted engagement of and collaboration with parents, including the ongoing identification of family members as placement resources and to provide the family with support and a continued connection. In addition, the FTM managers planned for the enhancement of family participation and contribution to the creation of the plan with the family. Presently, the FTM facilitator and the family review the agenda focus prior to the meeting. When suggested by families, the facilitator will add agenda items, thereby encouraging team participation while laying the preparation groundwork for the meeting. The goal of this process is for the family to feel instrumental in the meeting which increases a family's sense of ownership for the decisions being made.
- Enhanced exploration of placement and permanency options, thereby increasing timely permanency and case closure.

- Required an FTM for all cases when the team is considering a goal change.
- Required an FTM prior to reunification, guardianship, and case closure in order to solidify a sustainable plan for permanency and to identify informal and formal supports.

A family's involvement in the FTM process also includes decisions made in relationship to identification and delivery of supports and resources in order to increase the likelihood of improving permanency outcomes. Additionally, the increased FTM integration points ensure the ongoing identification and engagement of relatives and flexibility to accommodate family schedules. When approved by families, FTM facilitators also invite parent advocates and attorneys to participate.

The new FTM process meets the overall objectives of the original FTM intent: teaming with the family, having the family together to discuss the direction of the case, and having the family together to assess decision points on placement, school, and support for navigating the court system. The FTM further allows for CFSA to know who the support systems in the family are and to engage them.

Levels of Care for Families Receiving In-Home Services

CFSR findings reported that frequent visits between caseworkers and parents did not translate to sufficient quality to address the family's case goals, service needs, visitation, service provision, and safety. In some cases, despite sufficient frequency of visitation, the social worker was not able to establish a strong enough relationship with the parent in order for that parent to feel comfortable enough discussing specific issues. Some parents indicated that they did not know what was going on in their own cases.

In 2017, the CFSA deputy director for the Community Partnerships Administration²⁵ led a system assessment of in-home cases to identify practice gaps and to address the trust and lack of engagement issues noted above. The result of the analysis was to develop a "Level of Care" (LOC) protocol to differentiate between the frequency and the intensity of case management activities, according to the family's level of risk regarding child safety and repeat maltreatment. To a great extent, the CSBA (cited above) helps to inform the family's identified LOC. For example, high frequency visits occur for families with high CSBA scores; similarly, less frequent visits occur for families with lower CSBA scores. These variable visitation standards will provide social workers with appropriate opportunities for assessment, as well as providing more involved information for reviewing and updating the family's case plans.

²⁵ CFSA's former Community Partnerships administration served families receiving in-home services. Within the last year, CFSA has streamlined in-home services by merging the administration with the Office of Entry Services. Families continue to receive quality in-home services under the new Ongoing CPS Services (In-Home).

ITEM 21: PERIODIC REVIEWS AND ITEM 22: PERMANENCY HEARINGS

Overview

The District's periodic review of permanency goals (Item 21: Periodic Reviews) and the permanency hearing processes (Item 22: Permanency Hearings) are seamlessly integrated into the functions of the DC Family Court. CFSA does not administer an independent periodic review (such as an Administrative Review) because Family Court hearings for foster care cases occur so frequently. Commencing at removal and within the first year of a child's placement, a series of initial, dispositional, and review of dispositional hearings take place. Beginning at the one-year mark of a foster care case and beyond, permanency hearings occur no less frequently than every six months, and they continue through to the closure of the case. Through a collaborative effort between CFSA and the Family Court (with the heavy involvement of the Court Improvement Project), the vast majority of foster care cases are reviewed within federally required time frames. Because of this seamless integration of the periodic review and permanency hearing processes, these two items have been combined into a single narrative.

Strengths

Based on the Statewide Assessment and stakeholder interviews, the 2016 CFSR found that periodic reviews and permanency hearings were both items of Strength for the District's child welfare system. All of the hearings within the DC case review process, regardless of the type, generally cover the same requirements and include those federal requirements for periodic reviews. The CFSR confirmed that the District ensures that a periodic review for each child occurs no less frequently than once every six months. Often, more than one periodic review is held between the dispositional hearing and the child's first permanency hearing. Thereafter, permanency hearings are consistently held as required. CFSA continues to work closely with the Court Improvement Project (CIP)²⁶ to maximize efficiencies in child welfare court proceedings. There are no PIP activities associated with these items.

ITEM 23: TERMINATION OF PARENTAL RIGHTS

Overview

CFSA acknowledged in the 2015 Statewide Assessment prior to the CFSR that the District's child welfare system is not in compliance with standards set forth by the federal Adoption and Safe Families Amendment Act of 1997 (ASFA) for the termination of parental rights (TPR). The District does not routinely file TPR motions when a child has been in care for 15 of the most

²⁶ 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.

recent 22 months.²⁷ Alternatively, CFSA files a petition for a TPR within 45 days of the child's permanency goal becoming adoption, unless the parent has consented to the adoption, the parent has relinquished his or her rights, or the prospective adoptive parent has filed an adoption petition. In lieu of termination proceedings, the Family Court opts to go forward with an adoption hearing, at which point most TPR motions are disposed of by way of a dismissal or withdrawal of the motion after the adoption has been finalized.

PLANNED ACTIVITIES AND PIP ALIGNMENT

A key activity of the Agency's PIP is to improve the timeliness of permanency through ensuring that a motion for TPR is filed by the Office of the Attorney General (in consultation with the CFSA social worker) within 15 of the first 22 months that a child spends in foster care, or that compelling reasons are documented in the court order and case record. CFSA and the Office of the Attorney General are collaborating on internal communication protocols to alert key stakeholders of ASFA deadlines, to prompt timely filing of petitions, and to document decisions. Clinically, the Agency is to leverage an integrated schedule of permanency goal review hearings at the Family Court within the first six months of a child's stay in foster care such that when the child hits the 15-month mark in care, important conversations with key stakeholders have occurred, key decisions around permanency have been made, and child-specific recruitment of a permanent caregiver is underway. As has been outlined in great detail in the PIP itself, the entirety of the TPR activities is to be monitored through an integrated (between CFSA and the Family Court) continuous quality improvement (CQI) process.

Under District of Columbia law, parental rights may be terminated through a motion filed by either the Office of the Attorney General or the guardian ad litem, or the TPR will occur during an adoption proceeding. Pursuant to DC Code §16-2330, when there is a TPR and an adoption petition filed on the same case, the Family Court and the Agency both seek the TPR within the adoption hearing.²⁸ This statutory provision renders the TPR immediately appealable and the judge may not apply the findings in that case until the Associate Judge's Review and the Court of Appeals disposed all of the appeals. Appeals generally take two years to complete. Consequently, the trial on the parents' rights will have to occur again in the adoption even though the District may have been initially successful to TPR during the first hearing. Despite

²⁷ ASFA guidelines also require documentation of appropriate compelling reasons for not filing a TPR.

²⁸ DC Statute 16-2362(b) states: *Notwithstanding the provisions of 16-2330, all orders terminating the parent and child relationship entered pursuant to this subchapter shall not be final and effective until the time for noting an appeal has expired and, if a notice of appeal has been entered, the order shall not become effective until the date of the final disposition of the appeal.*

this statutory provision, the practice going forward will ensure that the TPR and adoption will be litigated simultaneously.

In addition to the above, findings from a focus group of judges from the Family Court indicated several other challenges: 1) teaming among the Agency and parents' attorneys, 2) delays in judges issuing findings, 3) the impact of the Ta.L. decision²⁹ on permanency decisions, and 4) challenges with the Court of Appeals in delaying timeframes. To address these permanency barriers, CFSA has integrated into practice a Permanency Focused Teaming³⁰ process as of September 2018. This process consists of regularly scheduled team meetings that occur within 180 days of a child's entry into foster care with the intent of addressing barriers to permanency, reaching consensus on how best to resolve them, and developing thoughtful and well-reasoned recommendations to the court.

Data collected by the CIP indicates that the Court of Appeals' decision regarding the Ta.L. adoption case has impacted the achievement of permanency by delaying the change in permanency goal or delaying the progress of the adoption case. In many cases parents waive their right to a Ta.L. hearing on the date of the hearing, after all parties have conducted discovery, argued motions and set hearing dates into the future.

ITEM 24: NOTICE OF HEARINGS AND REVIEWS TO CAREGIVERS

Overview

The District of Columbia received an overall rating of Strength for Item 24 following the 2016 CFSR. The CFSR confirmed that CFSA has a functioning process in place to ensure that foster parents, pre-adoptive parents, and relative caregivers receive notification of, and have a right to be heard in, any review or hearing with respect to the child.

District-Level Guidance for Hearing Notifications

In statute, DC Code §16-2304 allows resource parents to become parties in a foster care case, although requirements for doing so vary depending on the length of time the resource parent has been caring for the child in question. If it has been 12 months or more, the resource parent may become party to the proceedings simply through a formal request or notification to the

²⁹ This appellate decision requires that a change in the permanency goal of a neglect case from reunification to adoption is subject to immediate appellate review. Furthermore, before a court can terminate parental rights, it must first make a finding that the parents are unfit, unless truly exceptional circumstances exist or the parents have otherwise stipulated to their continued unfitness. Further, the case decision requires that parents be provided with an evidentiary hearing to examine whether the Agency made appropriate efforts to achieve the reunification plan and that the parent was aware of the plan requirements.

³⁰ Permanency Focused Teaming Administrative Issuance

court. If it has been less than 12 months, upon the resource parent's request, the judge may grant the resource parent to be a party to the proceedings or refuse the request, based on the judge's discretion. Additionally, if the resource parent is financially unable to obtain adequate representation, counsel shall be appointed.

DC Code §16-2357 dictates that notification be given to all parties involved in a case once the assigned attorney files a TPR motion. The same provision requires the presiding judge to direct issuance of a summons and a copy of the motion to the affected parent, or other appropriate persons, either directly or constructively (e.g., notification through a newspaper). As general practice, TPR proceedings do not advance unless proper notice has been issued.

In general, Family Court rules guide notifications to all parties to the case. Rule 10 of the DC Superior Court Rules for Neglect and Abuse Proceedings, for example, 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. The rule 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. Further, District of Columbia Superior Court Administrative Order 07-22 requires that CFSA provide written notice of post-disposition hearings to foster, pre-adoptive parents, and relative caregivers. The judicial offer must confirm written notice, whereupon the courtroom clerk makes an entry on the docket confirming that the written notice is consistent with the above-mentioned order.

PERFORMANCE

Formal responsibility of notification of hearings falls to the Family Court, but CFSA has provided notice to foster, pre-adoptive, and kinship caregivers of hearings and reviews since March 2004. This process begins 45 before a hearing when FACES.NET generates notification letters for the foster caregiver associated with each case, protecting the caregiver's rights regarding notice of hearings and reviews. CFSA staff manually prepares and mails all resource parent notification letters. Each letter includes the name of the child and the type, date, and time of hearing scheduled, along with the name and contact information for the assigned social worker and supervisor (should the resource parent have any questions).

To further ensure that caregivers are properly notified and in order to answer any questions, an additional letter from the CFSA deputy director for Program Operations accompanies each notification letter. This second letter provides further instruction to the resource parent to contact the DC Superior Court Clerk one day prior to the court hearing for information on room assignment, cancellations, or rescheduling.

In rare instances when letters are returned as undeliverable, the point of contact immediately notifies the Agency's liaison to ensure that the addresses are corrected. When necessary, staff will conduct an internet search to confirm addresses match zip codes, and District quadrant.

Monitoring of compliance with ASFA Notice and Opportunity to Be Heard requirements occurs at the judicial hearings and proceedings themselves, where disposition orders, review of disposition orders, and permanency orders all contain sections soliciting judicial recognition of whether the resource parent or relative caregiver received written notice of the hearing.

Within a recent survey of 99 Agency staff, contracted providers, community-based organization employees, court partners, and other system stakeholders, CFSA asked a question as to whether respondents thought that CFSA (and partner agencies) notified youth, birth parents, and resource parents about court hearings. Respondents felt that they did so usually (80 percent of the time) to always (100 percent of the time).

Challenge

The key challenge within the notification system is the automation. Despite the fact that the letters are generated electronically, they still need to be printed out manually and placed in envelopes and mailed through CFSA's Facilities Maintenance Administration. This manual process is one that the Agency is reviewing for possible automation as CFSA migrates toward implementation of the CCWIS.

SYSTEMIC FACTOR 3: QUALITY ASSURANCE SYSTEM

Overview

Foundational Administrative Structure

In late FY 2017, CFSA's Office of Agency Performance, Quality Assurance (QA) and Quality Improvement 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's primary mission is to create a continuous learning environment for consistent use of data that helps to improve Agency processes, procedures, and functions. PAQIA achieves this mission through 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. The following functions are conducted by PAQIA:

- Completing qualitative and quantitative case reviews³¹
- Providing performance support to management and staff, based on results from reviews (e.g., recommendations to help implement practice and process improvements)
- Completing programmatic data analysis and evaluation
- Preparing performance reports under the Four Pillars Strategic Framework
- Providing performance reports required by the Executive Office of the Mayor³²
- Conducting surveys and focus groups with frontline staff for direct feedback on suggested practice improvements
- Convening the Internal Child Fatality Review Process

In addition to the above review activities, PAQIA's dedicated CQI staff provides QA and improvement reviews. PAQIA also conducts data analysis independent of case reviews, utilizing a quantitative data validation plan for on-going analysis of new FACES.NET reports and the close monitoring of key exit standards under the LaShawn Implementation and Exit Plan (IEP).³³

Moving forward, CFSA seeks to establish a CQI approach that integrates all facets of the Agency's work. The first arm of the approach involves an inventory of all Agency data collection activities for the following program areas: Entry Services, Program Operations, Administration Services, the Office of the Attorney General, the Office of Well Being, and OPPPS. Completion of the inventory will allow PAQIA to gain a comprehensive view of Agency-wide data collection work and thereby begin laying the foundation for integrating individual program analyses. The inventory process includes PAQIA working with each program area's data quality liaison who

³¹ These include 125 quality service reviews, an average of 20 child fatality reviews of children from ages birth-to-20, other reviews required under the Agency's *Implementation and Exit Plan* (e.g., 132 quality investigations every six months – see footnote 3 for further information on the Exit Plan), 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.

³² Annual Public Report, CFSA Commitment to Positive Outcomes, Four Pillars Scorecard, and specialty reports (e.g., Reducing Disproportionality).

³³ 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 cited as *LaShawn vs. Bowser*.

will indicate how often the program collects data, the methodology used to collect the data, and whether the data liaison is currently collaborating with PAQIA.

The integrative CQI inventory will be assessed against these four domains of foundational CQI practice: 1) strategic objectives and theory of change, 2) foundational administrative structure, 3) collection and analysis of quality, i.e., evidence thereof, and 4) feedback and adjustment. The approach is rooted in the following tenets:

- ▶ **Leadership demonstrates evidence use:** The leadership promotes, models and sets clear expectations for the use of evidence to make decisions.
- ▶ **Leadership demonstrates systemic thinking:** Leadership models the search for systemic solutions and the avoidance of blame while addressing systemic and adaptive challenges.
- ▶ **Staff involvement in CQI:** Managers and staff at all levels of the Agency or program are actively involved in CQI and use it to assess and improve daily casework practice and outcomes.
- ▶ **External stakeholder involvement in CQI:** The Agency or program provides opportunities for participation and meaningful roles in the CQI process for child, youth, family and other stakeholder representatives in a manner that is sensitive to their perspectives and abilities.
- ▶ **Alignment of Agency and provider CQI:** CQI goals, measures, and processes within the Agency and its contracted providers are aligned.

CFSA already has a robust self-regulating system where both at the system level and programmatic level analysis guides improvement strategies and increases in performance outcomes. CFSA completes root cause analysis to determine the best approach for improvement strategies. The goal of the CQI integrated approach is to ensure that all CQI activities throughout CFSA are aligned with the CQI principles, and to close gaps where needed.

Quality Data Collection

Data integrity is the priority focus for CFSA's integrated approach to systemic CQI. Such integrity ensures that data-driven decisions result in the anticipated outcomes for children and families. Additional priorities include a reliable infrastructure that supports quality data entry and, by extension, the dissemination of accurate information. Included in the infrastructure is a user-friendly data display through dashboards, which can be adjusted as needed based on CQI feedback.

To further ensure data integrity, CFSA created the Data Quality Committee in November 2018. The Committee is broken down into two sub-committees: 1) Lexicon and 2) Strategy and Metrics. Both sub-committees collaborate to achieve the following responsibilities:

- The Strategy and Metrics sub-committee identifies and prioritizes data issues that are critical to the mission of CFSA. The sub-committee also establishes processes for resolving data issues and conflicts and defines quality metrics to measure progress towards high quality data.
- The Lexicon sub-committee ensures that the terms CFSA uses are unequivocally and unambiguously defined, disseminated and promoted across the Agency and its contracted partners. The Lexicon sub-committee will also develop a Wikipedia data dictionary for CFSA and define processes to continuously update the dictionary as needed.

The Data Quality Committee

When CFSA created the Data Quality Committee, the Agency included the following guidance to the committee's charter:

DATA QUALITY DEFINITION

Data Quality is the reportable state of completeness, validity, consistency, timeliness and accuracy of all data entered, acquired, aggregated or calculated for use by clients, staff, and partners to make decisions.

Committee Purpose

Members of CFSA's Data Quality Committee establish, drive and refine the mission and vision for data quality. The committee will identify and establish processes and strategies to prevent and resolve data quality issues. The goal of the committee is to make Data Quality an Agency-wide practice and part of the culture.

Committee Goals

- Educate all staff to create a shared understanding and definitions of cases, clients, and context.
- Support consistent, uniform and reliable processes and approaches for data collection across the Agency.
- Provide complete, timely, and accurate data for CFSA stakeholders.

Committee Scope

The Data Quality Committee will formulate strategies and approaches to address all data conflicts related both incoming and outgoing data and guide the development and

maintenance of business processes that drive data quality improvements. The committee will create and deliver projects in collaboration with business units to address processes and technologies impacting data quality. The definition of metrics, data elements, and their relationship to each other are an integral part of the committee's work, aligned to the Agency's needs and the requirements of the federal Administration for Children and Families' Comprehensive Child Welfare Information System. Communication and education about the committee's mission, projects and roles are the responsibility of the committee.

Case review process

Quality Services Review (QSR)

Since 2003, CFSA has used the QSR process to annually review cases and to analyze data on the quality of case planning and service delivery for children and families. CFSA has a Quality Services Review Unit with six QSR specialists who gather data from the two-day review process, and submit their data for finalization by a supervisory QA process that almost always includes representation from the Center for the Study of Social Policy (CSSP).³⁴ QSR ratings are specific to multiple indicators on the overall status of the child and the overall practice of the system.

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 calendar year (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. While mothers' scores are slightly lower than those of the children and caregivers, there was an increase over the CY 2017 scores (81 percent). Ratings for fathers also increased, albeit slightly, from 57 percent in 2017 to 63 percent in 2018. 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 process includes reviews of hard case files and case notes entered into FACES.NET, and interviews with key stakeholders (i.e., birth and resource parents, children, social workers, attorneys, and service providers). CFSA randomly selects stratified in-home and out-of-home cases using age, gender, placement type, and permanency goal as data points. The sample is

³⁴ CSSP is a court-appointed monitor for *LaShawn A. v. Bowser*. As monitor, CSSP is required to independently assess the District of Columbia's performance in meeting the outcomes and exit standards set by the *LaShawn* IEP.

further stratified so that no family is reviewed more than once within a two-year period. Stratification includes representation from contracted private agency cases.³⁵

For CY 2018, the QSR sampling plan included 83 reviews for out-of-home cases and 54 reviews for in-home cases. 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 the overall count (329) for 2018 in-home cases.

Upon completion of the two-day QSR, 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 demographics, 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, an "entrance conference" is now held with the private agency or CFSA administration approximately two months prior to the scheduled 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. There is also a weekly case presentation held with leadership from the private agency or CFSA administration being reviewed. Reviewers offer a brief oral synopsis of the cases reviewed and highlight 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. Members of senior leadership are invited to participate, along with the Permanency and In-Home program managers, supervisors, front line staff (depending on the administration being reviewed). The presentation of preliminary findings provides the leadership team with 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 with follow-up within 60 days after the exit conference. The plan

³⁵ 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. CFSA accepted the proposal from the Maryland-based National Center for Children and Families.

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.

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

Beginning in 2018, the QSR unit 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 and the report of that death to CFSA, it may occur that a fatality case is not actually within the same year of the child's death (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 at the time of the death may not be reported by OCME to CFSA until a year or more later after the death). In CY 2018, CFSA reviewed 42 fatalities that occurred between 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, and four were active with Entry Services Administration.

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 regard to the dangers of bed-sharing and co-sleeping, as well as the care of children who are diagnosed as medically fragile, and the number of fatalities of older youth caused by handgun homicides.

During FY 2018, the CFR Unit moved to the QA unit while the Child and Family Services Review (CFSR) Program Improvement Plan (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 CFR 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 family involvement with other agencies (including parental involvement in child welfare as child victims). Surveys also cover 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 CFR information based on the aggregate data entered from each case reviewed. Data gathering now includes demographics as well as recommendations that surface from the fatality case presentation. Recommendations cover topic areas that continue to surface during case reviews, e.g., the development of intervention plans. During CFSA's internal committee meetings, members discuss which CFSA administration will be responsible for implementing the recommendation. Committee members also agree upon the time frame for completion. Recommendations, and the status of their implementation, as well as the gathered data, help to inform the Annual Child Fatality Review Report. Below is a table of the child fatalities that the CFR Unit reviewed from 2008 to 2018.

Child Fatalities Reviewed by Calendar Year

Calendar Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total # Deaths of Known Children	68	50	33	26	25	24	22	30	20	26	42
# 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

Calendar Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
# Abuse Homicide	8	4	4	0	1	2	1	0	1	1	0

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 (GFE) applied (i.e., required efforts made to see the child)
- 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. Also, 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). 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 GFE reviews, QA and Entry Services agreed that overall compliance ranged between 65-to-85 percent from March to December 2018.³⁶ QA continues to provide each

³⁶QA reviewers agreed with Entry Services' supervisors that the 65-to-85 percentage range accurately defines the percentage of time that social workers made and documented GFEs. For *LaShawn* compliance, CFSA takes the numerator that FACES.NET reports as compliant and then subtracts the GFEs that the QA team did not find to be in agreement with documented efforts.

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.³⁷ 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 each review tool prior to commencing the case review. Each review, for example, has its own survey tool that asks questions to determine whether the social worker provided practice consistent with benchmarks and policy requirements. Additionally, PAQIA requires all reviews 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 above, CFSA partners with representatives from other organizations 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.³⁸ The key intent here has been to determine the most salient factors impacting performances in case planning and services. As a result, the QSR unit completes an internal CQI review process to strengthen the feedback loop to the program areas. To find out how the QSR unit could strengthen its collaboration and

³⁷ Prior to January 2018, the QA Unit reviewed 125 educational screen-outs per quarter based on CFSA's response to a CSSP's 2016 assessment on the Agency's Hotline intake process. Due to strong findings throughout CY 2017, the number of reviewed screen-outs was reduced to 50 per quarter.

³⁸ CFSA worked closely with a nationally-recognized QSR protocol developer, Human System and Outcomes Inc., to develop CFSA's QSR protocol and subsequently to assist in the QSR analysis for determining trends and practice changes. Human System and Outcomes Inc. is a privately held company in Tallahassee, Florida.

support of program areas, the QSR unit sought feedback using a survey and conducted focus groups with them. The QSR unit also participated in peer learning with other jurisdictions, such as New Jersey.³⁹

As a result of the internal CQI process of the QSR 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 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.

CFSA also collaborates with Chapin Hall in Chicago through the Casey Family Foundation⁴⁰ to support CFSA in the development of a fully integrated CQI system throughout the Agency.

OTHER QUALITY ASSURANCE ACTIVITIES RELATED TO CASE REVIEWS

Review of Safety Assessments during Visits with Children

During September-October 2018, CFSA and CSSP jointly conducted a case record review with statistically significant samples of the three visitation benchmarks to 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. 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) during August 2018.

- For the review of visits during the first four weeks of placement, at least one visit occurred with all 60 (100 percent) children. Of these children, 54 (90 percent) received the required number of visits within the first four weeks of placement change. These social workers' visits occurred in the child's foster home for 52 children (87 percent).
- From the review of out-of-home population, at least one visit had occurred for all 158 children in August 2018. Of these, 153 (97 percent) children had at least two or more visits during the month. Ninety children had three or more visits.
- From the review of the in-home population, one or more of the child welfare team must conduct a visit, e.g., either a social worker, supervisory social worker, family support

³⁹ 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.

⁴⁰ Chapin Hall assists child welfare agencies with policy research and CQI systems that can improve practice to support children and families.

worker, or Collaborative support worker conducted two or more visits with 159 (97 percent) children. Twenty-eight children had three or more visits.

Performance Improvement Plan (PIP) Case Review

During the CFSR, the District reviewed 40 foster care, 19 in-home, and 6 family assessment cases. The District is required to address measures of improvement for Safety 1 and 2, Permanency 1, and Well-Being 1. The CFSR found CFSA to be in “substantial conformity” with five of seven systemic factors. For these factors, the District received positive CFSR results in terms of policy, procedures, training, practice models, and service array.

Many of the cases reviewed showed good overall casework practice. However, some cases displayed a lack of consistent practice. For example, the review noted that supervision did not always identify or address fidelity to policy, procedures, training, and practice models. Specific to Safety Outcome 1, CFSR findings reported that caseworkers sometimes did not make face-to-face contact with the children within the required timeframes for investigations and family assessment cases. For Safety Outcome 2, CFSR findings reported that safety services were not provided to prevent the removal of children 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 related to inconsistent ongoing risk and safety assessments, including assessments prior to case closure. Also, in some cases there was no monitoring of safety plans.

For Permanency Outcome 1, CFSR findings reported that many children had unplanned placements during the period under review. Findings indicated that the child’s current placement was not stable in several cases due to the child’s behaviors or mental health and a caregiver’s lack of training or inability to manage those behaviors. In several cases, CFSA did not establish the initial permanency goals in a timely manner. The review also found that there was minimal use of concurrent planning, even though such planning would have been helpful in addressing delays in permanency goal changes. Another critical issue involved the timely filing (15 of 22 months) of termination of parental rights (TPR) and a lack of documented reasons for not filing. Permanency Outcome 1 findings also indicated that some social workers allowed extensive time for several parents, relatives, prospective guardians and pre-adoptive parents to comply with service plan requirements even though the individuals showed very little or no progress. Often the Family Court decided to provide more time over CFSA’s objection of CFSA. These delays caused children to remain in care for up to several years before achieving permanency. Many had yet to reach their goal.

For Permanency Outcome 2, CFSR findings reported that the quality of visits was lacking, despite sufficient frequency of the visits to meet the child's needs. Findings also reported that social workers were either not making initial or ongoing efforts to identify, locate, inform, or evaluate relatives as placement resources. Another key finding for this outcome included several cases where efforts lacked sufficient engagement of parents to participate in activities with their child outside of visits.

For Well-Being Outcome 1, CFSR findings reported significant delays in providing appropriate services to children due to lacking completion of quality comprehensive assessments. The findings also reported a lack of ongoing comprehensive assessments for children receiving in-home cases. For the assessment of parents and resource parents' needs, the findings reported an overall lack of formal and informal assessments, initially and on an ongoing basis. Regarding case planning, the CFSR findings indicated a lack of active parental involvement in case planning where the child's permanency goal was adoption or guardianship, even though the Family Court had not terminated parental rights.

Findings indicated overall social worker visitations were frequent. However, the quality of the visits was lacking, i.e., visits focused on general case observations as opposed to the safety, permanency and well-being of the child. Additional findings revealed that visits between caseworkers and parents were usually not of sufficient quality to address case goals, service needs, visitation, service provision, and 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 they did not know what was going on in their own cases.

For Well-Being Outcomes 2 and 3, the CFSR findings reported that social workers were not monitoring in-home cases opened for educational neglect. However, overall, the Agency assessed the physical health and dental care needs of children. Regarding mental health, initial assessments were generally adequate to identify the mental and behavioral health needs of the children. Even still, many of the cases did not have follow-up or ongoing assessments to monitor services or to determine any changes in the child's mental health or behavior that might impact service needs.

As the result of the 2016 CFSR findings, CFSA decided to conduct 228 reviews (76 per year) using the onsite review instrument (OSRI) over a two-year PIP period with a non-overlapping evaluation period. These PIP reviews will include 50 out-of-home cases and 26 in-home cases, all of which will receive first and second level QA reviews.

The PIP case reviews have been ongoing since March 2018. As of May 2019, there were 34 cases with a status of “approved and final” entered in the CFSR Online Monitoring System (OMS). Of those cases, 19 were foster care, 11 were in-home, and 4 were differential response cases. For Safety Outcome 1, a large proportion (n=14) of the reviewed foster care cases were considered “not applicable.” Of those applicable, 3 were substantially achieved, 2, not and 2 not achieved. Comparatively for the 11 in-home cases, three cases were considered “substantially achieved.” Two cases were “not achieved” and six cases were “not applicable.”

For Safety Outcome 2 and foster case cases, an area of strength was Item 3 (risk and safety management). Comparatively for the in-home cases, Item 3 was rated as an “area in need of improvement” (ANI) in 7 of the 11 cases reviewed. A strength rating was identified in 4 of the 11 cases. For the 11 foster care cases rated, 3 were (ANI) and 8 were rated as, “strength.” For all the differential response cases, there were no strengths identified for Safety Outcomes 1 and 2. Of the four cases, three were rated not achieved for Safety Outcome 1 and four were not achieved for Safety Outcome 2.

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, 11 cases substantially achieved the outcomes, 1 case did not achieve the outcome, and 7 cases partially achieved. Within Permanency Outcome 2, Items 9 and 10 (preserving connections and relative placement) were strong areas of performance.

For Well-Being Outcome 1 and the 19 foster care cases reviewed, four cases were substantially achieved, eight cases were partially achieved, and seven cases were not achieved. Item 12 and Item 12 (Subpart B) were ANIs. Item 15 was a key ANI as well. For Well-Being Outcome 2, 15 cases were in substantial conformity. Items 16 and 17 were areas of strength.

For the 11 in-home cases, well-being ratings were similar with ANIs for Items 12, 12a and 12b. Items 13, 14 and 15 were also rated as ANIs. For Well-Being Outcome 2, practice was strong with 7 of 11 reviewed cases being substantially achieved. One was partially achieved and three were not achieved. For the differential response cases, Well-Being ratings indicated ANIs for Items 12, 12a, 12b as well as Item 15.

Analysis and dissemination of quality data

Data integrity is a widely used term to reference one of the major components of an information security environment. Data integrity is concerned with maintaining the accuracy of

data, which can be compromised by modifications that are unauthorized, unanticipated, or unintentional. Organizations across the globe in every industrial sector are constantly under increasing pressure and scrutiny to maintain the accuracy, consistency, and reliability of data that is stored in their respective databases. CFSA is no exception, especially when it comes to reporting client data to the federal and local government agencies. PAQIA completed a broad-based Agency analysis to evaluate the quality of services and to identify strengths and ANIs.

PAQIA Analysis Results

Acceptable Investigations: As agreed between 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. The review examined the quality of practice during essential CPS investigatory actions. 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 CSSP and CFSA senior leadership, CSSP alone reviewed CFSA cases during the July-December 2018 monitoring period while CFSA and CSSP jointly reviewed 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 during February 2019. The purpose of that review was to determine whether CFSA connected families 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.⁴¹

⁴¹ CFSA uses the community papering process to request court intervention for investigations and in-home cases where parents are having difficulties achieving tasks outlined in the case plan. The purpose of community papering is to prevent removals and to keep children safely in their own homes.

- ▶ **Disengaged Youth:** A quarterly report provides the analysis of CFSA’s efforts to improve outcomes for disengaged youth,⁴² 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. PAQIA notifies the Education Neglect Unit of the findings.
- ▶ **Educational Neglect Reporting:** These monthly and quarterly reports (school advisory period) provide the number of referrals, referral source, trajectory of referrals, program area that case managed the family, findings of the referral, and number of children ages 5-to-13 that the Agency case managed at the time of the educational neglect referral. The quarterly report highlights trends. PAQIA shares the report with the city-wide EveryDay Counts Taskforce⁴³ and the 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. PAQIA notifies Entry Services senior management 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. PAQIA notifies CPS senior management of the quarterly findings.
- ▶ **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.
- ▶ **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.
- ▶ **Four+ Audit:** The monthly audit reviews all CPS investigation referrals with a history of four or more documented reports (Four+ Eligibility) to determine whether or not supervisors have conducted timely and appropriate consults with their direct reports.
- ▶ **Executive Office of the Mayor (EOM) CPS Report:** This is a monthly report developed on behalf of the Entry Services’ deputy director, summarizing the monthly

⁴² 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 diligently with these older youth throughout the year to link them to one of the areas where youth express an interest.

⁴³ The Every Day Counts! Taskforce is a partnership of diverse District of Columbia agencies and stakeholders that collectively advance and coordinate strategies to increase student attendance and reduce truancy.

results for CPS referrals and investigation outcomes. The report tracks changes and trends.

- ▶ **Monthly CQI Review:** PAQIA reviews trends around selected benchmarks, and presents the data to CFSA program administrators, program managers, and supervisors during monthly data meetings. Meeting participants identify barriers to completing those benchmarks, in addition to discussing possible solutions to those barriers.
- ▶ **Youth Transition Plan (YTP) Review:** 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 IEP standards. The review also examines 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 works with the District's Office of the Chief Technology Officer and CFSA's Child Information Systems Administration to develop MicroStrategy⁴⁴ dashboards that will track progress toward 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:** PAQIA conducted an analysis of all placement entries and re-entries between October 2017 and February 2019 to examine successful efforts toward placing children with kin. Based on the analysis, the time-limited work group that conducted the analysis also made recommendations for improving the kinship placement process. The analysis included 1) the number of children placed immediately with kin, 2) the number of children who had a later placement with kin, 3) placement stability with kin, regardless of whether it was their first placement or not, 4) how long it took to get children placed with kin when it was not their first placement, and 5) barriers to kinship placement as the first and best placement.
- ▶ **Mental Health Evaluation:** PAQIA is collaborating with the Office of Well Being (OWB) to evaluate the new Mental Health Redesign, which was 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 July 2019, with implementation to begin in September 2019" (see Goal 3).
- ▶ **Repeat Maltreatment Analysis:** PAQIA has analyzed the number of children who were victims of a substantiated maltreatment report in FY 2017 and then victimized a second

⁴⁴ The MicroStrategy Intelligence Platform delivers enterprise and departmental intelligence. The platform helps fix short-term problems as well as helping organizations build a foundation for long-term success. With every engagement, the platform seeks to boost user and functional adoption, accelerate time-to-value, and arm the customers with the skills, frameworks, and best practices that agencies need to become truly self-sufficient.

time within the next 12 months. The analysis helped to identify the reasons for increased repeat maltreatment. The analysis also includes the Agency's response after the first and second substantiation (and whether CPS opened an in-home case or 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.

DATA QUALITY COMMITTEE

As described earlier, CFSA created the Data Quality Committee as part of an intentional commitment to ensure data quality, accuracy and integrity.

Feedback to Stakeholders and Decision-Makers/Adjustment of Programs and Process

As discussed in the Collaboration section, CFSA provides feedback to and seeks input from stakeholders who inform adjustment of resources, programs, and practice.

Quarterly CQI Report and Facilitated Discussions

PAQIA monitors and analyzes performance data across the Agency, and partners with program areas to promote further improvement, including 1) publishing the Four Pillars Scorecard and Mayor's Performance Plan, 2) partnering with leadership and the Agency's Child Information Systems Administration to conduct further quantitative and qualitative analyses on data as needed, 3) serving as liaison to CSSP, 4) monitoring compliance with the LaShawn exit benchmarks, 5) partnering with program areas to promote achievement and maintenance of these benchmarks, 6) compiling and validating data for submission to CSSP, and 7) keeping leadership apprised of Agency performance.

In CY 2018, PAQIA partnered with Program Operations to engage supervisors, program managers, and administrators to enhance their abilities in becoming data-driven in management and practice. Discussions included barriers to meeting benchmarks and generating solutions during the monthly meetings. Also discussed were trends around entries and exits, engagement of clients, medical and dental appointments, and case planning. During CY 2018, the data-driven meeting process resulted in an increase in every tracked benchmark.

In particular, compliance for visitation benchmarks increased between 8 and 22 percent from December 2017 to December 2018. The data showed that issues for meeting standards did not appear to be widespread and could often be attributed to specific units, and in some cases, social workers. All levels of management continue to benefit from working with data at the employee level to ensure that all social workers are receiving the necessary support to achieve permanency for families.

PIP INTEGRATION AND CQI

In the development of the PIP, CFSA incorporated CFSR findings for developing strategies and action steps to improve practice. Specifically, in the areas of supervision and TPR, CFSA developed action items based on feedback loops with court partners around TPR to create a CQI system that will ensure the timely filing of a TPR. CFSR findings indicated court-related issues that impact timely achievement of permanency.

As cited above, the CFSR revealed that the District did not routinely file TPRs by 15 of 22 months. To meet the TPR federal requirement, the Office of the Attorney General developed an internal tracking system for reviewing each applicable case and ensuring that all applicable cases have a TPR filed or that the case has a documented compelling reason not to file. In addition, the assistant attorneys general and the Family Court are reminded to complete the appropriate TPR sections on court orders at all permanency hearings. PIP action steps also utilize the Family Court CQI system to review permanency hearing orders and to validate process integrity for the following circumstances:

- When orders do not meet statutory requirements, judges receive notification by email so that deficiencies can be corrected by amended order or at the next hearing.
- If the judges and hearing participants do not discuss the TPR at the first permanency hearing, then the judge will receive notification that it must be addressed by the second permanency hearing.

Relative to integration of PIP strategies into CFSA's CQI processes, the CFSR identified Agency supervision as an ANI. In response, CFSA has incorporated the utilization of a CQI model to improve supervisory practice. The objective of the supervision-based PIP activity is to improve consistency in practice across Agency units and to infuse a clinical supervisory and critical thinking approach to practice.

CFSR findings also reported a lack of consistency in the way social workers are approaching successful engagement of families. While many of the cases reviewed showed good overall casework practice, other cases displayed a lack of fidelity to policy, procedures, training, and practice models. Supervision was not identifying or addressing the inconsistencies. CFSA intends to implement coaching support and clinical guidance for supervisors across Agency units to improve quality and consistency in practice.

Overall, CFSA has a well-functioning QA system. The Agency is committed to ensuring consistent implementation of a comprehensive Agency-wide CQI process, utilizing the Plan-Do-

Study-Act (PDSA)⁴⁵ model to actively engage the Agency and stakeholders in the work of discovering problems, testing solutions and adjusting programs as needed to impact outcomes. Through PDSA implementation, CFSA will further integrate the CQI process across Agency administrations, inclusive of CFSA's contracted agency partners. To this end, CFSA continues its commitment to engaging internal and external stakeholders to identify and understand the issues, develop a theory of change, adapt or develop a solution, implement the solution and monitor the results.

⁴⁵ Plan-Do-Study-Act Cycles are evidence-based methods for testing changes, and acting on what is learned, i.e., action-oriented learning.

SYSTEMIC FACTOR 4: STAFF TRAINING

OVERVIEW

CFSA's Child Welfare Training Academy (CWTA or Academy) provides child welfare professionals with initial and ongoing training that ensures an appropriate knowledge base for offering quality service to clients. In addition to understanding the Agency's policies and procedures, social workers and support workers are equipped with best practice skill sets to respond to common circumstances encountered in the field and in the office while working with children and families.

CWTA also provides pre-service and in-service training for resource parents. In-service training includes cross-training with social workers, which facilitates a mutual understanding for the quality care of in the foster care system. While CWTA's primary charge is the education of the social workers and resource parents, CWTA also offers limited training for birth parents to support their journey toward the family's identified permanency goal. All of CFSA's training fulfills the District's legal mandates for the training and licensing of social workers.

For CFSA and CFSA-contracted (private agency) case-carrying social workers and supervisors, training incorporates at least one or more of the following methods:

- ▶ **CWTA Pre-Service Training:** Training for new employees and supervisors is designed to provide the foundational skills necessary to perform the required duties of the new position.
- ▶ **CWTA In-Service Training:** Training for experienced employees is designed to develop additional skills or provide the specialized knowledge necessary to enhance an employee's current skill level.
- ▶ **External Training:** Training received from organizations other than CWTA trainers, including all other state or federal agencies, private consultants, or other recognized subject matter experts.⁷

For CFSA and CFSA-contract agency resource parents, training includes:

- ▶ **Pre-Service Training:** To orient resource parents to their roles as caregivers for CFSA's youth and children. To teach the foundational skills, knowledge, and abilities necessary to safely and efficiently care of CFSA's children and youth
- ▶ **In-Service Training:** To keep resource parents up to date on policy and regulation changes. To ensure continued paraprofessional development as resource parents.
- ▶ **External Training:** Training received from organizations other than CWTA trainers, including all other state or federal agencies, private consultants, or other recognized subject matter experts.

Qualified training staff designs, develops, and deliver the trainings offered through CFSA's training program. Based on recognized principles of adult learning, CWTA training incorporates techniques that often include group dynamics so participants can learn from peers and

colleagues, maximizing input from individual and group insights. CWTA's training curricula also integrates components of the Agency's Four Pillars Strategic Framework, the recently implemented Four Priorities (Prevention, Placement Stability, Permanence and Practice), and the Agency's revised 2018 Practice Model.

The development of CWTA curricula begins when an issue, concern, or problem needs to be addressed, or when training is needed to support agency priorities, practice or policy changes. CWTA management then determines if training a segment of the population will help solve the problem. A curriculum development team makes decisions about the target audience, intended outcomes, content, methods, and evaluation strategies. As part of the curriculum development process, CWTA engages both internal and external partners during the writing of any new course. The entire process systematically organizes what will be taught, who will be taught, and how it will be taught.

Both federal and District regulations require social workers and resource parents to receive quality training prior to providing professional services to children and families. CFSA adheres to additional training requirements based on the 2010 LaShawn Implementation and Exit Plan,⁸ which mandates the following specific guidelines:

- ▶ New social workers shall receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.
- ▶ New supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare social and family support workers within eight months of assuming supervisory responsibility.
- ▶ Previously hired workers shall annually receive a minimum of five full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.
- ▶ Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.
- ▶ Pre-service training for resource parents occurs over five weeks of in-person classroom and online trainings.⁹
- ▶ CFSA and contract agency resource parents receive annually a minimum of 15 hours of in-service training.

In order to keep the entire training system carefully monitored, both for immediate needs and for long-range planning, CWTA regularly teams with several CFSA administrations, particularly the Child Information System Administration (CISA) for ongoing tracking and data management strategies that directly serve excellence in training. For all initial and ongoing training requirements, CFSA quantifies performance through consistent tracking and monitoring. Included in this process is regular incorporation of post-training evaluations, which helps the Academy to determine how effectively trainings address the basic skill sets and the knowledge base needed for staff to perform work.

CWTA adopted the CWLA Family Development Plan (FDP). The FDP is a tool intended to take potential resource parents beyond the pre-service preparation and assessment process to a focus on continued training and support. The purpose of the FDP is also to provide a formal and systematic means of (a) identifying development needs to improve knowledge and skills; and (b) comparing each resource parent's needs and abilities in the fostering role against current training offerings and to determine future training needs.

Lastly, the FDP provides a roadmap to sustain and increase knowledge and skills in each of the following five competency areas:

- Protecting and nurturing children
- Meeting developmental needs, delays, and special conditions
- Supporting relationships with birth and kin through the culture lens
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

PERFORMANCE

In 2016, the federal Children's Bureau partnered with CFSA to conduct the Child and Family Service Review (CFSR). Based on the CFSR results, and CFSA's Statewide Assessment, CFSA received a strength rating for the Initial Staff Training, Ongoing Staff Training, and Foster and Adoptive Parent Training indicators. The CFSR found CFSA to be in substantial conformity for staff and provider training. CFSA continues to strive to maintain substantial conformity in this area.

To measure CFSA's capacity to achieve excellence in training, the Agency relies on several practice benchmarks, including pre-service and in-service training. The benchmark for pre-service training hours of direct service staff and supervisors is 90 percent. The benchmark for pre-service training hours of resource parents is 95 percent.

During the period of July 2017 – June 2018, 84 percent (n=41) of applicable direct service staff completed the required 80 pre-service training hours. For the same time period, of the direct service supervisors that required pre-service training, 100 percent (n=13) completed the required 40 hours. During calendar year 2018, there were 139 CFSA and contracted agency resource parents licensed. Eighty-six percent (n=120) completed the required 30 pre-service training hours.¹⁰

To measure completion of in-service training hours, the benchmark is 80 percent for both direct service staff and supervisors. The benchmark for in-service training hours of resource parents is 95 percent.

For the period of July 2017 – June 2018, 88 percent (n=211) of applicable direct service staff completed the required 30 in-service hours. For the same time period, 91 percent (n=67) of the direct service supervisors completed the required 24 in-service hours. During calendar year

2018, there were 309 CFSA and contracted agency resource homes. Fifty-four percent (n=168) completed the required 15 hours of in-service training for a one-year license and 30 hours of in-service training for a two-year license.¹¹

Feedback

As mentioned earlier, CWTA receives post-training evaluations in the form of an online survey sent to class participants immediately after the conclusion of the training session. Questions range from the overall quality of the training to whether trainees experienced improved understanding of the subject matter. Trainees also respond to whether the learning activities promoted skill building for them. Survey questions include how knowledgeable trainers are on subject matters, the effectiveness of training styles, open-ended questions for participants to suggest changes, improvements, and suggestions for specific training topics in the future.

For the time period of February 28, 2019 to April 9, 2019, there were approximately 25 pre-service and in-service trainings conducted for staff. Post-training evaluations for this time period totaled 136 completed surveys. Of the responding trainees, 64 percent were social workers and 13 percent were social work supervisors.¹²

The following tables provide information about the evaluation responses.

Number of years of child welfare/direct service experience that best describes you.	
1-5 Years	24%
5-10 Years	26%
10-15 Years	17%
15+ Years	26%
No Answer	6%
The overall quality of the training I received exceeded my expectations.	
Strongly Agree	51%
Agree	33%
Disagree	3%
Strongly Disagree	7%
No Answer	6%
The training session has improved my understanding of the subject.	
Strongly Agree	45%
Agree	43%
Disagree	0%
Strongly Disagree	6%

No Answer	7%
The training session learning activities promoted skill building.	
Strongly Agree	51%
Agree	38%
Disagree	1%
Strongly Disagree	4%
No Answer	6%

Developing the Child and Family Services Plan (CFSP) included engagement of staff from CFSA's Office of Entry Services and the Program Operations' Permanency Administration, including social workers, supervisors and managers. Staff completed surveys in May 2019 regarding the Agency's work in the areas of CFSP's outcomes and systemic factors.

Entry Services staff, which includes Child Protective Services (CPS) staff, consisted of 31 respondents. CFSA's Office of Planning, Policy, and Program Support (OPPPS) collected the following information in regard to pre-service and in-service training:

- 67 percent of respondents reported that initial trainings supported their case management activities; 30 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.
- 80 percent of respondents reported that ongoing trainings supported their case management activities; 20 percent responded in the negative.

Program Operations staff, which includes Permanency staff, consisted of 13 respondents. OPPPS collected the following information from these staff members in regard to pre-service and in-service training:

- 25 percent of respondents reported that initial trainings supported their case management activities; 33 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.
- 50 percent of respondents reported that ongoing trainings supported their case management activities; 42 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.

As part of the Agency's annual Needs Assessment development process, OPPPS surveyed 199 child welfare professionals in May 2019 to determine satisfaction regarding various areas of Agency practice, including training. CFSA staff, including direct service supervisors, had access to 121 surveys. There were 44 respondents to the specific training-related question, "What training topics, if any would you suggest to enhance the support provided to children and families in the District?" Some responses included effective court writing, dealing with challenging behaviors, cultural competency, coaching parents for careers or vocation, and working with parents diagnosed with cognitive delays. In addition, there were 63 resource

parents surveyed for the Needs Assessment. There were 22 respondents to the training related question, “What training topics, if any would you suggest to enhance the support provided to children and families in the District?” Some responses included coping with death and loss for youth, dealing with mental health needs for resource parents, specialized training on dealing with runaways and challenging or trauma-related behaviors of youth, and parent 101 classes for resource parents specifically for infants (e.g., feeding, sleeping, child development).

MAINTAINING SUBSTANTIAL CONFORMITY

Performance data discussed earlier in this section show that CFSA was not able to meet the benchmark for pre-service for direct service staff as well as pre-service and in-service for foster and adoptive parents. However, in all other areas, including pre-service for supervisors and in-service for direct service staff and supervisors, CFSA met and surpassed the benchmark.

Collectively, Needs Assessment feedback from internal and external stakeholders was mainly positive and indicated that there are numerous strengths within the training program. Training participants found trainers to be knowledgeable and the majority of trainings informative with good material. Participants also reported receiving insight on how to work effectively with families and resource parents; they felt able to take the concepts from training and apply it to the work they do.

Some feedback indicated concerns that training does not accurately reflect current practice, and that policy in general needs to be clear for staff and management. Additional feedback addressed the benefits of more field training versus classroom training, i.e., there seems to be a heavier emphasis on textbook learning versus real life learning. Some participants reported that training materials need to be updated to reflect changes in practice, client population, and larger societal concerns.

PLANNED ACTIVITIES

CWTA recognizes that it is essential to provide staff with a variety of training topics related to relevant Agency practice, local and federal policy, and client dynamics. Training must be presented in appropriate modes for CFSA’s professionals to fully knowledgeable and prepared to serve families in the District. CWTA will continue to review and utilize training evaluation data to determine how to enhance facilitation styles and to incorporate suggested training topics. In addition, review of training data will help to inform CFSA and its stakeholders (internal and external) as to whether training is accomplishing stakeholder needs and goals while contributing to the Agency’s mission to promote safety, well-being, and permanency.

In order to monitor the training system for immediate needs and long-range planning, CWTA regularly teams with several CFSA administrations. In addition, CWTA continues to enact its communication strategy to ensure effective communication across the Agency for relevant information, training courses, events, and sessions. CWTA also includes all of CFSA’s private agency partners in all communications. At present, CWTA sends training advertisements via email to all CFSA and private agency staff, including distribution of a quarterly newsletter.

Moving into fiscal year (FY) 2020, training priorities include the development of new trainings as well as building upon already existing trainings that align with aspects of the Family First Prevention Services Act (FFPSA)¹³ and areas outlined in the Agency's recently submitted Family First Prevention Plan.¹⁴ CFSA also plans to build on the Agency's array of existing trauma-informed workforce trainings to enhance curricula for CFSA staff and to create new training modules for external evidence-based program service provider staff to ensure the District's entire child welfare workforce is equipped with the tools they need to effectively serve children and their families under Family First. Specifically, CWTA will be developing and facilitating a Motivational Interviewing Training for all CFSA staff and CFSA's community-based Collaborative partners who are required to develop child-specific prevention plans. CWTA has also collaborated with the Agency's Kinship Unit for development and co-facilitation of a Kinship Caregiver Support Training and development of Kinship Caregiver Workshops. These developments will help promote effective partnerships to ensure kinship caregiver families are better served and have the capacity to care for children placed with them.

In addition to pre-service and in-service training that CFSA provides for staff, CFSA also supports the development of a strong and healthy workforce through activities focused around wellness and well-being for staff. The Wellness Program provides a variety of relaxation, physical, health, and personal development activities that are available for staff to participate in during the workweek. Programming is delivered through the utilization of staff volunteers, City staff, and external presenters. Specifically, programs include yoga sessions, Zumba sessions, meditation sessions, health screenings, line dancing classes, knitting classes, Toastmasters meetings, Spanish classes, financial planning sessions, Lunch and Learn sessions, Bring Your Kids to Work Day, and community service activities.

SYSTEMIC FACTOR 5: SERVICE ARRAY

OVERVIEW

A key CFSA philosophy is that children need the opportunity to grow up in their own homes with their own families. For families with risk factors that have brought their circumstances to the attention of the Agency through a CPS Hotline report, the Agency makes every attempt to prevent their entry into the District's child welfare system by a thorough assessment of risk levels and associated service needs. Accordingly, CFSA maintains a robust service array along the child welfare continuum. By creating access for families to early interventions and supports within their own communities, and leveraging supports through community partners, CFSA hopes to mitigate risk and prevent removal.

In instances requiring a home removal due to imminent risk and a substantiated allegation of abuse or neglect, CFSA begins work quickly to ensure that the child leaves care in a timely fashion for a permanent home. While the child is in foster care, CFSA maintains a wide array of placement types and develops case plans to address every child's needs. While the child is temporarily and safely placed in foster care, CFSA works directly with birth families and

resource parents to assess a child's risks towards safety, to develop safety plans, and to offer services that ensure placement stability, goal achievement and family stabilization after permanency is achieved.

POLICY

CFSA policies are periodically updated to maintain compliance with local and federal legislation. All policies pertaining to programs apply to CFSA's practice across the District and the contracted case-managing agencies with homes in the state of Maryland. Each policy is on the Agency's website, making it readily available to staff, stakeholders, and the public. The policies listed below alphabetically have a direct impact on CFSA's service array within the following domains: education, legal, financial, health and well-being.

- ▶ **Adoption Subsidy** – Identifies circumstances and processes for providing financial assistance to adoptive parents of children with special needs. Adoption subsidies help secure permanency for these children who might otherwise remain in long-term foster care.
- ▶ **Domestic Violence** – Guides practice and the provision of services and supports for non-offending partners and their children when dealing with issues of domestic violence. CFSA policy also guides practice for referring supports to the offending partner.
- ▶ **Educational Services** - Ensures that all children in CFSA's care and custody have access to an educational program that is appropriate to the child's age and abilities. Educational programs must meet the child's unique needs and suitably prepare them for additional education, future employment, self-sufficiency, and independent living.
- ▶ **Engaging Incarcerated Parents** – Promotes substantive engagement of incarcerated parents to ensure they are involved in the lives of their children (as needed and appropriate to the goal of strengthening family relationships). Policy guides social workers to consult with the parent's assigned prison or jail facility case manager to determine if there is a plan for successful reintegration of the parent into the community. The plan should identify available resources that have been coordinated to address the affected parent's continuing needs, particularly in regard to the parent being able to maintain a healthy relationship with the child in foster care.
- ▶ **Fair Hearings** – Under federal and District law, CFSA must ensure that any person aggrieved by the Agency shall receive a Fair Hearing upon request and qualifying circumstances. Service appeals allow for dispute resolution related to the delivery and the quality of services provided to a client or family, whether referred by CFSA or CFSA-contracted agencies. Policy requires that the assigned social worker review the appeal rights with the client or family during a case planning meeting.
- ▶ **Healthcare Coordination** – Guides social workers in their role as advocates for children receiving health services in a timely fashion and ensuring that health services meet the

particular needs of any given child, including physical, mental, behavioral, and developmental health needs.

- ▶ **In-Home Services** – Promotes and guides Agency efforts to team directly with families in order to provide a child-centered, family-focused, community-connected, strength-based and solution-focused service array that reinforces safety for children living at home, including biological, adoptive, guardianship, and custodial homes where children have reached permanency within the last six months.
- ▶ **Investigations** – Guides social workers in the utilization of assessment results and other criteria to determine which specific referrals for services may be needed to protect the safety and well-being of the children and the stability of the family. Every family with an open investigation shall be offered services that address immediate needs, including but not limited to assistance in obtaining clothing or food and medical or mental health evaluations.
- ▶ **Older Youth Services** – Describes the provision of services and supports to youth, aged 14 through their 20th year, to help prepare them for their entrance into adulthood. The policy also describes the process of connecting youth with community-based services that provide individualized services for helping youth develop and address their particular strengths and needs. In addition, CFSA links youth to services that help to master an array of skill sets that are essential for the transition from foster care to adulthood.
- ▶ **Out-of-Home Services** – The Out-of-Home Services policy is under revision. At present, the In-Home and Out-of-Home Procedural Operations Manual guides practice and sets forth protocols for identifying service needs, facilitating service access, and evaluating service efficacy.
- ▶ **Permanency Planning** – Guides social workers to identify appropriate in-home and foster care services as an essential component in case-planning for positive permanency outcomes, including the safety and well-being of children and families. The policy requires social workers to make and document “reasonable efforts” to avoid the need for out-of-home placement. Central to the standard of reasonable efforts is the provision of individualized services across a broad spectrum of well-being domains.
- ▶ **Permanent Guardianship Subsidy** - Helps children achieve permanency by supporting caregivers who are willing to care for children but are unable to manage the financial burden or meet their medical needs without a subsidy. A Permanent Guardianship Subsidy may provide financial assistance and medical assistance to permanent guardians of eligible children.
- ▶ **Rapid Housing** – Describes two housing voucher programs: Rapid Housing Assistance Program and Emergency Housing Assistance. Both programs help CFSA families and older youth preparing to leave foster care to secure housing.
- ▶ **Services for the Deaf and Hard of Hearing** - Protects the rights of clients who are deaf or hard of hearing to receive auxiliary aids and services in a timely manner to ensure

effective communication and an equal opportunity to participate fully in the benefits, activities, and programs provided by the Agency.

- ▶ **Youth Personal Allowance** – Provides youth, aged 14 to 21, in out-of-home placements with a personal allowance of \$100 by their resource provider for the purchase of discretionary items and services, and for learning money management skills.

In addition to the policies above, CFSA has a list of administrative issuances that cover services impacting a child's experience in the child welfare system:

- Gift Cards and Vouchers
- Protecting Children in Care from Identity Theft
- Substance Abuse Treatment
- Summer Camp Subsidy Program
- Transition of Youth to the Developmental Disabilities Administration
- Independent Living Programs (ILPs) Requirements
- Specialized Opportunities for Youth (SOY) placements for high-end clinical youth

In 2019, CFSA released several new policies and updated guidance related to the following practice areas:

- Missing, Abducted and Absent Children
- Safety Plan
- Standards for Safe Case Closure
- Case Management of Children at Home with Siblings in Foster Care
- Personal Identifiable Information
- The Reasonable and Prudent Parent (RPP) Standard Guidance: A federal directive to use a decision-making framework for resource providers to make careful and sensible decisions about a child's participation in extracurricular, enrichment, cultural and social activities that maintain the child's health, safety and normalcy and support the child's emotional and developmental growth.

In partnership with the CFSA policy team, committees of internal and external stakeholders (all of whom are subject matter experts) collaborate together to develop policy content. To disseminate policy information, the policy team (under OPPPS) developed a quarterly Policy Press newsletter, which the policy supervisor emails to CFSA internal and external stakeholders and resource parents. The intent of the Policy Press is to help employees and stakeholders to stay informed of existing and changing practice guidance in order to provide the best practice to clients. Employees and stakeholders may also engage with the policy team by submitting questions and comments to cfsa.policies@dc.gov. Policy staff works with the Child Welfare

Training Academy staff to incorporate policies into the relevant training or to develop a new training class or Webinar.

PERFORMANCE

ONGOING CONFORMITY WITH SYSTEMIC FACTOR

The District of Columbia received an overall rating of “strength” for Service Array (Items 29 and 30), according to the 2016 CFSR. The District continues to have a service array derived from the assessment of children and families’ strengths and needs; these services are designed to create a safe home environment, promote family stabilization and achieve permanency.

The District is aware that with a large service array, communication presents challenges to reach all types of stakeholders, with respect to turnover of stakeholders, in the most efficient manner. To streamline communication, OPPPS staff conducted a survey completed by 12 key staff from CFSA’s Program Operations administration. Of the 12 respondents, 75 percent of the stakeholders reported that the Agency does “somewhat well-to-very well” in offering services that meet the individualized needs of a child. Twenty-five percent said the Agency “does not do well” on this measure.

Respondents expressed concerns that the Agency is focused more on compliance than the quality of work. In addition, services may exist but there are barriers to receiving the service or there is an information gap in knowing that the services are available. In a separate child welfare survey, comments from 96 respondents indicated that services are available but when there is a change in a particular service or provider, there is sometimes no universal or District-wide guide to inform child welfare professionals. There is no way to know how to access and obtain information about current programs to share with clients. Respondents suggested possible including services and updates on the Agency’s website. Respondents also commented that if the resource is known, there are often no details or “reviews” on the effectiveness of the services.

For the District’s plans to sustain conformity for the above items, please see the following Strengths and Areas in Need of Improvement for qualitative data from surveys and focus groups. See also, Planned Activities.

STRENGTHS AND AREAS IN NEED OF IMPROVEMENT

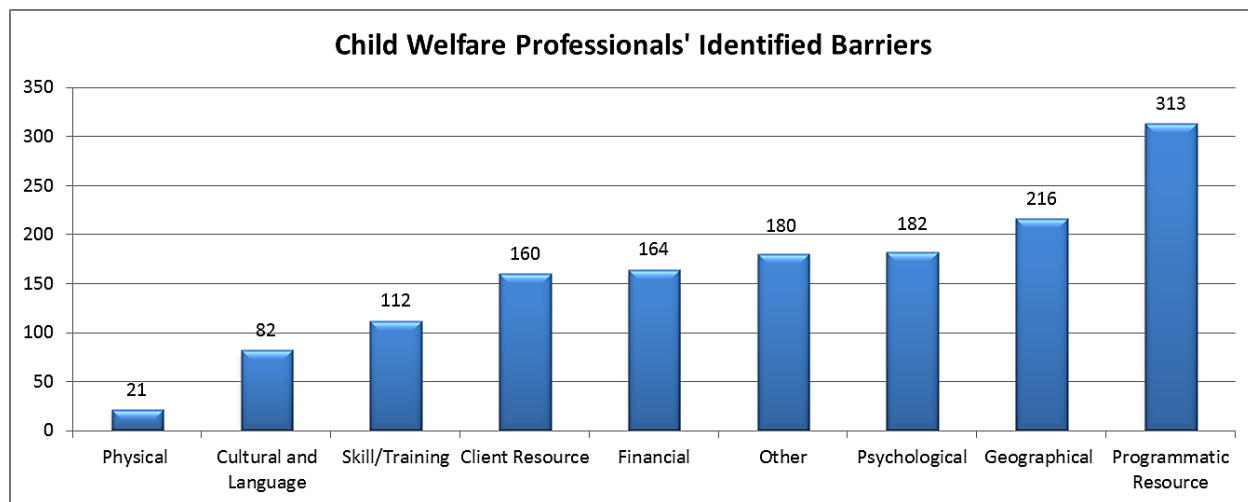
The Agency has established a robust service array and resource development system that assesses the strengths and needs of children and families. Based on periodic feedback from stakeholders (through interviews, focus groups and ongoing work groups), the Agency

continues to select the most appropriate interventions available to enable children to remain safely with their parents or to help expedite permanency for children in foster and adoptive placements.

Most of the recent feedback provided in this plan comes from the development process for CFSA’s annual Needs Assessment. During development of the 2019 annual Needs Assessment, OPPPS staff asked clients and internal and external stakeholders to share experiences regarding the barriers to accessing or utilizing the following resources: 1) mental health, 2) child care, 3) social services, 4) education, and 5) life skills. In addition to identifying barriers, stakeholders and clients also identified proposed solutions, which are outlined after Table 1.

The table below provides a “barrier legend” for seven identified barrier categories: physical, cultural and language, skills and training, client-specific, financial, psychological, geographic, and programmatic resources. The graph following the table explains the respondents’ views of the most common barriers. The counts, however, may not represent the universe of respondents for any given resource category because some may have not used a resource within that category or some may have indicated "not sure or no barrier" based on their individual circumstance.

Barrier Legend
Physical: service buildings and programs that are unable to accommodate a physical disability.
Cultural and Language: lack of diversity, cultural competence, language translations; lack of advertisements and information about services offered in different languages.
Skills and Training: staff do not have expertise in serving clients with autism, learning disabilities, post-traumatic stress disorder (PTSD), and other diagnoses.
Client Resource: service overload (i.e., too many services required) and scheduling conflicts with school or work.
Financial: service costs, travel costs, and education costs.
Other: includes outliers from four resources areas: mental health, child care, social services, education and life skills
Psychological: client's fear of approaching service provider or concern with stigma.
Geographic: services not conveniently located in the individual's neighborhood.
Programmatic Resource: lack of available services, poor quality of services, waitlists, and limited hours of operation.



Stakeholders' Proposed Solutions for Resource Barriers

MENTAL HEALTH RESOURCES

Mental health resources included alternative therapies, traditional therapies, medication management, anger management and substance use services. In general, respondents noted that all services were important to the success of a case, but the top three barriers were programmatic, psychological and geographic. Some of the same barriers with service delays and turnover of providers were seen in quality service reviews (QSR) in CY 2018 as well. Out of the QSR 137 cases reviewed, 44 cases involved ratings for the long-term guiding view indicator. Reviewers scored 33 (75 percent) as acceptable for behavioral health treatment plans. For 2018, this percentage rate is 20 points higher than 2017 (55 percent). For these cases, behavioral health services had a long-term view that articulated the strengths, preferences, barriers, and needs of the child and family. In addition, service team members understood the treatment plan.

Regarding unacceptable ratings, treatment goals were not clearly outlined or identified in 11 of the 44 cases. Among these 11 unacceptable ratings, CFSA's Permanency Administration served one case (9 percent). In-Home served three cases (27 percent) while private agencies served the remaining seven cases (64 percent). QSR reviewers noted a lack of service coordination and communication between the child welfare team and the behavioral health team. Also noted were services that did not address identified needs. In several cases, behavioral health services were delayed or interrupted due to turnover in providers.

Survey respondents identified the following solutions to the barriers experienced which could also offer potential solutions to those areas in need of improvement found in qualitative reviews:

Programmatic

- Increase availability and access to alternative therapies (e.g., art, music, dance, writing, animals)
- More substance use services
- Special services for unaccompanied refugee minors
- Trauma-informed mental health services (e.g., including therapeutic mentoring)
- Providers with expertise in sex trafficking, sexual abuse, PTSD and attachment disorders
- Provide grief and loss therapy for resource parents and clients
- Provide respite for children with challenging behaviors
- Provide counseling for non-foster youth (In-Home services)
- Adopt more evidence-based treatments
- Include access to inpatient, partial hospitalization, and intensive outpatient behavioral health programs (e.g., day treatment)

Psychological and Geographic

- In-school mental health supports so youth are not removed from school to go to therapy outside of school
- In-home family therapy
- Improve services for clients struggling with domestic violence (DV), including a DV specialist in the community like co-located social workers
- Psychiatric nurse at Healthy Horizons who can refill prescriptions when clients have to come through for screening from jail or abscondence
- Community drop-in centers for youth to prevent stigma

CHILD CARE RESOURCES

Child care resources included child care, day programs for out-of-school youth, extracurricular and recreational activities, and respite. In general respondents noted that all services indicated were important to the success of a case, but the top three barriers were programmatic, geographic and financial. Respondents identified the following solutions to these barriers as well as additional child care services:

Programmatic

- Adopt Family surrogate models

- Provide Emergency and non-traditional child care
- Child care for parents required to attend therapy or support groups
- Respite and child care for children who are diagnosed on the autism spectrum or medically fragile
- Child care for disconnected teens
- Information for summer camps
- More extracurricular / normal activities
- Ties into resource parents during focus group and survey asking for CFSA to identify slots in day cares and organizations for youth in foster care
- More STAR⁴⁶ homes and congregate care homes

Financial

- Babysitting / in-home child care for those in night school; extended hours
 - Services needed before six weeks of age
- Offer day care vouchers / child care subsidies
 - Access to the child care subsidy for relatives caring for children who have no legal documents--birth certificate, Medicaid card, immunization record
- Simplify applications for vouchers

Geographic

- Before and after school programs that can assist with transporting children to and from school

SOCIAL SERVICE RESOURCES

Social service resources included domestic violence supports, home-visiting supports, housing, sex-trafficking intervention and services, transportation, the Parent Education and Support Program (PESP), and community faith-based supports. In general respondents noted that all services indicated were important to the success of a case, but the top three barriers were programmatic, financial and “other” (e.g., youth not engaging services, lack of resources, lack of flexibility with provider or poor system coordination). Respondents identified the following solutions to these barriers as well as additional social service supports:

Programmatic

- More placements; more housing especially for sex-trafficked youth

⁴⁶ STAR homes are short-term or interim placements.

- Training for social workers: substance use, sex abuse, and DV (Note: training was mentioned throughout service domains.)
- More parent PEERs⁴⁷ or parent coaches for birth parents and mentors for youth
- Support for clients who self-identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ)
- Holistic, wrap-around community services and increased community collaboration
- Life skills for parents (e.g. employment training) as well as improving current skills for youth
- In-home supports and intensive parenting training for homes managing children with special needs and intellectual disabilities and for parents with cognitive delays
- Culturally appropriate service providers taking faith, ethnicity and language into account

Financial

- Child care for birth and resource parents
- Readily available transportation (to help with appointments)
- Consequences for inappropriate behavior (need changes to allowance policy)

Other

- Help clients to navigate multiple systems
- Specialized support groups for parents and children (e.g., DV)
- Support groups for resource parents isolated in the age bracket of the child in their home, e.g., who are not part of constellations or clusters with similar age grouped-children

EDUCATION AND LIFE SKILL RESOURCES

Educational and life skill resources included mentoring and tutoring, financial literacy services, workforce development and on-the-job training, food service and nutrition classes, and mentoring. In general, respondents noted that all of the education-based services were important to the success of a case, but there were still the top three barriers: programmatic, client resources and “other” (e.g., a client needs to commit to the service and mentors need training in mental health). Respondents identified the following solutions to these barriers as well as recommending additional educational and life skills supports:

- Life skills for parents and youth, including financial assistance (paying rent on time), budgeting, affordable housing, cooking basics, cleaning basics, healthy relationships, scheduling child appointments, general parenting, dealing with legal system, self-advocacy and self-esteem

⁴⁷ Goal 4 describes more detail about CFSA’s Parent Education, Engagement, and Resource (PEER) Support Unit.

- Tutoring and mentoring
- Quality preparation for and inexpensive or free general education degree (GED) courses
- Job training

Across all domains programmatic barriers existed for social workers, birth parents, resource parents and children. “Other” barriers related most to the transparency of resources.

Planned Activities

The District is implementing the following activities in response to feedback received over the past two years:

- ▶ **Improving services to victims of DV:** Survey feedback over the past two years revealed stakeholders’ impressions that social workers are not equipped to case manage families dealing with DV; the social workers reiterated these concerns, self-reporting low levels of comfort for addressing DV issues. In response, the Office of Well Being’s (OWB) has assigned clinical DV liaisons to each case managing administration to improve the referral process, provide DV case consultation and support to social workers, and to improve clinical case practice for the safety and well-being of children and families experiencing the impact of DV on their lives.
- ▶ **Putting Families First in DC:** DC Council’s recent approval of District Mayor Bowser’s FY 2020 Fair Shot budget reduced CFSA’s annual budget by 2 percent (FY 2019 - \$224.2 million; FY 2020 - \$219.8 million). The new budget requires the District to make proactive and thoughtful adjustments to the resources needed to support children and families. It also takes into account four critical factors: right-sizing, savings, the winding down of federal Title IV-E Demonstration Waiver funds (as CFSA transitions to a new set of federal requirements under the Family First Prevention Services Act), and implementation of Families First DC (Mayor Bowser’s new initiative for upstreaming prevention strategies across the District). CFSA is in full support of the Mayor’s initiative, which places 10 Family Success Centers in neighborhoods East of the River⁴⁸ where a dominant number of CFSA-involved families reside (particularly Ward 8). The initiative will also designate schools as community hubs by providing wraparound services for students, families and community members. The Family Success Centers will function as trauma-informed care sites with individual and family-based supports for residents impacted by violence.
- ▶ **Predict-Align-Prevent (PAP):** The PAP⁴⁹ program uses geospatial tools to predict the locations of and thereby prevent the potential for future child maltreatment, based on a

⁴⁸ The District’s geographic boundaries are outlined in four quadrants: northwest, northeast, southwest, and southeast. “East of the River” references the southeast quadrant which is east of the Anacostia River.

⁴⁹ The PAP program is a Texas-based, non-profit corporation that uses a longitudinal measurement of population health and safety metrics to determine the effectiveness of aligned prevention resources and supports. PAP aims to help communities and governments uncover, evaluate, and replicate effective prevention initiatives.

given community's existing resources and risk factors. By identifying the types, quantity, and effectiveness of existing prevention resource allocations, the District can re-align community resources and monitor the rate of decline in child maltreatment in neighborhoods.

- ▶ **Information Gaps:** Internal and external stakeholders expressed concerns that there is a lack of information-sharing regarding the array of available CFSA and community-based services. As one resolve, the OPPPS Policy Unit developed and promulgated the Policy Press in August 2018 to informing CFSA internal staff and external partners and resource parents of new practice policies and guidance.
- ▶ **Ombudsman:** The CFSA Office of the Ombudsman is a resource for constituents seeking resolution for issues or conflicts with CFSA staff or services. The ombudsman receives feedback on CFSA practice through direct contact and by attending multi-disciplinary team consultation meetings in the community and focus groups with clients. The ombudsman also distributes surveys to resource parents and is currently developing a survey for birth parents. The activities of the ombudsman are highlighted in an annual report.
- ▶ **In-House Mental Health Screenings and Therapeutic Intervention:** CFSA initiated the Agency's Mental Health Redesign in FY 2019. The redesign is a plan to improve access to mental health evaluation and treatment for children in foster care, including medication management. The buildout for the redesign involved OWB hiring three dedicated therapists to ensure timely assessments and early access to short-term (3 to 6 months with the ability to extend to 12 months) mental health treatments that children need when they first enter or re-enter foster care. Children who were receiving mental health services in the community continue to receive services from their community provider. After the short-term therapeutic services' timeframe ends, children, you and families who need community based therapeutic support will be transitioned to a community-based provider. In addition, CFSA built out and designed three of therapy rooms in its centralized location that were carefully planned to be conducive to both verbal and expressive therapies.

To strengthen the existing array of services, the District is studying the changing demographics of the families, children and resource families that currently (or will likely need to) receive services through the child welfare system. These studies will aid the District in identifying the appropriate types of services needed for generalized and specialized family and community needs (e.g., on-site therapy, co-located nurses, visitation, support groups, transportation, etc.). In addition, the Agency continues to provide flexible funds to the community Collaboratives to help stabilize a family's financial needs and reduce the risk of the family coming to the Agency's attention based on financial considerations.⁵⁰

⁵⁰ While financial considerations do not automatically result in child neglect, poverty in general is associated with increased instance of child maltreatment. Source:
<https://www.childwelfare.gov/topics/can/factors/environmental/poverty/>

SYSTEMIC FACTOR 6: AGENCY RESPONSIVENESS TO THE COMMUNITY

OVERVIEW

CURRENT FUNCTIONING OF AGENCY RESPONSIVENESS

CFSA regularly seeks input from internal and external stakeholders for purposes of assessing current performance, identifying gaps in services, and determining where improvement is needed with regard to practice and systemic issues. The Agency also takes opportunities to share progress throughout the year during stakeholder meetings and through the sharing of published reports.

POLICY

Although the Agency has no specific policy related to the quality of CFSA's community responsiveness, CFSA's regular practice includes stakeholder participation for developing or updating policies and practices, as well as stakeholder feedback for informing resource development. The Agency also relies heavily on community stakeholders' input for developing the annual Needs Assessment. Historically, the Needs Assessment focused on CFSA's placement needs, which helped to inform CFSA's Resource Development Plan (RDP). The Agency has since broadened the scope of the Needs Assessment to address needs across the continuum of care. The RDP continues to address all resource needs as reflected by internal and external stakeholders.

As cited previously in the CFSP, OPPPS used several means to gain qualitative insights into which best practices are effective and which services are needed and effective for families at any given point along the child welfare continuum. Via CFSA's Office of Public Information, OPPPS distributed two self-administered online surveys in 2019: one survey captured the voices of youth, birth parents and resource parents, while the second survey captured the voices of CFSA and CFSA-contracted social workers, family support workers, and supervisors. Respondents had four weeks to complete the survey (April 11 - May 10, 2019). A total of 271 respondents accessed the surveys. Of those respondents, 135 fully completed the surveys; 136 respondents partially completed the surveys.

ONGOING CONFORMITY WITH SYSTEMIC FACTOR

As a result of the 2016 CFSR, the District of Columbia received an overall rating of Strength and was found to be in substantial conformity for Agency Responsiveness (Items 31 and 32). The District expects to continue conformity with these Items as it gathers feedback from stakeholders throughout each year and strengthens the CQI process, inclusive of a feedback

loop with community stakeholders. Data currently demonstrates that clients and stakeholders believe the Agency and its partners to communicate resources and respond to their needs.

In a survey of eight birth parents, seven parents addressed the effectiveness of the Agency's communications. Fifty-seven percent (n=4) considered communication was average between CFSA (and its partners) with birth parents. There was, however, effective communication with regard to the initiation of the PEER mentor program in June 2018; respondents stated that they received sufficient information on resources from their PEER.⁵¹

For communication between CFSA and resource parents, 32 resource parents completed the survey. Forty-four percent (n=14) indicated that communication of available resources was "ineffective-to-very ineffective" while 25 percent (n=8) felt communication was "effective-to-very effective."

Of the 96 social workers who completed the survey, 30 percent (n=29) considered the communication regarding resources was average, 33 percent (n=32) said "effective-to-very effective" with only 13 percent (n=12) stating that communication was "ineffective-to-very ineffective." The remaining respondents (24 percent, n=23) were unsure about the effectiveness of communication.

In general, respondents commented that there is more communication between the Agency and its partners and stakeholders than in the past. Nevertheless, there is room for improvement because clients and resource parents are still not fully aware or adequately informed about community resources.

STRENGTHS AND AREAS IN NEED OF IMPROVEMENT

Although CFSA and its partners do generally well with establishing community partnerships, stakeholders requested a publicly accessible list of current resources for social workers, resource parents and clients. Stakeholders also indicated that enhancement of timely communication, transparency and collaboration is an area in need of some improvement. Youth in particular suggested utilizing more forums, assemblies and text messaging to inform them of information and resources. At present, youth learn about resources through their guardian ad litem or social worker via emails or verbal communication. Resource parents and social workers concurred that "All Staff" and group meetings would be useful vehicles for distribution of resource information (versus emails).

⁵¹PEER specialists engage and support birth parents with children currently in the foster care system with a goal of reunification.

PLANNED ACTIVITIES

CFSA regularly consults with and solicits feedback from internal and external stakeholders to determine the District's effectiveness in fully responding to and engaging the community for serving children and families. Feedback may come from standard meetings, special focus groups, surveys, interviews for certain documents, and lastly, reports. CFSA also holds information sharing meetings with several stakeholders, including judges from the Family Court, staff from the Collaboratives, resource parents, birth parents, and youth. The Agency also includes stakeholders representing District partners from each multidisciplinary taskforce, e.g., the Foster and Adoptive Family Advocacy Center (FAPAC), Parent Advisory Council (PAC), Mayor's Advisory Council on Child Abuse and Neglect (MACCAN) and the Children's Justice Act (CJA). For more information, refer to the Collaboration and Vision Section.

The Agency is also utilizing the application, NowPow,⁵² to create an online 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 for FY late 2019.

During CFSA's 2019 oversight hearings, stakeholders praised CFSA's efforts for creating avenues for feedback in the development phases of programming yet requested that they be consulted prior to final decisions on issues that impact providers and their clients. Although CFSA began this process with the establishing of a Prevention Work Group that included stakeholders across the District to inform the Family First proposal, the Agency also considered this concern in the creation of federal plans as well as in the development of the upcoming Resource Development Plan.

SYSTEMIC FACTOR 7: FOSTER AND ADOPTIVE PARENT LICENSING RECRUITMENT, AND RETENTION.

⁵² The NowPow application is a platform that can be used for matched, shared, tracked and coordinated referrals. NowPow also functions as an e-prescribe capability for the entire risk spectrum of a community and for a wide array of basic needs and chronic conditions.

ITEM 33: STANDARDS APPLIED EQUALLY

Overview

During the 2016 CFSR, CFSA received an overall strength rating for this item. CFSA has a licensing, recruitment, and retention system that is functioning statewide to ensure that state standards are applied to all licensed foster family homes and childcare institutions.

Local Regulations

The District of Columbia's Municipal Regulations (DCMR) Title 29 sets forth licensing standards in Chapter 60 for foster, kinship, and adoptive homes; Chapter 62 for youth residential facilities (YRF); and, Chapter 63 for independent living programs (ILP). Because of the level of operational detail in the municipal regulations, the chapters operate as policies to guide Agency licensing. The chapters also reflect federal requirements for licensure of foster care providers and child caring institutions. CFSA policies reinforce all three regulations and provide detailed licensing protocols for staff and contracted partners.⁵³ The District's regulations and the Agency's policies are available online for the provider community and the community-at-large.

Standards for Foster Family Homes

[Chapter 60](#) is comprehensive in scope, addressing high-level requirements, personal role-based rights and responsibilities, child safety and security, interior and exterior environmental requirements, behavioral expectations (of social workers, resource parents, and children in care), family integration, behavioral management, child well-being, community engagement and support, and of course, the home study and application process itself. Programmatically, the chapters highlight the collaborative nature of social work and emphasize the concept of teaming, transparency, and a mutual respect among a child's team members that is fundamental to the successful outcomes for children. The chapters also define the application activities, inspections, training, and documentation that must be completed for every prospective resource parent and for existing resource parents wishing to renew their licenses.

As of April 2019, approximately half of the District's foster care population resides outside of the District's boundaries; the vast majority of this out-of-state population resides in nearby communities in Maryland. CFSA has a contractual engagement with a single Maryland-based private child placing agency (CPA) to facilitate placements in that state. The CPA has the authority under Maryland law to license and approve foster family homes according to the Code of Maryland Regulations (COMAR). CFSA also contractually obligates the CPA to apply the

⁵³ CFSA's licensing policies include [Facility Licensing](#), Foster Parent Licensing (currently under review), and [Temporary Licensing for Kinship Homes](#).

District licensing standards to its foster family homes in Maryland when and if the District's standards are more stringent than those outlined in COMAR. For instance, there are differences in the two jurisdictions approach to background checks. COMAR's requirements for background checks extend to prospective resource parents only as part of the initial licensing process, whereas the District requires periodic criminal and Child Protection Registry (CPR) checks for licensed resource parents to maintain their licensure. Accordingly, CFSA requires its CPA partners' family-based resource parents to obtain regular periodic background checks according to the District's schedule.

Chapter 60 details the non-safety related licensing standards that the Agency may waive on a case-by-case basis for kinship caregivers. District regulations give CFSA the authority to issue temporary kinship caregiver licenses to kin who meet certain minimum safety requirements and who can accommodate the immediate placement of their young relatives. Thereafter, CFSA works with the caregivers to complete all the necessary licensure components, including pre-service foster care provider training, within 120 days of the child's placement in their home.

Standards for Youth Residential Facilities (YRF) and Independent Living Programs (ILP)
District regulations in 29 DCMR Chapters 62 and 63 share many commonalities among their respective requirements while still distinguishing between the two placement settings. For example, the standards in 29 DCMR Ch. 62 are clearly articulated across the licensing domains of operating procedures; building, grounds, and equipment; interior space and physical plant; fire and carbon monoxide protection; sanitation; utilities and hygiene facilities; personnel policies; staff development; documentation and recordkeeping (including background check requirements for staff); confidentiality; and the timeliness of completion of required activities for licensure.

Most of these requirements are reiterated in 29 DCMR Ch.63, albeit with differences in the physical plant, staffing, monitoring, and other programmatic requirements that account for the higher level of independence granted to youth in this setting. Others are unique to ILP programming and service modality (e.g., initial individual transitional independent living plans).

Practice and Performance

The District has a uniform licensing process within its three typical placement types: traditional foster family homes, kinship foster family homes, and congregate care facilities. To facilitate placements outside the District, CFSA maintains a unique "border agreement" with Maryland that maximizes CFSA's ability to efficiently access placement resources (both traditional and kinship) in the nearby Maryland communities.

Foster Family Home Licensing Practice

Within CFSA's Planning, Policy, and Program Support Administration (PPPSA), the Family Licensing and Re-Licensing Units are collectively responsible for carrying out the mandates of 29 DCMR Ch. 60 regarding traditional foster family homes. The licensing and re-licensing operation is centralized within one administration under a single program manager and two supervisory units of licensing supervisors and staff. Licensed foster care providers are assigned a resource parent support worker to provide consultation and support during ongoing placements and to facilitate re-licensure over time.

For foster care providers in Maryland, CFSA's single child-placing agency partner is responsible for meeting the COMAR licensing requirements and any further requirements included in its contract with CFSA. CFSA's CPA partner is responsible for licensing these homes, some of which are therapeutic family-based homes for children with complex needs.

The Maryland Border Agreement and Kinship Home Licensing Practice

Within CFSA's Office of the Deputy Director for Program Operations, the Kinship Unit is responsible for carrying out the mandates of 29 DCMR Ch. 60 that apply to kinship caregiver licensure as well as traditional foster family homes. The kinship licensing operation is centralized under a single program manager and two supervisory units of licensing supervisors and staff. The District has unique geographic dynamics that impact child welfare operations. A great many children who enter into the foster care system have relatives who reside in nearby Maryland state counties, resulting in many kinship placements.

CFSA ensures a smooth relationship with Maryland-based placements under a 2013 border agreement that allows both Maryland and the District to streamline licensure for timely placements. The agreement allows each party to make temporary placements without having to complete an entire ICPC packet.⁵⁴ Exceptions occur when the child's permanency plan includes the interjurisdictional placement resource (e.g., adoption by the resource parent in the out-of-state jurisdiction). In these cases, the CPA must complete the entire packet. The Border Agreement emulates ICPC regulations in that both include provisions to 1) expedite the timely placement of children with emergency kinship providers, 2) allow CFSA to quickly and efficiently share key educational data with the lead education agencies (LEAs) of the Maryland counties, and 3) facilitate the joint monitoring of providers by oversight bodies in both jurisdictions.

⁵⁴ The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement that sets forth the requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

While kinship foster parents are subject to the same licensure requirements in accordance with the same laws and regulations established for and applicable to non-kin foster homes, CFSA has established a process for temporary licensure of foster homes for kin residing within the District of Columbia and Maryland.

In FY 2018, CFSA issued 65 temporary licenses through the border agreement; Maryland issued another 46 licenses. This process has successfully expedited emergency placements for children with relatives who are willing and able to take on the role of caregiver. For example, a temporary license can allow immediate placement with kinship caregivers, provided the eligible caregiver is able to comply with the procedures described below. In addition, special considerations may be given to kinship caregivers when making licensing determinations that would be in the best interest of the child. The entire process is in compliance with guidelines set forth by CFSA policy and in accordance with Chapter 60.⁵⁵

District regulations allow the Agency to waive a non-safety-related licensing provision for potential kinship caregivers. After meeting the remaining licensing requirements, including all other Title IV-E foster care eligibility criteria for the children residing in such homes, CFSA will claim Title IV-E reimbursement for the foster care maintenance costs expended to the home. A comprehensive roster of “waivable” non-safety related requirements is detailed in the table below (based on 29 DCMR Ch.60 and CFSA’s policy on Licensing of Foster Homes for Kin). These waivers are granted on a case-by-case basis following a thorough assessment of all conditions in the prospective kinship home.

POTENTIALLY WAIVABLE NON-SAFETY RELATED REQUIREMENTS FOR KINSHIP CARE	
DCMR Citation	Topic and Foster Parent Regulation and General Considerations for Waiver
§6001.2 §6027.3(a)	1. Age: A foster parent shall be at least 21 years of age [Age 20 and above is considered to be appropriate for kinship foster parents. Kinship foster parents who are younger than 20 may be considered pending a social worker’s thorough assessment of the applicant’s emotional level of functioning and current situation.]

⁵⁵ CFSA licensure is currently concentrated in the District and Maryland only. Despite its proximity, licensure of kinship homes in Virginia has not been warranted, based on the demographics of families in the District, and the majority of relatives migrating to Maryland.

POTENTIALLY WAIVABLE NON-SAFETY RELATED REQUIREMENTS FOR KINSHIP CARE

DCMR Citation	Topic and Foster Parent Regulation and General Considerations for Waiver
§6005.2	<p>2. # Children: Except as provided by § 6005.3 or § 6005.4, the total number of children in a foster home: (a) May not exceed six children; (b) May not exceed two children under two years of age; (c) May not exceed three children under six years of age; and (d) May not exceed three foster children.</p> <p>[Clinical safety assessment may allow for relaxation of these requirements.]</p>
§6007.14	<p>3. Space: A foster home shall have living room or family room space that is adequately furnished and accessible to all members of the household, including foster children.</p> <p>[Clinical safety assessment may allow for relaxation of these requirements.]</p>
§6007.15	<p>4. Space: A foster home shall have a designated dining area.</p> <p>[Clinical safety assessment may allow for relaxation of these requirements.]</p>
§6007.17	<p>5. Sleeping Arrangements: A foster child under 14 years of age may not sleep in a bedroom located in the basement.</p> <p>[Finished basements may be considered appropriate living spaces for children if the foster parent's bedroom is located within calling distance or one floor of the child's bedroom. Assessed as clinically appropriate for child to be on a different level as the foster parents or guardians and determined on a case-by-case basis. Note: a foster child's bedroom must have at least two means of egress, each on a different side of the room.]</p>
§6007.18	<p>6. Sleeping Arrangements: A foster child's bedroom shall be sufficient in size to provide for the safety, privacy, and comfort of the foster child. The following bedroom sizes shall be used as general guidelines for adequate square footage: (a) Seventy (70) square feet for one foster child; (b) One hundred (100) square feet for two (2) foster children; and (c) One hundred fifty (150) square feet for three foster children.</p> <p>[CFSA may license a foster home with bedrooms that do not meet the general guidelines in § 6007.18 if CFSA finds and has documented that the available space is adequate to provide for safety, privacy, and comfort of each foster child.]</p>
§6007.20	<p>7. Sleeping Arrangements: No more than three children may share a room regardless of the room's size.</p> <p>[The space must be assessed as adequate and able to pass fire inspection.]</p>
§6007.22	<p>8. Sleeping Arrangements: No foster child over 18 months of age may share a bedroom with an adult.</p> <p>[Allowable for medically-fragile children and may be evaluated case-by-case.]</p>
§6026.1	<p>9. Training: An applicant shall participate in an orientation program offered by the Agency.</p> <p>[Training need not be completed prior to placement of a relative child in the home. Kin caregivers are to complete pre-service training within 120 days of placement.]</p>
§6001.6	<p>10. Income: A foster parent shall have sufficient family income to meet the reasonable living needs of his or her own family without relying on foster care board and care payments.</p> <p>[Clinical safety assessment may allow for relaxation of these requirements.]</p>

POTENTIALLY WAIVABLE NON-SAFETY RELATED REQUIREMENTS FOR KINSHIP CARE

DCMR Citation	Topic and Foster Parent Regulation and General Considerations for Waiver
§6008.4(b)(1)	<p>11. Fraud: CFSA may not license an individual as a foster parent if that individual or any person 18 years of age or older residing in the prospective foster home has a conviction of fraud.</p> <p>[CFSA may determine that, despite the conviction, placement with the prospective kin caregiver does not represent a safety-risk and is in the child’s best interests.]</p>

District regulations also authorize the Agency to waive or override certain safety-related licensing requirements, such as a prohibited (per federal or local law) criminal conviction or a positive return on a CPR check. Such cases are rare and they require the approval of the Agency director who must determine that the child’s placement with the relative would be in the child’s best interest (after the adult relative’s satisfactory completion of all other District licensure requirements and a review of the child abuse or neglect case and current circumstances). The relative must be able to provide care for foster children consistent with the requirements of 29 DCMR Ch. 60. CFSA does not claim Title IV-E foster care maintenance payments for expenditures made on behalf of children residing in these homes when the CFSA director approves an override.

Licensing Practice for Youth Residential Facilities (YRF) and Independent Living Programs (ILP)
The CFSA Office of Facility Licensing (OFL), housed under PPPSA, licenses YRFs and ILPs in the District. The OFL staff includes a program manager and five licensing staff persons within the same business unit who guide the YRF and ILP licensing process in compliance with Chapters 62 and 63, and in compliance with [CFSA’s Facility Licensing Policy](#).

The OFL manager vets and approves or denies every YRF or ILP license granted in the District. Per OFL business processes, once a prospective YRF or ILP provider submits a completed application for an original license (versus a renewal license), the OFL manager must respond within 90 days for the YRF and 60 days for an ILP. At the close of FY 2018, 65 youth in foster care resided in a District-based licensed YRF or ILP.

The Agency’s Contracts Monitoring Division has a Monitoring Activity Plan for each of its contracted private agency (CPA) and congregate care partners. The Monitoring Activity Plan is a template against which CFSA staff evaluates contractor performance to ensure compliance with applicable District licensure requirements. The tool is used for every provider (within each service category as outlined below) irrespective of the jurisdiction in which the provider is operating. If providers are found to be out of compliance with regulatory requirements during

the re-licensing process, monitors will work with the provider to develop a tailored corrective action plan (CAP). The CAP must document the compliance issues and outline the steps necessary for the provider to remedy the issues within a reasonable time period.

RESOURCE PARENT RECRUITMENT AND RETENTION

CFSA has a dedicated unit of foster care recruitment specialists under the Agency's Placement Administration. These specialists are responsible for carrying out the activities under the Recruitment and Retention Plan. CFSA ended FY 2018 with 214 licensed family foster homes, 69 of which were newly licensed during that time. There were 56 closures in that same period (a retention rate of 74 percent). The Agency's contracted CPA partner ended the year with 210 licensed homes (an 87 percent retention rate).

While recruitment and retention is not part of the CFSA's federal PIP, CFSA is devoting considerable time and resources toward an ambitious goal of creating 40 new traditional foster home "beds" within the boundary of the District of Columbia. Toward that end, the Agency has implemented the following strategies:

- Developed and distributed Ward-specific collateral recruitment materials
- Targeted specific civic, cultural, ethnic, and occupational organizations within DC to promote fostering for key foster care populations, i.e., youth who self-identify as LGBTQ, teen parents, children diagnosed as medically fragile, and older youth
- Increased utilization of social media platforms for recruitment purposes
- Created a [resource parent incentive program](#) to encourage existing resource parents to refer potential resource parents to the Agency
- Initiated [placement stability incentive payments](#) for resource parents who contribute to a child's stability and positive permanency outcome

Strengths

On this item, the District benefits from the relatively small size of its boundary and the closely coordinated licensing and recruitment process that is centrally administered. The following components are foundational to the District's licensing system:

- Well-crafted and accessible District and Agency-level governance
- Clearly-stated language in CFSA's family-based and congregate care (child caring institutions) provider contracts regarding District licensing requirements
- Uniform District-wide application of licensing standards within the Agency's centralized licensing operation
- Efficient ongoing monitoring and support of the substitute care provider community by the resource parent support workers and CFSA's Contracts Monitoring Division

- An active community of advocacy organizations that partner with the Agency to review and improve licensing, recruitment, and retention rules, policies, and operations

Challenges

The most significant challenge with respect to growing the cadre of available District-based traditional foster family homes is the recruitment of resource parents who are willing to serve specialized populations: older youth with significant mental and behavioral health needs, pregnant and parenting youth, youth diagnosed as medically fragile youth, and youth who self-identify as LGBTQ.

Another challenge facing the Agency is the clarity of CFSA's messaging to resource parents regarding the recently implemented policies addressing the reasonable and prudent parent (RPP) standard. Resource parent feedback indicates that messaging around resource parent roles and responsibilities remains somewhat inconsistent. One question that is repeatedly confusing for resource parents' concerns if and under what circumstances the Agency must complete background checks on temporary caregivers or babysitters. Social workers are not clear on the answer to this question. This lack of clarity can impact retention if it interferes with the resource parent's job. To clarify this confusion, the Agency has scheduled a series of RPP "brown bags" among resource parent support workers to tighten understanding among staff on all RPP-related issues.

D3. PLAN FOR ENACTING THE STATE'S VISION

Continuous improvement is essential to CFSA's practice improvement and system functioning. The application of CQI is an overall agency commitment integrated throughout Goals 1 through 4, as an intentional means to ensure continuous quality improvement across practice and performance. Accordingly, the Agency has implemented numerous processes for data collection and analysis to ensure accurate information, while assessing performance on the safety, permanency and well-being outcomes.

Based on identified challenges, CFSA brought together internal and external stakeholders to evaluate each Goal area in need of improvement. As a team, the stakeholders and CFSA staff developed the 2020-2024 CFSP objectives and measures as part of a comprehensive strategic planning process. The Agency continues to work closely with stakeholders to improve, as needed, performance on a quarterly basis under the Four Pillars Strategic Plan.

See Attached file "DC CFSA CFSP Goals Narrative rev 091619" for goal and strategy details.

D4. SERVICES

CHILD AND FAMILY SERVICES CONTINUUM

CFSA's Four Pillar Strategic Framework is the foundation of the Agency's service continuum. Each pillar sets forth a values-based foundation and a series of specific outcome targets from which strategies including evidence-based practices and services support the achievement of the outcomes. As the starting point of this continuum, CFSA exerts its grant-making authority to provide funding for community-based prevention and family preservation programs. Many of these programs reach families in their own neighborhoods through CFSA's long-standing partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives). In addition to prevention services, the Collaboratives and CFSA both provide a variety of supportive programs to families. Supportive services include but are not limited to counseling, parenting classes, housing and child care assistance, and substance use treatment.

CFSA monitors the delivery of these prevention and family preservation services, provided by its partner agencies and community-based providers to families that are not yet involved in the child welfare system. Families that are involved in the welfare system also receive community-based support while CFSA provides direct services, including foster care or in-home services, temporary post-permanency temporary supports, and long-term subsidy support services.

The Agency's work along the child welfare continuum is best understood within the context of its organizational structure. This section of the report provides an overview of the various programs, community-based organizations, and internal CFSA administrations that carry out the Agency's mission through delivery of direct services to children and families.

COMMUNITY BASED PROGRAMS

Healthy Families/Thriving Community Collaborative Services

CFSA continues its longstanding partnership with the 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 formally involved with the child welfare system. The Collaboratives provide Safe and Stable Families (SSF) services and will continue to do so the Agency implements Family First services. The Collaboratives provide a wide array of services for families that are both involved with CFSA as well as families that are no longer involved. In addition, they play a vital role in providing community-based resources to prevent families from becoming involved with the public child welfare agency.

The five Collaboratives serve all eight wards of the District of Columbia, and are 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,⁵⁶ essential core services,⁵⁷ specialized services,⁵⁸ and additional services.⁵⁹

CFSA PROGRAM STRUCTURE

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.

Office of Entry Services

CFSA's Office of Entry Services is responsible for the Agency's Child Protective Services (CPS) administration, which is designed to ensure child safety, particularly through the receipt and investigative responses to reports that allege child abuse and neglect. CFSA understands the need to 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. Entry Services includes the CPS-Hotline and Support Services Unit which receives all calls alleging child maltreatment. The CPS Hotline is a mandated District service that operates on a 24-hour, 7-day per week basis, including holidays. Trained staff receives reports on alleged child abuse and neglect through several methods, including the Hotline (202-671-7233), walk-in reports, and other forms of communication (e.g., faxes, emails, and letters). In addition, Entry Services houses the CPS Investigations team that meets face-to-face with child victims and families to assess risk and safety factors.

More recently CFSA added the In-Home Administration (formerly a part of 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' circumstances, focusing on safety and the parent's capacity to ensure the child's safety

⁵⁶ Case management activities include assessments of family needs, identification of services, development and implementation of family service plans, linkages to community-based services, monthly visitations, and documentation of family progress or lack thereof.

⁵⁷ Essential 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.

⁵⁸ Specialized services are based on the unique needs of the families, including Parent Education and Support Programs (PESP), family visitation, and Family Group Conferencing.

⁵⁹ 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.

which also promote family well-being. Services are tailored to enhance a parent's capacity for maintaining a safe home environment. For families receiving in-home services, Ongoing CPS Services assigns in-home social workers to each Collaborative neighborhood, creating a co-located staff to serve families currently involved with CFSA, or are at risk of involvement.

Office of Well Being

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.

Within OWB, the Clinical Administration includes the mental health therapists, psychiatric nurse and staff who complete developmental and mental health screenings and assessments for children and youth in foster care, including the determination when a child or youth potentially needs a higher level of care in a psychiatric facility and liaisons with the DC Department of Behavioral Health in that process.

The OWB oversees domestic violence, substance use, mentoring, tutoring, transportation contracts and services in addition to child care vouchers. The program has educational specialists and a domestic violence specialist who provide this support to social work staff and families.

Within OWB, CFSA's Health Services Administration (HSA) has primary responsibility for assessing, coordinating, and maintaining the services to ensure optimal health and well-being of children in foster care. HSA further manages CFSA's Healthy Horizons Assessment Center (HHAC), an onsite, 12-hour (9:00 a.m. – 9:00 p.m.), 5-days-a-week clinic staffed with nurse practitioners and certified medical assistants. Within HHAC, and under the auspices of HSA, CFSA has also established the nurse care management program (NCMP) for children requiring more tailored health-related services. There are nurses specifically assigned to the Office of Entry Services to provide consultative support to CPS investigative social workers, as well as to the nurses who are available on general assignment to HSA. Lastly, there are registered nurses assigned to support the in-home community social workers (co-located at the Collaboratives).

Office of Program Operations

The Office of Program Operations has oversight responsibility for CFSA's Placement Administration, Permanency Administration, and Office of Youth Empowerment. Each of these divisions and their respective services along the continuum are outlined in the following sections:

Permanency

The Permanency Administration provides support and direct case management to children in foster care with a permanency goal of reunification, guardianship, or adoption. To optimize their support capacity, permanency case managers (and ongoing social workers) receive consultation, technical assistance, training, clinical supervision and coaching from the inception of permanency planning through the successful achievement of the child's permanency goal.

CFSA's permanency-focused teaming process consists of 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. For example, the meetings that occur during the hours and days following a child's removal from the home will focus on facilitating a smooth transition into care, identifying kin resources, and outlining specific action steps toward reunification. Meetings that occur in the following weeks and, if necessary, months, focus on developing a comprehensive case plan based on assessments and strategies developed in accordance with team members' clinical judgment.

The Permanency Administration provides supports and case management from the inception of permanency planning all the way through finalization of adoption or guardianship. In so doing, case practice specialists provide technical assistance to social workers who have children on their foster care caseload with permanency goals of adoption or guardianship. These professionals partner together to develop and initiate child-specific recruitment plans for these children while also generally laying the foundation for permanency options in the event that reunification becomes ruled out.

The Permanency Specialty Unit (PSU) provides 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. For families and children who have reached permanency but might be experiencing challenges that threaten the permanent living arrangement, the Permanency Administration also provides temporary intervention and support services to stabilize crises.

CFSA does not handle nor case-manage any inter-country or private adoptions. The Agency serves only children in the District's foster care system. Within that parameter, individuals who contact CFSA regarding an inter-country adoption are referred to private agencies. Families who request adoption services may also be referred to the local Adoption Resource Center. For families who wish to adopt outside of the United States, there are a host of support groups and

other resources available to them. Post-adoption support services are also offered by many of the area's private adoption agencies for these families.

Lastly, the Adoption and Guardianship Subsidy Unit makes post-permanency subsidies possible for children who might not otherwise achieve permanent homes. Subsidies cover maintenance and special services to meet the needs of the child until age 18. Families may also receive a one-time reimbursement of out-of-pocket expenses related to adoption finalization. Subsidies for adoptions and guardianships are funded for children eligible to receive Title IV-E monies, or through local funding for children who do not meet Title IV-E eligibility requirements.

Office of Youth Empowerment (OYE)

OYE provides direct case management and concurrent permanency and transition planning services to older youth in foster care (ages 15 up through age 20). OYE works to achieve permanence for these older youth while at the same time providing life skills training, vocational and educational support, transitional assistance, and encouraging informal but committed relationships with safe, caring adults willing to act in a mentoring or parental capacity following a youth's exit from foster care.

OYE administers the Chafee Foster Care Independence Program (CFCIP) and assists adolescents and young adults to acquire the skills and knowledge necessary to live independently. Through CFSA and community-based services, OYE promotes permanency; encourages lifelong connections to family, friends, and community; provides education and vocational opportunities, and supports the development of life skills that enable adolescents to achieve self-sufficiency.

Kinship

The Kinship Administration works with the assigned social worker and family members to identify and engage potential kinship resources. Kinship staff assess whether any identified relatives can be a viable placement and permanency option. In addition, kinship staff conducts the Family Team Meetings (FTM) that occurs throughout the life of a case. FTMs allows for more collaboration with parents for identifying case plan goals, including informal and formal supports for the parent and children, and as appropriate, parents also help to identify placement and permanency options.

Family Resources

To increase the likelihood that children are placed in the safest foster home possible, CFSA's Family Resources division provides foster and adoptive resource recruitment and support

services to current and potential foster, kinship, and adoptive parents. In addition, through various outreach and public education campaigns and activities, Family Resources works to increase the array of available resource parents who are willing and able to meet the varied needs of children in the care of CFSA.

Placement

The Placement Administration, which operates 24 hours per day, is responsible for identifying and facilitating placement of children in foster care, including all initial placements resulting from home removals and all replacement requests initiated by CFSA or CFSA's contracted private social workers. This administration is also the principal purchaser of placement resources (in collaboration with CFSA's Contracts and Procurement Administration). As such, Placement is also responsible for managing those resources.

SERVICE COORDINATION

CFSA's Family First Prevention Plan⁶⁰ (Putting Families First in DC) builds on the substantial progress made over the past decade to reform DC's child welfare system and bolster prevention efforts that help to reduce child abuse and neglect. The plan remains in close alignment with the Children's Bureau's vision for keeping families healthy, together, and strong.⁶¹ In addition, the Family First Plan will build upon CFSA's primary prevention work (outlined most recently by the Children's Bureau in August of 2018).⁶² Lastly, the plan reinforces the lessons learned through the implementation of CFSA's Waiver, focusing on the refinement of existing programs and services and determining new services to better meet the needs of DC's families before, during and after involvement in child welfare.

The development of the Family First Plan included a collaborative effort put forth by members of the Family First Prevention Work Group, which comprised a diverse selection of CFSA staff and external stakeholders from key community organizations and sister agencies.⁶³ The

⁶⁰ CFSA has submitted the Family First Plan in April 2019 to the Children's Bureau but has not yet received federal approval. Click [here](#) for the DC Family First Plan Executive Summary for the DC's Putting Families First in DC Title IV-E Prevention Program Five Year Plan Executive Summary.

⁶¹ Children's Bureau Strategies to Strengthen Families:
https://www.acf.hhs.gov/sites/default/files/cb/cb_vision_infographic.pdf

⁶² ACYF-CB-IM-1805: Reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation:
<https://www.acf.hhs.gov/sites/default/files/cb/im1805.pdf>

⁶³ The Prevention Work Group participants included leadership and program staff from across District government and local community-based organizations, including the District's Health and Human Services cluster agencies, DC City Council, the Executive Office of the Mayor, the Court, CFSA's court monitor, advocacy organization partners, and CFSA's contracted community-based child-abuse prevention providers, the Healthy Families Thriving Communities Collaboratives (Collaboratives).

stakeholder members met over a period of six months to discuss coordination and integration of evidence-based practices that increase protective factors against possible child maltreatment. The Work Group prioritized the following broad criteria for selecting the prevention services:

- Identifying the target populations by reviewing data of clients served through District Government Social Service Agencies and the Collaboratives that are higher risk to entering the child welfare system.
- Identifying a service array that aligns with the characteristics and service needs of statistically vulnerable families (i.e., the target populations), thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances.
- Ensuring that each identified service has a level of evidence of effectiveness, based on national evaluations as well as the District's experience with the programs and positive outcome data after implementation.
- Prioritize the selection of services that are currently successful within the District's service array, i.e., building on existing capacity, model familiarity, and effectiveness.

In addition to the above priorities, CFSA's ongoing work in the next five years will be guided by collaborating with federal or federally-funded programs that promise to help prevent families from coming to CFSA's attention. For families that do come to the attention of the Agency, CFSA expects to maximize federal funding to ensure the most appropriate services are in place for these welfare-involved families. The following section provides an overview of how data and evidence were used to inform selection of services in accordance with the three criteria.

Throughout the continuum of services, the work that CFSA does with children and families includes the involvement and coordination with numerous federally funded and community-based public and private providers. Families that do not have an open CFSA case that may have low and moderate risk levels are referred to the Collaboratives, described earlier in this report. Families with high risk levels that do not warrant a removal receive in-home case management services and may receive referrals to services related to mental health, substance use, domestic violence, etc. Families with high risk levels and with children that enter foster care receive well-being services for the child such as mental health, tutoring, mentoring, etc. as well as services to parents for purposes of reunification (e.g., Family Unification Program housing vouchers, mental and behavioral health, substance use, and other services as identified through the case plan.

Services through federal programs such as Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, and Supplemental Nutrition Assistance Program are utilized prior to, during and after families may be involved with CFSA. CFSA staff work to include aspects of

these programs into case planning, and work with families to ensure that the most appropriate services are utilized.

Federal funds from Housing and Urban Development provides funding for the Family Unification Program, the Maternal and Child Health Bureau - Maternal, Infant and Early Childhood Home Visiting Program funds home visiting programs through the DC Department of Human Services, and the Office of Victim Services will provide funding toward DC's Families First DC place-based trauma-informed care sites that will provide residents impacted by violence with the support and services necessary to heal individually and collectively.

Similarly, case planning and coordination, and service delivery through other local public providers include the Department of Behavioral Health, the Department of Health, the Department of Health Care Finance (DHCF), and the Department of Youth and Rehabilitative Services (DYRS).

CHILDREN'S BUREAU GRANT PROGRAMS

- ▶ **Community-Based Child Abuse and Prevention (CBCAP).** 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), a 501(c) 3 nonprofit. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. CFSA and DCCTF continue to work closely to conduct strategic and outcome-focused planning for CBCAP-funded activities that promote long-term, sustainable prevention efforts in the District. Activities included parenting classes, community cafés, and activities specific to Child Abuse and Prevention Month.
- ▶ **Children's Justice Act (CJA).** The District's CJA Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for 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 cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. 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. CFSA has presented the Task Force with findings from the Child and Family Services Review (CFSR), along with progress on the Agency's Performance Improvement Plan (PIP) and Annual Progress and Services Report (APSR). Presenting issues in the District are used as discussion points as the Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA shares data and family-based issues with other committee members

from partnering agencies who also share initiatives and issues they confront as they work to serve District families.

- ▶ **Court Improvement Project (CIP).** CFSA collaborates with the DC Superior Family Court by participating on the CIP. The Court Improvement Program Advisory Committee holds quarterly meetings to discuss the ongoing grant-funded programs and plans for new programs to be funded. Co-chaired by the Deputy Presiding Judge and the CIP Director, the committee membership is comprised of many stakeholders in the child welfare community, CFSA, the Office of the Attorney General for the District of Columbia, resource parents, a former foster youth, the Department of Behavioral Health, the Court and others. The CIP participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes, and will collaborate with the Family Court Presiding Judge and the Magistrate Judges, to finalize permanency strategies for submission of the CFSR PIP.

SERVICE DESCRIPTION

The Assessment of Current Performance section (earlier in this report) discusses the Agency's current performance, including strengths and gaps in services related to the goals and systemic factors.

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 CFSA's Prevention Paradigm, goal-related objectives, and strategies to meet the objectives.

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. Over the next five years, CFSA will continue to ensure that supportive services are available to families who adopt or achieve guardianship through external partners. Supportive, community-based services may be provided by Adoptions Together⁶⁴ and the Center for Adoption Support and Education (CASE).⁶⁵

For families who adopt or achieve guardianship through CFSA, prior to the finalization of these permanency goals, and again post-finalization, CFSA will continue to notify families of the

⁶⁴ CFSA formerly contracted with the Post Permanency Family Center (PPFC), administered by Adoptions Together. PPFC no longer exists and as a result post-adoptive services are provided directly by Adoptions Together.

⁶⁵ 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."

availability of post-permanency services (e.g., trainings, resources, and referrals). Additionally, CFSA will continue to utilize the 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 will also continue to provide therapeutic services for CFSA's pre-adoptive and guardianship caregivers.

The same supportive services and post-finalization services will continue to be offered to families who adopt children independently through the District of Columbia.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Over the next five years CFSA will continue efforts to assess and provide the following early intervention services and supports to families with children ages 0-to-5. These services help families to achieve prompt, safe, and stable permanency, in addition to supporting children's healthy development.

CHILDREN IN FOSTER CARE - SCREENINGS AND EVALUATIONS

As referenced above, 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 the Office of the State Superintendent of Education's (OSSE) 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 specialists also complete the Ages and Stages Questionnaire – Social-Emotional (ASQ-SE) for social and 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-to-5. The DC Early Intervention Program (DC EIP) – Strong Start Child Find Program (under OSSE) serves children, ages 0-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 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.

CHILDREN IN FOSTER CARE – 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-to-5. During the 10-day time frame, the early education specialist researches a more permanent option.

CHILDREN IN FOSTER CARE – EDUCATION

Within the first 48 hours after children ages 0-to-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.

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 will develop and implement, evaluate and revise 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-to-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.

CHILDREN RECEIVING IN-HOME SERVICES – 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
- Families not receiving TANF, who are pursuing additional education to improve their job opportunities
- Teen parents seeking a high school degree or its equivalent

CHILDREN RECEIVING IN-HOME SERVICES – 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 receiving in-home services 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 and 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.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

Immediate notification of a child fatality generally comes to CFSA through one of two sources: law enforcement officers contacting the District's Child Abuse and Neglect Hotline, or CFSA employees contacting the Hotline directly. CFSA may also learn about District child fatalities through media sources and requests from the Office of the Chief Medical Examiner (OCME) to review a list of children who may have had involvement with the Agency.

The statutory responsibility for reviewing child deaths lies with the District's Child Fatality Review Committee (CFRC),⁶⁶ under the auspices of the OCME. CFSA has permanent representation on the committee, as well as its own internal 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).

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). CFSA's CFR Unit completes the child fatality review process. A fatality review specialist completes a detailed review of the deceased child's family history with CFSA, including services offered as well as interventions needed. The survey tool utilized for the review asks for 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 information gathered by the survey is used to identify trends, themes, and systemic issues in an effort to determine policy and practice changes as needed.

All child fatality information is reported to the National Child Abuse and Neglect Data System (NCANDS), based on information entered into the District's web-based child information system, FACES.NET. When reporting child fatalities to NCANDS, CFSA uses information from OCME and the District's Metropolitan Police Department. In planning the development of a child maltreatment fatality prevention plan, the District will build upon the foundation of local laws, regulations and policies already in place, as well as the work already being done by the District's CFRC and CFSA's internal committee. Both of these committees have annual reports

⁶⁶ Pursuant to DC Law, the committee includes representatives from the following District agencies: Department of Human Services, Department of Health, Office of the Chief Medical Examiner, Child and Family Services Agency, Metropolitan Police Department, Fire and EMS Department, DC Public Schools, DC Housing Authority, Office of the Attorney General, Department of Behavioral Health, Department of Health Care Finance, Department of Youth Rehabilitation Services, Office of the State Superintendent of Education, and Public Charter School Board.

that include recommendations for practice, protocols and initiatives that seek to take lessons learned and to provide safety nets children going forward. Recommendations from these committees will be reviewed and discussed further to determine the status of the recommendations and which can be utilized for the purposes of creating a comprehensive city-wide plan that is relevant and purposeful for the District going into fiscal year (FY) 2020.

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

PSSF services are available District-wide, encompassing all geographic areas wherein families have access to programs and services funded under the program.

FAMILY PRESERVATION SERVICES

Through the SSF initiative, the Agency has more flexibility to use IV-E funds for the prevention of removals, keeping children safely at home through in-home services. The Title IV-E 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 provide improved access to tailored services (formal and informal). In addition, SFF provides interventions aimed at reducing risk while reaching more families at risk of involvement with CFSA. 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 Collaboratives (described above), 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.

Family Reunification Services

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

- CFSA manages the Rapid Housing Program to provide short-term rental payments to families in need of stable housing.
- CFSA manages the Family Unification Program 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 in DC promotes family reunification through the provision of comprehensive substance use treatment and related services to facilitate achieving timely permanency for children.

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. CFSA's recruitment team includes a unit that works closely with each nurse care manager assigned to a child with a diagnosis of medically fragile and an identified pre-adoptive family. By doing so, the nurse can explain any specific needs or requirements to prepare the family. As described in the Permanency section above, CFSA's Permanency Specialty Unit (PSU) provides 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.

FUNDING

As indicated on the Agency's FY 2020 CFS-101 Financial Forms submitted with this report, the specific percentages of Title IV-B, subpart 2 funds that will be expended on actual service delivery of family preservation, community-based family support, family reunification, and adoption promotion and support services is 100 percent. Additionally, the amount to be allocated to planning and service coordination is zero percent. No funding is utilized for administrative costs. Overall the estimated expenditures are \$742,887.

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

CFSA's Contracts and Procurement office oversees the decision-making process for selecting vendors to provide various services to CFSA staff and clients, including family support services. The Contracts and Procurement office strives to provide quality goods and services for District agencies through a coherent and streamlined procurement process that is responsive to the

needs of its customers and suppliers. The following regulations govern the contracting and procurement process in the District of Columbia:

- **27 DCMR.** The District of Columbia Municipal Regulations (DCMR) is the official code of the permanent rules and statements of general applicability and legal effect promulgated by executive departments and agencies and by independent entities of the Government of the District of Columbia.
- **Procurement Practices Reform Act of 2010 and the DC Official Code.** The procurement of goods and services are procured by utilizing competitive sealed bids or proposals, Human Care Agreements, and small purchases. During the procurement process, CPA and the program personnel have differing roles and responsibilities. The following table provides a very simple overview of the differing roles each entity is expected to play throughout the process:

Program Staff	CPA Staff
<ul style="list-style-type: none">• Identify minimum need and requirement• Prepare the Scope of Work• Prepare budget and funding recommendations• Enter requisition in PASS• Certify invoices for payments	<ul style="list-style-type: none">• Collaborate with the vendor/agency on complex requirements• Conduct the procurement• Award the contract• Administer the contract

The primary contracting methods used by CPA are the Competitive Sealed Proposals and the Human Care Agreements (HCAs). These methods allow CPA and CFSA’s program personnel the flexibility of choosing competent organizations that can provide high levels of services for CFSA’s clients while ensuring adequate competition. These methods also allow a provider to propose new and innovative solutions.

CFSA’s solicitations require competing organizations to ensure that children will be provided services that employ a family-centered approach to care; ensure culturally competent services in line with the youth’s culture, including ethnic, socio-cultural and linguistic strengths; provide linguistically competent services; ensure community-based services to assist youth in maintaining connections with schools, churches, friends and families; and develop a community-based network of services and affiliations that will facilitate supportive services for children and their families in the community of origin, community of placement, or the community where a potential kinship care or family-based foster care provider resides. Now fully implemented as a contracted service, each HCA demonstrates a provider’s capacity to

meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive outcomes for children in care.

Community-based providers who submit applications or proposals in response to requests from the Agency must demonstrate their status through submission of licensure or certification, as applicable, as well as fiscal documentation, e.g., confirmation of 501(c)3 status. Similar to the contracting process, CFSA's network of grant-funded prevention programs (Parent Education and Support Project, Home Visitation, Father-Child Attachment) has been established through a competitive procurement process as part of a formal Request for Applications. The Agency has established criteria for applicants (e.g., non-government agency, evidence of non-profit status) as well as a series of technical requirements based on the resources being sought.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

For several years the top five factors for substantiations of child abuse and neglect for CFSA 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.⁶⁷ 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 18.⁶⁸ 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 2016.⁶⁹

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

⁶⁷ FACES.Net management report INV050

⁶⁸ District of Columbia. *Quick Facts*. July 1, 2018. U.S. Census Bureau. <https://www.census.gov/quickfacts/dc>

⁶⁹ 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.⁷⁰ FACES.NET data from March 2019 indicate that African American children continue to comprise over 90 percent of the District's foster care population.⁷¹ 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.

At the end of the second quarter of FY 2019, 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 2018.⁷² 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.⁷³ 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.

⁷⁰ Kids Count Data Center 2017

⁷¹ There was no difference in percentage of African American children when looking at those under 18 and all children in foster care.

⁷² A total of 2,205 children were receiving in-home and out-of-home services as of September 30, 2018.

⁷³ 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.

Many children and parents have already faced traumatic events long before their involvement with CFSA. Yet, CFSA focuses on working with the entire District's child welfare system to meet local needs while also continuing to improve the delivery of positive outcomes that these children and families both require and deserve. Over the next five years, services for these populations will be targeted through the services provided through the Collaboratives, and through the approved the Family First Prevention Plan services.

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

Per CFSA's [Visitation Policy](#), children entering foster care or experiencing a new placement while in foster care shall 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 children in foster care to receive 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. Additionally, the policy emphasizes that the quality of visits should support deeper engagement of parents (including birth fathers) with the child and moves them forward in line with their case plan.

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. Over the next five years CFSA plans to continue to use 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. CFSA will continue 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 reimburse for vehicle mileage for local visitation.

ADDITIONAL SERVICES INFORMATION

CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

The federal Title IV-E Waiver demonstration project allowed the District flexibility to use federal and state foster care maintenance funds for the provision of direct services to children and

families. 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. While the Waiver-funded evidence-based national models worked well, the models were typically designed with restrictive eligibility requirements for a narrow group of people. CFSA prepared for the end of Waiver funding by making 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.

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. As a result, the Agency is optimizing current programs and aspects of the Family First Act and 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.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Adoption and Legal Guardianship Incentive Payments can be used for services to help children in foster care find permanent homes through adoption and legal guardianship. CFSA expects to continue to utilize these funds for supporting post adoption services⁷⁴ and the PEER specialists.

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.

⁷⁴ Post Permanency Family Center (PPFC) was a program previously administered by Adoptions Together that CFSA contracted with. PPFC no longer exists and as a result post-adoptive services are provided directly by Adoptions Together.

ADOPTION SAVINGS

Adoption Savings are financial savings that CFSA achieves with respect to funds due to the expansion of eligibility of children who meet the criteria of an “applicable child” under the federal Title IV-E Adoption Assistance program. Federal law requires CFSA to spend an amount equal to any savings achieved as a result of applying the differing program eligibility criteria to applicable children.

CFSA expects to claim the Adoption Savings over the next five years for services provided through the Post Permanency Family Center, Adoptions Together, and the Center for Adoption Support and Education. CFSA plans to claim FY 2019 saving in FY 2020 and to claim a minimum of 25 percent of pre-2019 cumulative unused savings starting in 2020, annually, until the balance is \$0. The Agency does not have any challenges in accessing and spending the funds. An Adoption Savings Methodology form is not needed as CFSA uses the Children’s Bureau Method with Actuals to calculate adoption savings. This was the same method used last fiscal year.

D 5. CONSULTATION AND COORDINATION BETWEEN CFSA AND TRIBES

There are no federally-recognized tribes within the District of Columbia boundary. Moreover, the District has had no member of a federally-recognized tribe in its care and custody for the entirety of the 2015-2019 CFSP. For these reasons, federal requirements for consulting, collaborating, and coordinating with tribes on all aspects of the development and oversight of the 2020-2024 CFSP and subsequent APSRs, including requirements surrounding the Chafee program, are not wholly applicable.

Nevertheless, in compliance with the Indian Child Welfare Act (ICWA) and the tribal elements of the Child Welfare Innovation and Improvement Act, and in anticipation of future matters of tribal import that may intersect with the District's child welfare system, CFSA is engaged in high-level discussions with the Indian Child Welfare Programs Office (ICWP) within Casey Family Programs to provide ongoing consultation. CFSA's intended outcome is an agreement in which the ICWP reviews draft guidance over system-wide issues, and also agrees to provide case-specific consultation (in the event that it becomes necessary) to ensure that the Agency abides by all policy and practice requirements related to tribal affairs.

CFSA acknowledges that the ICWP of Casey Family Programs is not a tribal entity, nor does it formally represent tribes. The ICWP does, however, staff experts in tribal child welfare affairs who are able to provide insight and valuable consultation vis-à-vis the District's implementation of ICWA and other tribal matters.

SPECIFIC MEASURES TO COMPLY WITH ICWA

In 2011, CFSA sought formal technical assistance from and collaborated with the National Child Welfare Resource Center for Tribes (NRC4 Tribes) for the development of Agency governance to address ICWA requirements. As a result, CFSA developed the administrative issuance, [CFSA-13-02 Compliance with ICWA](#), 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

CFSA also receives assistance from the Family Court in this matter (i.e., the Initial Hearing Court Order provides for an ICWA inquiry). 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

When the federal Administration for Children and Families communicated new rules in 2013 regarding procedures for the transfer of placement 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 issuance with a new section that specifically addresses tribal transfers. In addition, CFSA sought again the assistance of the NRC4 Tribes to ensure compliance with the federal requirement that this document was developed “in consultation with Indian Tribes.” Because the issuance in question was very specific in nature, the NRC4 Tribes connected CFSA with representatives from the Association of American Indian Affairs (AAIA) to provide additional consultation.

Over the course of several months in 2013, CFSA consulted with AAIA representatives. AAIA made it clear to CFSA that while it can provide insight into Agency policy development, the association itself is not an Indian Tribe and could not formally speak on behalf of any Indian Tribe for the sake of meeting CFSA’s tribal consultation requirement. Therefore, AAIA interfaced with the Navajo Nation 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.

D6. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESS TRANSITION TO ADULthood (THE CHAFEE PROGRAM)

The plan is out for public comment with a closing date of July 19, 2019. CFSA will submit the plan to the Children’s Bureau on July 26, 2019.