



The Assessment of District Programs to Prevent Child Abuse and Neglect

December 2006

A Report to the
Council of the District of Columbia



Prepared by:

Child and Family Services Agency
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Executive Summary

Why was this assessment necessary?

Child abuse and neglect is a national tragedy that affects millions of children each year. In the District alone, 2,889 children were the victims of child abuse and neglect during fiscal year 2006. Child victims not only suffer the immediate impact of abuse and neglect but they may also endure long lasting negative effects on their emotional, physical and cognitive development. As a nation, we have traditionally concentrated resources on the response to abuse and neglect through child protective services (CPS) agencies.^{*} Increasingly, officials at both the federal and state levels are embracing prevention strategies that reduce risk factors and that help to build the capacity of families to raise healthy children. States across the country are now dedicating resources to comprehensive prevention plans that identify needed programs and services, develop sustainable funding mechanisms, and set long-term goals for reducing the incidence of abuse and neglect.

This assessment is the result of legislation enacted by the Council of the District of Columbia which aims to identify available child abuse and neglect (CAN) prevention programs and to assess gaps in these services.[†]

What is CAN Prevention?

Typically, prevention activities attempt to deter predictable problems, protect existing states of health and to promote positive behaviors.¹ Examples of CAN prevention approaches include: public awareness activities, skill-based curricula for children, parent education programs and support groups, and home visitation programs. CAN prevention programs often seek to reduce risk factors while building family and child protective factors.

Approach

As required by the enacting legislation, the purpose of this assessment is to (1) create an inventory of existing public and private programs for the prevention of child abuse and neglect in the District; (2) determine the funding sources for these programs; (3) determine whether each program's services are evaluated for effectiveness; and (4) analyze gaps in services. To accomplish all of the above, we employed a collaborative and multi-method approach guided by the Assessment Design Group, a diverse group of child welfare experts.

Findings

This assessment identified a wide range of programs that support children and families in the District. Not all of these programs were specifically designed to prevent child abuse and neglect, however, all of the programs either address CAN risk factors or feature CAN prevention as one component of a broader program. Despite the availability of these programs, there are several gaps in the District's continuum of prevention services.

The gaps identified through this assessment relate not only to evidence-based approaches to CAN prevention but to the basic necessities that support family life. This report strongly supports the research that states without access to job training, employment, and safe, affordable housing, families cannot meet their mandate to raise physically and emotionally healthy children who become productive, contributing citizens. Going forward, prevention efforts in the District must focus on expanding the accessibility of these concrete services to families as well as an array of CAN prevention services. This effort will require leadership and participation from public and private organizations across the District to ensure success.

The following is a brief overview of each of the assessment's mandated focus areas: (1) existing public and private CAN prevention programs; (2) the funding sources for these programs; (3) the evaluation practices of these programs; and (4) the gaps in services.

^{*} In the District of Columbia, the Child and Family Services Agency (CFSA) is the state agency for child protective services. CFSA was responsible for conducting this assessment.

[†] Assessment of District Programs to Prevent Child Abuse and Neglect Act of 2006.

1. Existing Public and Private CAN Prevention Programs

Through an on-line survey of private organizations and direct requests to the appropriate District Government agencies, we identified 30 public and 85 private programs.

Private Programs

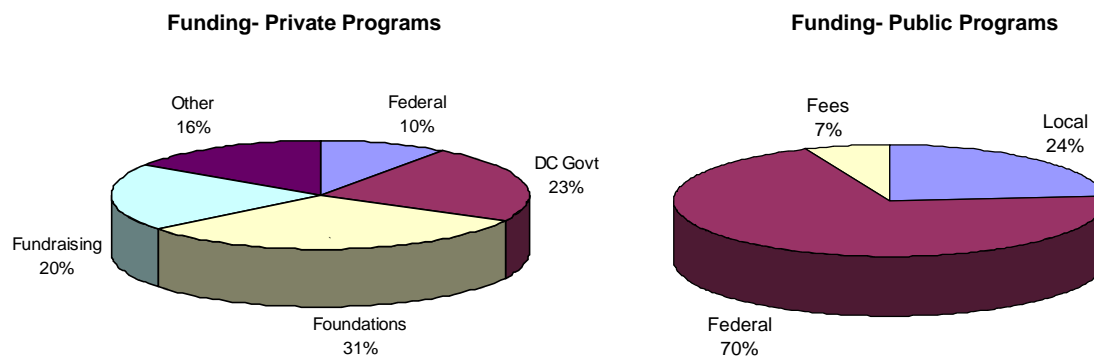
- 30% of programs specifically reported prevention or reduction in the incidence of CAN as the programmatic focus or a related goal.
- 71% of programs reported providing primary prevention services (i.e. services for everyone regardless of history of CAN); 17% of programs reported providing secondary services (i.e. services for people who are more likely to experience or commit CAN).
- Most programs serve low-income and homeless families.
- The most common types of programs identified were: family case management/support services; parent education/parent support; and temporary/emergency housing with support services.

Public Programs

- 25% of programs reported CAN prevention or prevention of children coming into contact with the child welfare system as their programmatic goal.
- 57% of programs reported providing primary prevention services (i.e. services for everyone regardless of history of CAN); 40% of programs reported providing secondary services (i.e. services for people who are more likely to experience or commit CAN).
- Most programs serve low-income and at-risk children and families.
- The most common types of programs identified were: early child care/education; family case management; and out-of-school activities.

2. Funding Sources

Private programs reported relying on a mix of funding sources including: foundations (31%), District government (23%), and fundraising (20%).[‡] Public programs reported drawing primarily from federal funding sources (70%).[‡]



3. Evaluation

Fifty-four of the 85 (63%) private programs reported evaluating for effectiveness. Methods of evaluation commonly identified include: client interviews, surveys, focus groups, and case record reviews. The evaluation for effectiveness was self-reported and as such, the rigor of these evaluations could not be determined. Some organizations reported employing formal evaluation tools; two specific tools were the Program Review Instrument for Systems Monitoring (PRISM) and

[‡] Percentages are based number of funding sources rather than the dollar amount.

Efforts to Outcomes (ETO). The programs cited a variety of evaluation goals such as measuring client satisfaction, assessing cost effectiveness and evaluating the impact of services.

Nine of the 30 (30%) public programs provided information about their evaluation methods, including pre- and post-tests, satisfaction surveys, longitudinal studies, and case record reviews. The most common evaluation goals were measuring program impact and ongoing program improvement. Three programs reported being obligated to certain reporting standards as a condition of a federal grant.

4. Service Gaps

The primary strategy for identifying gaps in services was outreach to community stakeholders. We collected data through meetings and interviews with service providers, focus groups with parents and social workers, and a work group that analyzed the District's prevention/early intervention service array. Analysis of the responses from these community outreach activities identified four major gaps in CAN prevention services.

- ❖ **Concrete Supports:** Socioeconomic barriers emerged as the key element to families entering the child welfare system. To prevent child abuse and neglect, families need access to job training, employment, safe and affordable housing and other supportive services (cash, utilities and transportation assistance).
- ❖ **Parent Training and Parent Support:** Programs that educate parents about child development and mutual support groups are needed across the District. Underserved groups that were identified include: grandparent-guardians, fathers, parents of children with emotional and behavioral problems, and parents of older children who are unruly and/or runaways.
- ❖ **Mental Health Services for Families:** The availability of mental health services for families that are high quality and affordable is very limited in the District. Existing Department of Mental Health (DMH) funding criteria utilizes a medical necessity approach to services that does not always capture the type of service needs required by children and families. There is a need for an array of widely accessible mental health services to help prevent or reduce maltreatment, stabilize the home environment, and address trauma and other mental health issues resulting from child abuse and/or neglect.
- ❖ **Accessibility of Services:** Accessibility of services is an overarching issue that emerged in the course of the assessment. The District is in need of community-based services and service delivery solutions that reach families living in isolation.

Recommended Next Steps

The following recommended next steps are based on the report's findings. We believe these actions will assist in bridging the gaps identified through the assessment and support the ongoing provision of effective CAN programs and services.

Recommendation #1: Legislative action to mandate the development of a CAN prevention plan that is comprehensive, adequately resourced, and that determines the appropriate level and mix of services to address the District's prevention needs.

Recommendation #2: Coordinate on-going CAN prevention efforts with existing early-childhood and youth-related initiatives to prevent duplication of efforts and ensure that children are supported from birth and prepared to be successful adults.

Recommendation #3: Dedicate resources to maintain an inventory of effective CAN prevention programs to assist policy makers and service providers in efficiently allocating prevention resources based on what is currently available.

Chapter I: Overview

In the spring of 2006, the Council of the District of Columbia enacted legislation which aims to identify available child abuse and neglect (CAN) prevention programs and to assess gaps in these services.[§] The Act mandates a December 31, 2006, completion of a report that:

- Creates an inventory of all current public and private programs for prevention of child abuse and neglect in the District.
- Identifies local, federal, and private funding sources for each program.
- Determines whether each program's services are evaluated for effectiveness.
- Analyzes gaps in CAN prevention services.

Areas of Inquiry

This assessment seeks to identify the current available public and private programs for CAN prevention in the District of Columbia. It includes programs that are funded and/or administered by government agencies, community-based and national non-profits, schools, hospitals, and the Healthy Families/Thriving Communities Collaboratives, as well as other types of organizations identified during the course of the project.

The Act requires the inventory to identify both primary and secondary prevention programs. Section 5192 of the Act provides the following definitions:

- "Primary prevention" means activities and services provided to families that are designed to prevent or reduce the prevalence of child abuse and neglect before signs of abuse or neglect may be present.
- "Secondary prevention" means activities and services provided to persons identified by etiological studies because of their propensity to abuse or neglect children in their care. Secondary prevention strategies target children who are identified as being at risk of abuse or neglect and are designed to intervene at the earliest warning signs of abuse or neglect.

Although the legislation did not mandate assessment of tertiary programs (i.e., programs that address prevention after CAN has already taken place), several programs in this category are also identified.

Approach

The Child and Family Services Agency (CFSA) is the state government agency responsible for investigating reports of child abuse and neglect and providing child protection, foster care, adoption, supportive, and community-based services to enhance the safety, permanence, and well-being of abused, neglected, and at-risk children. The CFSA Office of Planning, Policy, and Program Support (OPPPS) conducted the assessment and was responsible for developing the collaborative and multi-method approach to the assessment. This approach was guided by the Assessment Design Group (See *Acknowledgements*).

Identifying Existing CAN Prevention Programs

To identify private prevention programs, we conducted an online survey. To identify public programs we made direct requests to appropriate District government agencies. The result of these efforts is an inventory comprised of 85 private and 30 public CAN prevention programs.

Early in the assessment design phase, discussions with partners at District agencies and the Design Group revealed that the District currently has relatively few programs designed to prevent CAN. This led

[§] Please see Appendix B1 for the Act in its entirety.

to a hypothesis that a significant number of programs may be addressing CAN indirectly while focusing on other issues. Rather than limiting the inventory to only those programs specifically designed to prevent CAN, we included programs that provide a range of family support services or that may feature CAN prevention as one component of a broader program.

Identifying Gaps in CAN Prevention Programs

Because this analysis was performed in the absence of a pre-determined benchmark that defines the appropriate amount and mix of programs to address the District's CAN prevention needs; we adopted a community outreach strategy in order to identify gaps. We collected data through interviews with service providers, focus groups with parents and social workers, and a work group that analyzed the District's prevention/early intervention service array. We then used emergent themes to determine the perceived gaps. This approach is based on a review of gap analyses** carried-out in other jurisdictions and state-wide CAN prevention plans (See Appendix B2 and B3) that engaged in community outreach to identify gaps and needed services. In addition, OPPPS drew on its experience in conducting agency-wide assessments that employed similar methods.

Data Collection

1. Literature Review

We reviewed recent research and government reports regarding prevention of child abuse and neglect. Specific focus areas included the consequences of CAN, CAN risk and protective factors, evidence-based practices in CAN prevention, and evaluation of CAN programs. We also reviewed state-wide CAN prevention plans.

2. Meetings and Interviews

We met with three groups of professionals who work with families and children in a variety of capacities to discuss availability of CAN prevention services and family support services in the District. In addition, we conducted telephone interviews with two directors of community-based organizations that focus on providing services to immigrants. Participating groups included:

- Ward 7 Core Team (Office of Neighborhood Services): The Core Teams consist of front line employees from District agencies who come together to identify, create and implement a plan to resolve persistent problem areas in each ward.
- Counsel for Child Abuse and Neglect (CCAN) Attorneys: CCAN is a branch of the Family Court of the District of Columbia Superior Court that provides attorneys to children in abuse and neglect cases.
- Healthy Families/Thriving Communities Collaboratives (HFTCC) Program Managers: HFTCC Program Managers oversee frontline workers who provide case management to families at the seven Collaboratives.

3. Focus Groups

To ensure representation of family voices in this report, we conducted focus groups to discuss family support resources. A diverse array of families participated, including:

- parents residing at DC Village, an emergency family shelter
- grandmothers with legal guardianship over their grandchildren
- new mothers living in the Capitol Hill neighborhood
- fathers participating in the fatherhood support group at East of the River Family Strengthening Collaborative
- mothers participating in an English as a Second Language (ESL) course at Mary's Center for Maternal and Child Care

** Please note that these gap analyses relate to the following service areas: senior services, youth substance abuse prevention, and emergency services.

We also reviewed the 2003 and 2005 *CFSA Needs Assessment Reports* to ascertain the views of foster and adoptive parents. Lastly, we conducted a focus group with social workers from CFSA's In-Home and Reunification Administration.

For each group, two OPPPS staff members participated--one to facilitate the group and the other to take notes and (where possible) operate the audiotape. We also asked participants to complete a short demographic questionnaire. In general, focus groups lasted between 60 to 90 minutes and took place at CFSA or off-site in Washington, DC. After each group, project staff reviewed notes to analyze content and to identify major themes.

4. Service Array Process

Through a service array process, stakeholders (See *Acknowledgements*) identified strengths, weaknesses, and needed services in the District's prevention/early intervention service array. The National Child Welfare Resource Center for Organizational Improvement (NRCOI) provided the field-tested instrument we used to assess the service array.

NRCOI developed a list of services representing the continuum of supports to help prevent entrance into the child welfare system as well as those needed to facilitate exiting the system. It includes 96 services in five broad categories (See Appendix B4):

1. Community/Neighborhood Prevention, Early Intervention Services (services 1-27)
2. Investigative, Assessment Functions (services 28-36)
3. Home-Based Interventions (services 37-55)
4. Out-of-Home Services (services 56-82)
5. Child Welfare System Exits Services (services 83-96)

For the purpose of this assessment, we considered only the first category: Community/Neighborhood Prevention and Early Intervention Services (See Appendix B5 for definitions of these 27 services).

Dr. Steve Preister, Associate Director, NRCOI, facilitated the meeting, beginning with an introduction and description of each indicator on the continuum. Participating stakeholders then answered the following four questions to identify strengths, weaknesses, and needed services in the District's prevention/early intervention service array:

1. Is the service available in the District? If so, briefly describe who provides the service or where it is available and/or whether it is available for your clients from another source or jurisdiction.
2. Does availability of the service meet the current needs of the District?
3. What is the quality of the service?
4. How important is it to develop or continue the service?

Two recorders took detailed notes of conversations surrounding each indicator.

5. Survey

CFSA conducted an online survey of private organizations to gather programmatic information for the inventory of CAN prevention programs. The survey gathered information about (1) the program's activities and population served, (2) the program's evaluation methods, and (3) the program's cost and funding sources. The survey was comprehensive, designed to collect both statistical and qualitative information.

Using existing social services directories and recommendations from various stakeholders, we compiled a list of District organizations that fund and/or administer prevention programs. We identified approximately 50 organizations and invited them to participate in the assessment survey. In addition to identifying a targeted list of survey participants, we posted the survey to the following websites: CFSA, DC Council Committee on Human Services, and DC Action for Children. DC Action for Children also distributed the survey link to its mailing list of over 2,500 organizations and individuals.

The breadth of the survey produced rich data; the length and detail, however, may have presented an obstacle to some respondents. We used the standard social science research method of random sampling which presents the risk of identifying a subset of the population as representative of the entire targeted population.

6. Administrative Data

We collected administrative data from U.S. Census Reports, CFSA statistics, and Federal child welfare reports. This data illustrates the magnitude of child abuse and neglect both nationally and in the District.

Data Analyses

1. Qualitative

We used narrative responses in the survey, interviews and the Service Array Process to collect diverse qualitative information. The qualitative information was analyzed using a coding process to identify categories of responses and themes. Additionally, we used a language analysis software package for analyzing focus group responses.

2. Quantitative

Data collection and analysis included Microsoft Excel and Geographic Information System (GIS) mapping software Arcview 9.1. Our primary data analysis techniques were descriptive statistics (frequencies, percentages, averages, median, and sum). Following careful examination, additional analyses were conducted as needed.

3. Geographic Information Systems (GIS)

We used GIS mapping software (Arcview) to geo-code locations of specific populations and CAN prevention resources. The geo-coding results were then overlaid with Ward boundaries. We also translated the same information into a density analysis and created maps.

Strengths and Limitations of the Study

We were extremely fortunate to receive a wide range of invaluable information from our stakeholders, our partners at District agencies, and participants in the survey, the focus groups and the interviews. Additionally, the CFSA 2003 and 2005 *Needs Assessment Reports* provided considerable insights on a variety of CAN-related issues.

The primary constraint on the report was the limited timeframe (5 months) which was allotted for carrying out the assessment. This limitation especially impacted efforts to identify relevant programs for the inventory. Therefore, the inventory presented in this report should be considered representative of a large portion of the CAN prevention programs in the District but should not be considered comprehensive.

Structure of the Report

Chapter II focuses on the prevalence and consequences of CAN both nationally and in the District. Chapter III examines the broad range of approaches to preventing child abuse and neglect. Chapter IV provides an overview of the characteristics of the public and private CAN prevention programs identified for the inventory. Chapter V highlights the identified gaps and the detailed results from each community outreach activity. Finally, Chapter VI presents recommended next steps based on the report's findings.

Chapter II: Magnitude of Child Abuse and Neglect

Before identifying and analyzing the gaps in District services, it is essential to understand the extent of existing child abuse and neglect (CAN). In this chapter, we consider first the prevalence of CAN both nationally and in the District. Second, we examine the many detrimental individual effects of abuse. Finally, we present the staggering costs of CAN to society.

CAN in the US

What most Americans know about child abuse and neglect comes from sensational news stories that feature the most extreme cases. These stories do not provide any insight into the more “routine”—and much more prevalent—cases of child maltreatment that public child welfare agencies deal with daily or the general status of the child victims.²

To better understand child maltreatment, it is helpful to consider national level data reflecting investigations by state child protective services (CPS) agencies. While national data provides good estimates of child maltreatment, it is important to note that the accuracy of this data may be confounded by a number of factors: differences in the incidence of abuse among different age and socio-economic groups, the likelihood that victims of long-term abuse are identified repeatedly through child abuse reporting, and the underreporting of child maltreatment.³ These data also include only incidents of child maltreatment that came to the attention of public child protection agencies.⁴

The following is an overview of findings from the report, *Child Maltreatment 2004*^{††}, an annual publication featuring the data reported by State CPS agencies to the National Child Abuse and Neglect Data System (NCANDS). Nationally, in 2004:

- Over 3.5 million children were the subject of child protective services (CPS) investigations.
- Investigations determined that 872,000 children were victims of child abuse or neglect.
- Of these substantiated cases, 60% were neglected; 18% were physically abused; 10% were sexually abused; 7% were emotionally maltreated; and 15% were associated with "other" types of maltreatment based on specific state laws and policies.
- Overall, children aged 0 to 3 years had the highest rate of victimization (16.1 per 1,000 children) and represented 30% of substantiated cases.
- African-American children in particular had the highest rate of victimization (19.9 per 1,000 children) and represented 30% of substantiated cases.
- An estimated 1,490 children died due to child abuse or neglect. More than 80% of children who were killed were younger than 4 years old.

CAN in the District of Columbia^{‡‡}

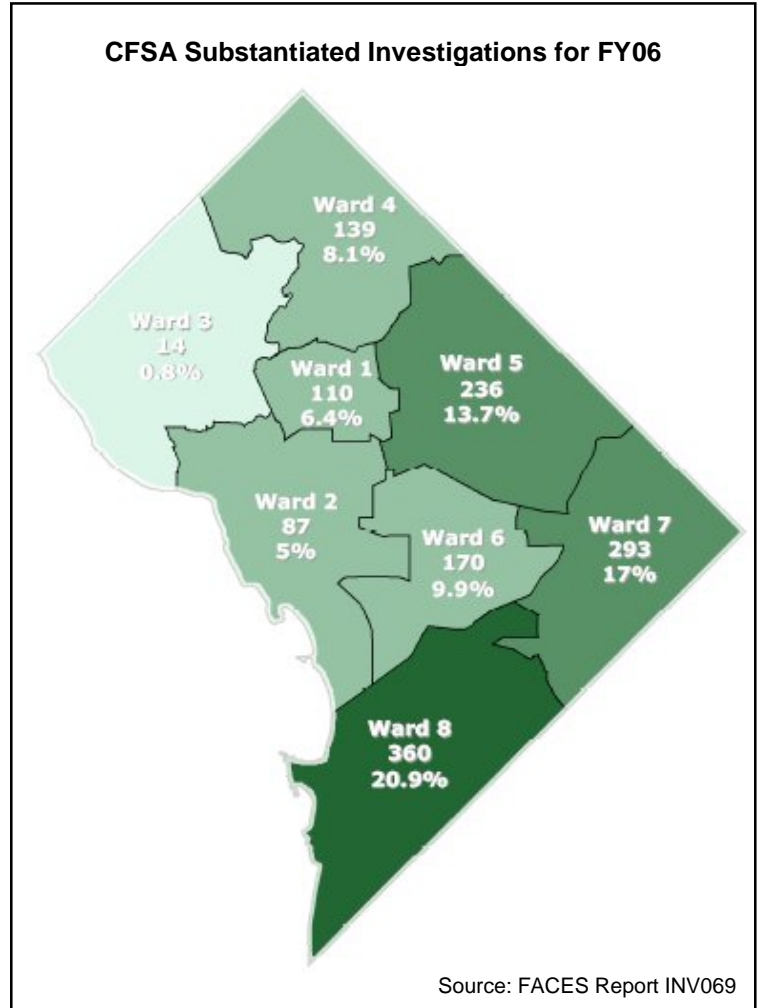
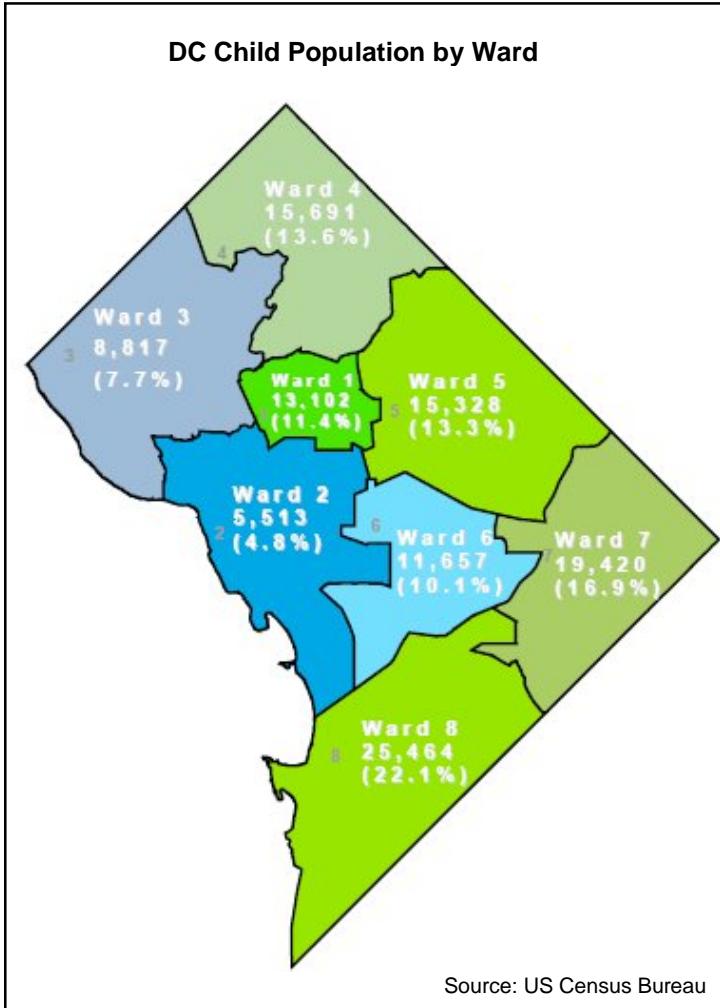
In the following section, child abuse and neglect data from the District of Columbia's Statewide Automated Child Welfare System (SACWIS) is presented. In fiscal year 2006:

- There were 1,705 substantiated investigations of child abuse and neglect involving 2,889 children in the District of Columbia.
- Neglect accounted for 66% of substantiated cases, followed by physical abuse (25%) and sexual abuse (9%).
- Children less than one year were represented as the single largest group of substantiated cases (16%). The next largest group was 14 year olds (7%).
- Boys and girls had approximately the same rate of substantiation with 1440 and 1445 cases respectively.
- African-American children represented over 90% of substantiated cases.
- Between 2003 and 2005, there were 13 child deaths related to abuse and neglect.

^{††} 2004 is the most recent year for which national level data is available.

^{‡‡} Please see Appendix B7 for the definition of CAN under District law.

Over 110,000 children reside in the District of Columbia; 40% of these children live east of the Anacostia River in Wards 7 and 8. Across the District's eight Wards, child population and rates of substantiated maltreatment are relatively similar with the noted exception of Ward 3 which is home to approximately 8% of the District's children but had less than 1% of the substantiated abuse and neglect cases in fiscal year 2006.



Consequences of CAN

Child maltreatment not only has an immediate impact on the well-being of a child but it can impart serious and long-lasting negative effects (see Table 1). According to a 2003 report by the Children’s Bureau of the Administration for Children and Families (U.S. Department of Health and Human Services), these long term effects may include minor low self-esteem, attention disorders, and poor peer relations to severe brain damage, extremely violent behavior, and death.⁵

Table 1: Consequences of Child Abuse and Neglect⁶

Consequences of Child Abuse and Neglect	
Impaired Brain Development	<ul style="list-style-type: none"> • Important regions of the brain may fail to form properly and may result in impaired physical, mental, and emotional development. • Chronic abuse can cause a "hyper arousal" response by certain areas of the brain. Results: hyperactivity, increased vulnerability to attention deficit disorder, learning disabilities and memory difficulties. • Survivors of “shaken baby syndrome” may experience mental retardation, cerebral palsy, or paralysis.
Poor Physical Health	<p>Victims are more likely to suffer from the following ailments:</p> <ul style="list-style-type: none"> • smaller physical stature and lower weight than non-maltreated children who have other long-term health problems • increased incidents of physical or sexual injuries, sexually transmitted diseases, HIV/AIDS, and/or • stress-related symptoms such as gastrointestinal problems, migraine headaches, difficulty breathing, hypertension, aches, pains, and/or rashes which defy diagnosis and/or treatment
Social Problems	<p>Victims may have the following social challenges:</p> <ul style="list-style-type: none"> • lack of trust or ability to form secure attachments to others • Reactive Attachment Disorder, a complex psychiatric illness characterized by a lack of empathy for others, lack of remorse for wrongdoings, increased manipulative or aggressive behaviors, destructiveness, and/or cruelty to animals
Poor Mental and Emotional Health	<p>Young adults who have been abused may likely experience the following:</p> <ul style="list-style-type: none"> • at least one diagnosed psychiatric disorder by age 21 (up to 80%) • depression, anxiety, eating disorders, panic disorder, post-traumatic stress disorder, and/or suicide attempts
Risky Behavioral Patterns	<p>Adolescent victims are at least 25% more likely to run away, to experience delinquency, teen pregnancy, or to use alcohol and/or drugs.</p>
Adult Criminality	<p>Victims of abuse demonstrate the following percentages of likely behavior:</p> <ul style="list-style-type: none"> • 28% increased likelihood of adult criminal behavior • 30% increased likelihood of committing a violent crime

Cost of CAN

In addition to the many physical, mental and emotional consequences suffered by the survivors of child maltreatment, there is a significant financial cost to society. In fiscal year 2004, child welfare costs in the District of Columbia alone were nearly \$230 million dollars.⁷ Over 60% (\$140 million) of these costs were paid through expenditures by the District government.⁸ Table 2 below outlines the staggering costs identified by the 2001 *Prevent Child Abuse America* study, estimating that the total annual cost of response to and provision of CAN services in the United States may be as high as \$94 billion.

Table 2: Costs of Child Abuse and Neglect⁹

The Estimated Costs of Child Maltreatment	
Source of Costs	Estimated Annual Cost
Direct Costs	
Hospitalization	\$6,205,395,000
Chronic health problems	\$2,987,957,400
Mental health care system	\$425,110,400
Child welfare system	\$14,400,000,000
Law enforcement	\$24,709,800
Judicial system	\$341,174,702
Total direct costs	\$24,384,347,302
Indirect Costs	
Special education	\$223,607,803
Mental health and health care	\$4,627,636,025
Juvenile delinquency	\$8,805,291,372
Lost productivity to society	\$656,000,000
Adult criminality	\$55,380,000,000
Total indirect costs	\$69,692,535,227
Total Cost	\$94,076,882,529

Chapter III: CAN Prevention

This chapter examines the broad range of approaches to preventing child abuse and neglect. First, the CAN risk and protective factors, which are the basis for the approaches to CAN prevention, are presented. Second, we consider some of the risks specific to families in the District. Third, the levels of prevention services (primary, secondary, and tertiary) are defined. Finally, we examine evidence-based approaches to CAN prevention, the characteristics of effective CAN prevention programs, and methods of evaluating CAN prevention.

CAN Protective Factors

Researchers, practitioners, and policy makers are increasingly thinking about protective factors within children and families that can reduce risk, build family capacity, and foster resilience.¹⁰ Although some children, families, and communities face multiple risks, most also have assets and protective factors.¹¹ Through analysis of existing research, the Center for the Study of Social Policy (CSSP) identified four family factors that appear to reduce the incidence of child maltreatment: **parental resilience, social connections, knowledge of parenting and child development, and concrete supports in times of need.** CSSP also identified **healthy social and emotional development** as a protective factor for children.

Parental Resilience

Resilience is generally defined as the ability to recover from adverse circumstances. Within the CAN prevention framework, it is the ability to deal with both crisis situations and the daily challenges of family life.¹² A parent's ability to cope with these demands is related to his or her own developmental history and personal psychological resources.¹³ Resiliency literature suggests that the most important factor for prevention is development of self-empathy and empathy for others through the medium of safe and caring relationships.¹⁴

Social Connections

In general, research has found that supportive and emotionally satisfying relationships with a network of relatives or friends can help minimize the risk of child maltreatment, especially during stressful life events.¹⁵ Building a family's social connections reduces isolation and improves their ability to access informal resources, giving parents opportunities to engage with others in a positive manner and to share relationships with other caregivers.¹⁶ Research suggests social connections that help parents cope effectively are positive, trusting, reciprocal, flexible, and embodying pro-social, child-friendly values.¹⁷

Knowledge of Parenting and Child Development

CAN, especially physical abuse, is often correlated with a lack of understanding of basic child development.¹⁸ Common events cited in the research literature as being potential triggers for episodes of abuse include colic, night waking, separation anxiety, exploratory behavior, negativism, poor appetite, and/or resistance to toilet training.¹⁹

Concrete Supports in Times of Need

Families in crisis generally need emergency access to a range of formal services and supports to help them meet their basic needs. When compared with other protective factors, there is relatively little research on the effectiveness of concrete supports as a mechanism for preventing CAN. Research does suggest, however, that helping families to access critical material resources and/or behavioral health services represents a particularly promising intervention strategy.²⁰

Social and Emotional Development of the Child

Social development entails learning appropriate skills to interact with others while emotional development involves learning to identify and manage one's own feelings and to empathize with others.²¹ By addressing behavioral problems, which are often correlated to negative parent-child interactions, supporting the social and emotional development of children can be considered a preventive factor. Specific child characteristics that tend to decrease the likelihood of CAN include good health, above-

average intelligence, easy temperament, positive disposition, active coping style, and positive self-esteem.²²

CAN Risk Factors

Child abuse and neglect occurs in families from all walks of life and across all socioeconomic, religious, and ethnic groups. There is no single, identifiable cause of child maltreatment; rather, it occurs as a result of an interaction of multiple forces within and outside the family.²³ Research recognizes, however, a number of risk factors or attributes commonly associated with maltreatment.²⁴ Since the mid-1970s, researchers have employed an ecological framework that views the causes of child maltreatment as a complex mix of factors.²⁵ These factors may be associated with the child, the parent/caregiver, the family, and/or the child's environment.

Child Risk Factors

Research has identified several characteristics that make children more vulnerable to abuse and neglect. These characteristics relate to the child's age, gender, and development (physical, emotional and social). Children between birth and three years of age experience the highest rate of documented child maltreatment. Children in this age group are especially vulnerable to neglect, while the risk for sexual abuse increases with age.²⁶ Female children and adolescents are significantly more likely than males to suffer sexual abuse.²⁷ Children with physical, cognitive, and emotional disabilities experience a higher rate of maltreatment than do other children and the same is true of children with behavioral problems.²⁸

Parent or Caregiver Risk Factors

Parental or caregiver risk factors for child abuse and neglect include mental health issues, substance abuse, and low levels of knowledge of child development. Mental health issues frequently associated with parents who abuse their children include low self-esteem, an external locus of control (i.e., belief that events are determined by chance or are beyond one's personal control), poor impulse control, depression, anxiety, and antisocial behavior.²⁹ Substance abusing parents are three times more likely to abuse and four times more likely to neglect their children. While there may be other, co-occurring problems with substance abuse, research has shown that when controlling for other factors, parental substance abuse is a major contributing factor and a significant risk.

Family Risk Factors

Family-related risk factors include family structure, domestic violence, and parent-child interactions. When compared to children living with two biological parents, children living with single parents may also be at a higher risk of physical and sexual abuse.³⁰ Another aspect of family structure that increases a child's likelihood of being maltreated is the stability of the household members. Children who are chronically neglected tend to live in chaotic households with frequent changes in structure or with family members who may change residence frequently.³¹

Environmental Risk Factors

Risk factors that relate to the child's environment may be rooted in the child's home, neighborhood, community, and/or the society at-large. These factors include socio-economic status, social isolation, and community characteristics. Substantial evidence supports a strong relationship between poverty and child maltreatment.³² The following theories seek to explain the relationship between poverty and child maltreatment:³³

- Poverty creates family stress which leads to maltreatment.
- Families facing poverty, despite their best efforts, do not have the resources to provide adequate care.
- Other characteristics (e.g. substance abuse) may lead parents to be both poor and abusive.
- Poor families may experience similar rates of maltreatment to other families, but maltreatment in poor families is reported more frequently because they are under greater scrutiny from individuals who are required to report abuse.

Defined as a lack of integration into community networks, social isolation is another identified factor for CAN. Low levels of contact and communication with others, and/or a prolonged absence of intimate ties also defines social isolation.³⁴ Children who live in socially isolated families are more likely to be maltreated. These families tend to lack the basic social, emotional and material supports that help families to thrive. Research has also revealed that abusive mothers reported fewer friends in their social support networks, less contact with friends, and lower ratings of quality support received from friends.³⁵

Challenges Facing District Families

Families in the District face a myriad of challenges in raising children. Nearly 17% of District families live below the poverty level. When compared with the rest of the United States in the 2005 American Community Survey, the District of Columbia had the highest rate in the nation for children living below the poverty level (32.2%).³⁶ This is a 24% increase since 1990. If this trend remains consistent, children will potentially make up the largest share of the District's poor by the next census in 2010.

A November 2006 analysis by the DC Fiscal Policy Institute linked the District's persistently high rate of poverty to social problems such as violent crime rates, poor school performance (as measured by standardized tests), high teen birth rates, and child abuse and neglect.³⁷ According to the study, nearly half (45.5%) of the District's substantiated child abuse and neglect cases originate from the poorest fifth of DC neighborhoods. The following data was also reported:

- In FY 2004 and in the first half of FY 2005, there were 980 substantiated reports of child abuse and neglect in the poorest fifth of DC neighborhoods. This represented a rate of 28.1 substantiated reports per 1,000 children.
- There were 343 substantiated reports of child abuse and neglect in DC's middle-poverty neighborhoods, or 18.4 per 1,000 children.
- In the fifth of District neighborhoods with the lowest poverty rates, there were 62 substantiated reports of child abuse and neglect, or 3.9 per 1,000 children, in FY 2004 and the first half of FY 2005.

Additionally in 2003 and 2005, CFSA completed assessments of the local child welfare system to better align services with client needs. Through surveys, focus groups and reviews of existing literature, the *2003 Needs Assessments* identified the following factors that place District families at risk of coming into the child welfare system:

- socioeconomic barriers- including poverty and related issues (e.g., unemployment, lack of adequate housing, and under-education)
- family environment- including poor parenting skills and learned helplessness
- lack of knowledge- including lack of information around child welfare policies, appropriate parenting behaviors, and availability of services and supports
- lack of support- including family, friends, and community connections
- size of family including more children in the household than one parent can reasonably nurture
- co-occurring problems- including substance abuse, mental health issues, and domestic violence

Similar themes emerged from the *2005 Needs Assessment Report*, including socioeconomic barriers, co-occurring issues, and lack of social support. Additional challenges to families included:

- lack of community resources such as community-based prevention programs
- lack of access to services for substance abuse and mental health treatment
- lack of parenting support and/or education - parenting classes, assistance with children's behavioral issues, knowledge of child welfare policies, and education

Many social workers who were interviewed for the *2005 Needs Assessment* commented on the lack of community-based prevention services for families. Both social workers and parents reported a lack of

mentoring/tutoring services as well as a lack of quality counseling for children. Other examples of challenges that both social workers and parents identified include a lack of community-based General Educational Diploma (GED) programs, job training programs, childcare, after-school services, and on-going activities for children.

The *2003 Needs Assessment* also identified services needed to prevent removal of children from their homes. Birth parents reported a need for parent training classes (71%) and counseling (60%). Financial supports such as housing assistance and help with basic needs were also critical to ensuring stable homes (See Table 4).

Table 3: Birth Parent Needs in Order to Create & Maintain A Safe and Suitable Living Environment for their Children

Top 10 Needs to CREATE a Safe Home		Top 10 Needs to MAINTAIN a Safe Home	
Parent Training Classes	71%	Parent Training Classes	64%
Parent Education about Child Development	63%	Counseling for Parent	59%
Counseling for Parent	60%	Parent Education on Child Development	54%
Housing Assistance	50%	Help with Basic Needs (i.e. food, clothing, furniture)	42%
Drug Treatment for Parent	46%	Counseling for Child	41%
Help with Basic Needs	46%	Housing Assistance	39%
Counseling for Child	46%	Tutoring for Child	35%
Outpatient Mental Health Services for Child	33%	Child/Day Care	30%
Tutoring for Child	31%	Treatment for Child	30%
Child/Day Care	30%	Parent Support Group	21%

In response to this same question, social workers cited drug treatment, housing assistance, and counseling as the primary services needed by families to create and maintain a safe and suitable home.

We remove far too many children due to lack of services.-Social Worker, Nov. 2006

Levels of CAN Prevention

Child abuse and neglect prevention services fall into three levels: primary, secondary, and tertiary. These levels relate to the populations the services address. Later in this report, we use these levels as the organizing framework for the inventory of CAN prevention programs.

The 2003 Children’s Bureau report, *Emerging Practices in the Prevention of Child Abuse and Neglect*, defines the three levels of service as follows:^{§§}

- ❖ **Primary** prevention activities are directed at the general population and attempt to stop the occurrence of maltreatment. All members of the community have access to and may benefit from services directed at the general population. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment.
- ❖ **Secondary** prevention activities with a high-risk focus are offered to populations that may have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may direct services to communities or neighborhoods that have a high incidence of any or all of these risk factors.
- ❖ **Tertiary** prevention activities focus on families where maltreatment has already occurred (indicated), seeking to reduce the negative consequences of the maltreatment and to prevent its recurrence.

Table 5 provides examples of the different levels of prevention programming. It is important to note that the levels of prevention programming (primary, secondary and tertiary) are mostly useful for organizational purposes and do not necessarily reflect how services are delivered.

Table 4: Prevention Programming³⁸

Prevention Program Level	Examples
Primary	<ul style="list-style-type: none"> • Public service announcements/ public awareness campaigns • Parent education programs and support groups • Family support and family strengthening programs
Secondary	<ul style="list-style-type: none"> • Parent education programs for at-risk parents • Parent support groups for at-risk parents • Home visiting programs for at-risk families • Respite care • Family resource centers in low-income neighborhoods
Tertiary	<ul style="list-style-type: none"> • Intensive family preservation services • Parent mentor programs • Parent support groups for perpetrators • Sex offender programs • Mental health services for children and families affected by maltreatment

^{§§} These definitions are provided to supplement those which appear in the Act and further define the third level of CAN prevention services.

Evidence-based Approaches to CAN Prevention

Child maltreatment prevention services incorporate several major approaches or methodologies, including public awareness activities, skill-based curricula for children, parent education programs and support groups, home visitation programs, respite and crisis care programs, and family resource centers.^{39***}

Three principle concentration areas for CAN prevention were identified by a 2003 study by the Children's Bureau: home visitation programs, parent education programs, and school-based programs for the prevention of child sexual abuse. In recent years, another approach to child abuse prevention known as "family support" or "family strengthening" has emerged in the literature as an effective, theoretical approach to CAN prevention that may encompass many different programs.

Home Visitation

Research on the efficacy of home visitation has demonstrated both short-term and long-term outcomes in several areas for young, first-time mothers and their children, including decreased rates of child maltreatment, juvenile delinquency, and maternal criminality; increased economic self sufficiency; and increased social-emotional development.⁴⁰ Factors associated with successful home visitation programs include early intervention, intensive services over a sustained period, development of a therapeutic relationship between the home visitor and parent, careful observation of the home situation, focus on parenting skills, child-centered services that focus on the needs of the child, provision of "concrete" services (e.g., shelter, health care), inclusion of fathers in services, and ongoing review of family needs to determine frequency and intensity of services.⁴¹

Parent Education Programs

Research on parent education programs has primarily focused on at-risk and maltreating families. A recent review of such programs found that parenting programs may be important mechanisms for changing some aspects of the caregiving environment.⁴² The Center for Disease Control and Prevention (CDC) is currently involved in several projects examining behavioral parent training (BPT). According to the CDC, BPT has been shown effective in changing parental and child behavior and has been increasingly used in empirically-based programs for child maltreatment.⁴³ Recent evaluations with maltreating and at-risk families suggest that well-designed and well-implemented BPT programs result in lower child maltreatment recidivism rates than other programs.⁴⁴

School-Based Programs for the Prevention of Child Sexual Abuse

Available research suggests that programs designed to raise both parent and child awareness of child sexual abuse can be successful in imparting information, but there is little evidence to conclude that these programs actually prevent child sexual abuse.⁴⁵ Research has established that children who participate in such programs demonstrate greater knowledge about sexual abuse and may be more likely to use protective strategies.⁴⁶

Family Support and Strengthening Programs

A number of outcomes, including reduced incidence of child maltreatment, are associated with family support and strengthening programs.⁴⁷ According to a recent review of evaluation methods of family strengthening programs by the Harvard Family Research project, these types of programs can effectively target four areas of parenting processes: family environment, parent-child relationships, parenting, and family involvement in learning in the home and at school.⁴⁸ In addition, family-strengthening programs as part of larger comprehensive intervention programs were shown to improve child outcomes.⁴⁹

Characteristics of Effective Prevention Programs

Research has shown that effective CAN prevention programs have early interventions (prenatal or at birth), are long-term and intensive, offer parents help with finances and mental health services, and

***Please see the Appendix B6 for a brief overview of these types of programs.

provide direct services that are linked to other services that support children and families.⁵⁰ Additionally, effective case management programs limit prevention workers' caseloads to no more than 15 families, hire staff with strong relationship building skills, and provide ongoing training for workers.⁵¹

Through a review of research on CAN prevention programs, Family Support America developed a set of standards for effective programs (see Table 6 below). The standards fall into three categories: conceptual (programmatic theory), practice (design and implementation), and administrative (management).

Table 5: Factors for Effective Prevention Programs⁵²

Conceptual Standards	Practice Standards	Administrative Standards
1. Family-centered	1. Flexible and responsive	1. Sound program structure, design, and practices
2. Community-based	2. Partnership approaches	2. Committed, caring staff
3. Culturally sensitive and culturally competent	3. Links with informal and formal supports	3. Data collection and documentation
4. Early start	4. Universally available and voluntary	4. Measurable outcomes and evaluation results
5. Developmentally appropriate	5. Comprehensive and integrated	5. Adequate funding and long range plans
6. Participants partner with staff	6. Easily accessible	6. Participants and community members collaborate
7. Empowerment and strengths-based approaches	7. Long-term and adequate intensity	

Evaluation of CAN Prevention

According to the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP), prevention and family support programs are increasingly required to report the outcomes of their services to federal, state, and municipal funding agencies as well as to private foundations and corporations.⁵³ There is also a growing expectation that programs be evaluated using more sophisticated methods. Child abuse and neglect prevention programs can be particularly difficult to evaluate because they are successful, by definition, when something does not happen in the future.⁵⁴

A recent review of outcome data generated by parenting programs for at-risk and maltreating families found that most programs assess outcomes in one of the following caregiver domains: social and cognitive processing, impulse control, parenting skills, social skills, and stress management.⁵⁵ The review also found that only 30% of the programs reviewed outcomes such as maltreatment recurrence. Of the 70 studies reviewed, 17 (24%) used randomized controlled trials (RCT), 20 (29%) employed quasi-experimental designs, and 33 (47%) drew on single group pre-test/post-test designs.

While not all CAN prevention programs have the capacity or resources to engage in more sophisticated evaluation methods, the Harvard Family Research Project (HFRP) suggests practices that nearly all programs can draw upon for continuous improvement. According to HFRP, programs can increase and assess family involvement by measuring: family participation and attendance, gathering baseline data, and asking families to respond to satisfaction surveys.⁵⁶

Chapter IV: Existing CAN Prevention Programs in the District

In order to build the inventory of CAN prevention programs, an online survey of private organizations was conducted and direct requests for information were made to the appropriate District Government agencies. This chapter summarizes the results of these efforts. The inventory of programs appears in Appendix A.

Overview of Private CAN Prevention Programs

Sixty-three organizations responded to the survey, providing both qualitative and quantitative data about 85 CAN prevention programs. Additionally, one foundation provided information about its CAN prevention grant making. Most organizations responding to the survey described their programs as one or more of the following:

- serving everyone regardless of history with child abuse and neglect (i.e., primary prevention)
- targeted toward low-income and homeless families
- evaluating for effectiveness
- drawing from diverse funding sources

It is important to note that while organizations participating in the survey provided a range of important services, only one-third of the programs reported the prevention or reduction in the incidence of CAN as the programmatic focus or a related goal. Programs that most frequently mentioned CAN prevention were family case management/support services (19) and parent education/support (15).

Defining and Describing the Program

To determine the level of service (primary, secondary, tertiary) provided by each program, respondents were asked to indicate to whom the program was targeted. The majority of programs (71%) were focused on *everyone regardless of any history with child abuse and neglect* (i.e., primary). Respondents described 17% of programs as focused on *persons who are more likely to experience or commit child abuse or neglect* (i.e., secondary). Twelve percent of programs were described as focused on *individuals who have experienced or committed child abuse* (i.e., tertiary).

In an open-ended question, respondents were asked to report the purpose of the program. The programs most frequently described were family case management/support services (19), parent education/parent support (15), and temporary/emergency housing with support services (14).

Table 6: Programs by Type

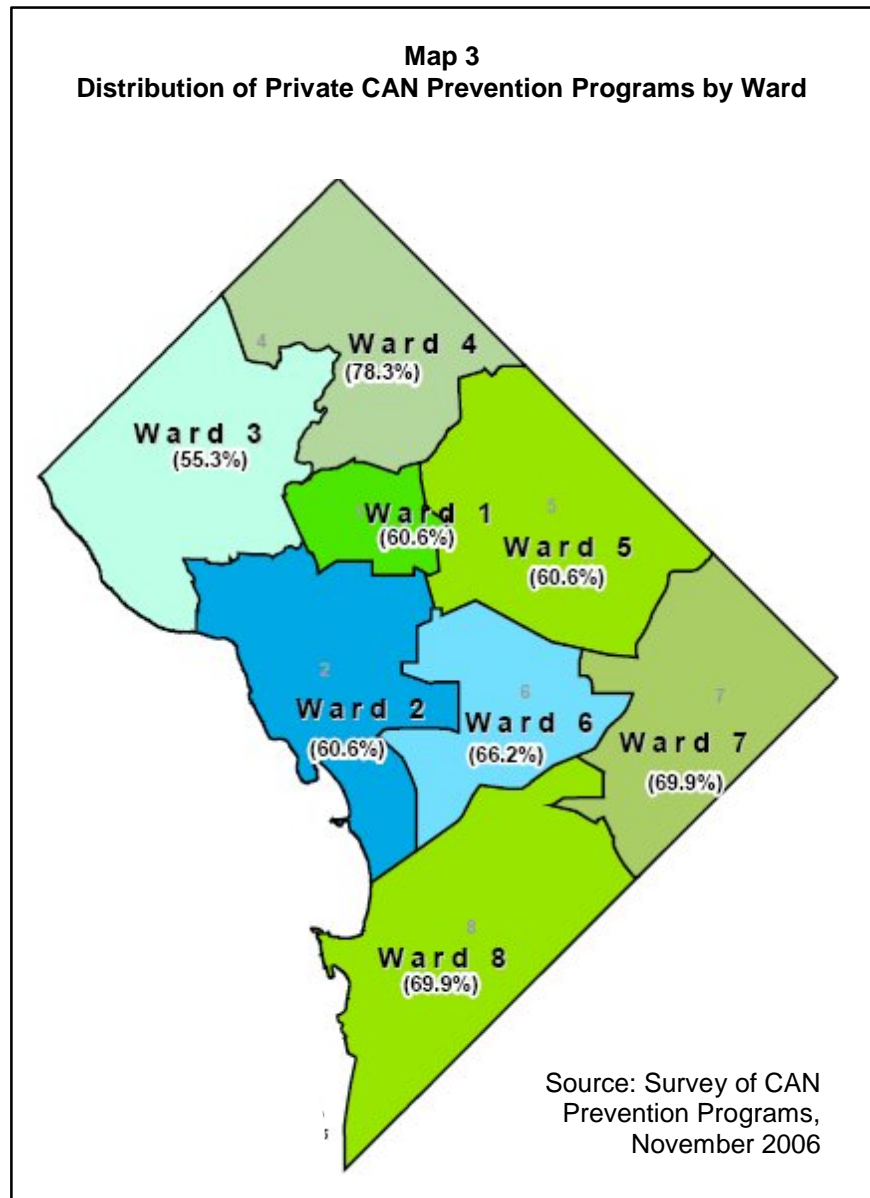
Program By Type			
Family Case Management/Support Services	19	Child Care	4
Parent Education/Parent Support Group	15	After school Program	3
Housing w/Support Services	14	CASA (court appointed special advocates)	2
Foster Care	6	Public Policy Advocacy	2
Other	5	Housing Support Program	2
Family Therapy	5	Home Visiting	2
Pubic Awareness	4	CAN Prevention Grant making	2

Family case management/support services, for the most part, were described as intending to support overall family functioning. In some cases, specific focuses were cited (e.g. educational advocacy or youth crime prevention). On average, these programs were reported as consisting of five components. The most commonly cited components were: information/referral services, parent education/parent support services, housing assistance, mental health services, and youth advocacy/development.

In several cases, parent education/parent support programs were described as tailored to certain groups (e.g. fathers, pregnant women and new mothers, and families of lesbian, gay, bisexual, transgender, and questioning youth). Parent education/parent support programs were also frequently mentioned as a supplementary component of other more comprehensive programs.

Eight of the fourteen temporary/emergency housing programs were described as intended for women and their children or families. The other programs were described as intended for men, women, and/or runaway teens. In addition to providing temporary or emergency housing, these programs also offer support services such as case management, therapy/counseling, substance abuse treatment, parent education/parent support, and employment assistance.

Two other frequently mentioned program components were information/referral services (18) and therapy/counseling (27). Information/referral services were most frequently mentioned as a component of family case management/support services (9) and parent education/parent support programs (4). Therapy/counseling was indicated as a component for a wide variety of programs, including temporary/emergency housing programs (7), parent education/parent support programs (4), and family case management/support services (3).



When asked to describe the program's target population through an open-ended response, most programs were described as serving low-income families (e.g. receiving TANF, living in high poverty areas) and/or homeless families. Other target populations included:

- single-parent homes (some programs specifically indicated single African-American women)
- youth with complex needs (e.g. serious emotional problems) and at-risk teenagers
- new mothers and pregnant women
- individuals with substance abuse problems

Respondents were also asked to indicate if their program is offered in a language other than English. The majority of respondents (77.8%) indicated that their program was not offered in a language other than English. For those programs offered in a language other than English, Spanish was the language most commonly reported. American Sign Language, Chinese and Vietnamese were among other languages identified by respondents.

Though availability of programs to non-English speakers appears to be limited, the majority of programs (77.8%) were indicated as open to the public. Only twenty-eight percent of programs reported having eligibility requirements or requiring a referral from another entity.

Respondents were asked to identify which Wards their program serves. Approximately 70% of programs indicated serving Wards 1, 5, 6, 7 and 8. Only 55% of the programs indicated serving Ward 3. Nearly half (48%) of the programs report serving all Wards.

From a list of agencies and organizations, respondents were asked to indicate which groups partnered to implement their respective programs. The table below details the broad range of partners reported by respondents. The top partnering organizations were identified as child and family/human and social services entities (81%), community councils/community partnerships (76%), domestic violence/mental health organizations (68%), and early care/education organizations (68%).

Table 7: Partnering Agencies – Detailed Percentages

Partnering Organizations	
81% Child/Family/Social Services	50% Criminal Justice System
76% Community Partner/Councils	49% CFSA/CPS
68% Domestic Violence/Mental Health	46% Children's Trust Fund
68% Early Care and Education Organizations	40% Abuse Agencies
64% Public Health Agencies	23% Home-Visiting Programs
60% Faith Based Organizations	20% Other
57% Parent Leaders	7% Exchange Club Centers
52% Parent Support Groups	

Program Evaluation

In order to determine the prevalence of program evaluation, respondents were asked to indicate whether the program had been evaluated for effectiveness. Most respondents (72%) responded yes.^{†††} In an open-ended question, respondents were also asked to indicate when the program was last evaluated. Most programs had been evaluated in either 2005 or 2006 (with the exception of one program that had not been evaluated since 2004). Additionally, most evaluations were identified as part of an annual review process. A select few programs reported evaluating on a monthly basis and or on an on-going basis.

In addition to asking respondents to indicate the time frame of their most recent evaluation, respondents were asked to indicate the evaluation goals. These were expansive in scope, with respondents identifying objectives such as the measuring of client satisfaction, charting improvement among clientele, ensuring quality of service, determining program effectiveness and client outcomes, monitoring curriculum usage, assessing cost effectiveness, measuring recidivism rates versus success rates, assessing appropriateness of services, evaluating impact of services, evaluating access to services, identifying gaps in service, and measuring levels of occupational and vocational support for clients.

A list of parental and child outcomes was provided to the respondents who were then asked to indicate which were measured by their respective evaluations. The most frequently identified parental outcomes were *improved social connections* (66%); *improved life management skills* (59%); and *increased access to health and social services* (57%).

^{†††} 75 programs provided a response to this question.

Table 8: Parental Outcomes

Parental/Family/Caretaker Outcomes			
66%	Improved social connections	41%	Increased access respite services
59%	Improved life management skills	41%	Improved quality of nurturing/attachment
57%	Increased access to health/social services	32%	Improved knowledge of child development
54%	Increased awareness of child abuse and neglect	29%	Improved communication skills
49%	Increased access to economic supports/services	20%	Increased use of non-punitive discipline
42%	Increased DV resources	3%	Other
42%	Improved stress management skills		

Child outcomes varied in percentage concentration compared to the identified parental outcomes. *Improved social connections*, however, was the most commonly indicated outcome measurement for both parents (66%) and children (72%). Other frequently indicated child outcomes were *increased access to educational support* (64%) and *increased access to health and social services* (63%).

Table 9: Child Outcomes

Child Outcomes			
72%	Improved social connections	49%	Improved stress management skills
64%	Increased access to educational services	49%	Improved quality in parental attachment
63%	Increased access to health/social services	47%	Improved communication skills
50%	Improved life management skills	30%	Other
49%	Increased safety skills		

Program respondents also indicated the methods used in their respective evaluation processes, ranging from telephone interviews and surveys to focus groups. Many respondents indicated utilizing client satisfaction surveys. Most respondents sought to ensure that all constituent voices were heard, seeking feedback from clients as well as stakeholders, such as board members and grantees. A few programs incorporated peer review into their evaluation process. In addition, one program mentioned a more formalized web-based evaluation system that provided them with quantitative and qualitative data. Other evaluation tools mentioned by respondents included the Program Review Instrument for Systems Monitoring (PRISM) and the Efforts to Outcomes (ETO) system.

Finally, programs that evaluate for effectiveness were also asked to indicate who performed the most recent program evaluation (i.e. program staff, consultant and/or funding source). In a number of cases, programs indicated engaging one or more types of evaluators. Just over half (55%) of the programs' most recent evaluations were performed by program staff. Just under half (49%) of the programs' evaluations were evaluated by the program's funding source. Additionally, 28% indicated that a consultant had conducted the evaluation, while 22% of respondents indicated simply "other". For those programs reporting the involvement of more than one evaluator, the evaluation was most commonly conducted by program staff in conjunction with the funding source or a consultant.

Program Costs and Funding Sources

Thirty-one (31) organizations representing forty-six (46) programs reported their fiscal year 2006 (FY06) program cost and the number of clients served by each program. The cost of these programs totaled \$20 million, serving over 25,000⁺⁺⁺ clients (an annual average cost per client of approximately \$800).

Of these thirty-one organizations, twenty-two organizations representing 30 programs provided information about their funding sources. The programs reported drawing from a diverse range of funding sources (70 in all):

- Foundations/grants 31%
- DC Government 23%
- Fundraising/donations 20%
- Federal funding 10%
- Fee for service 6%
- Contracts (other) 6%
- Churches 4%

Nine programs designated the funding source as “foundation(s)” or “grant(s).” Eight programs cited twelve specific foundations or funding entities:

- Freddie Mac Foundation (2)
- DC Children and Youth Investment Trust Corporation (4)
- DC Children’s Trust Fund (1)
- The Byrne Foundation (1)
- The Meyer Foundation (1)
- ProUrban Youth (1)
- Partnership for the Prevention of Homelessness (2)
- WK Kellogg (1)

The next most common source of funding was DC Government with 16 (23%) programs citing the following various agencies and administrations:

- Department of Human Services (DHS)
 - DHS (general) (2)
 - Early Care and Education Administration (ECEA)(5)
- Department of Health (DOH)
 - DOH (general)(1)
 - Addiction Prevention and Recovery Administration (APRA) (1)
- Child and Family Services Agency (CFSA) (2)
- Justice Grants Administration (2)
- DC Government (general) (2)
- DC Office of Latino Affairs (1)^{\$\$\$}

On average, programs reported drawing from two and a half funding sources. Thirteen programs (19%) indicated having a sole source of funding. Of these programs, seven (54%) identified DC Government as their sole source of funding. An additional five programs (38%) cited foundations/grants as their sole source of funding.

⁺⁺⁺ This total includes both clients receiving direct services and estimates of individuals reached through public awareness campaigns.

^{\$\$\$} Please note that this grant represented 1% of funding for one program.

Overview of Public CAN Prevention Programs

Five DC Government agencies^{****} (CFSA, and the Departments of Health [DOH], Human Services [DHS], Mental Health [DMH] and Parks and Recreation [DPR]) each provided information on prevention programs and services. In addition, information was provided by the District of Columbia Public Schools (DCPS), an independent charter agency of DC Government. Most of the identified government programs included one or more of the following characteristics:

- focus on low-income and at-risk children and families
- tailored to link to other supports and services
- delivery of services through a variety of approaches, including early care and education, case management, and out-of-school activities

While only a quarter of the programs reported CAN prevention or prevention of children coming into contact with the child welfare system as their programmatic goal, the larger proportion of programs focused on providing family case management/support services that promote overall family well-being.

Defining and Describing the Public Programs

Nearly all of the identified public programs provide primary or secondary levels of service (57% and 40% respectively). Collectively, the programs fall into five major categories:

- family case management/support services (11)
- early childhood care/education (5)
- educational services/support (6)
- child/family mental health services/programs (3)
- grants to prevent risky youth behaviors (3)

In addition to the above, one program teaches safety skills to children to prevent child sexual abuse; another program reported providing parenting workshops on child development.

Family case management/support services were generally described as purposeful toward the stabilization and preservation of at-risk families. Most of these programs were tailored to meet different parenting needs, including those of grandparents with legal guardianship of their grandchildren (1), teen parents (2), and pregnant women and/or new mothers (1). Referrals for services and counseling were the most commonly reported components of these programs.

The identified early childhood care/education programs encompass the large scale services provided by DCPS, DHS, and DPR. Specific programs within these services include Head Start, Even Start, and pre-kindergarten activities. According to the District of Columbia Head Start-State Collaboration Office (Office of Early Childhood Education), the District has seven Head Start/Early Head Start grantees in the District, including DCPS and DPR.^{††††}

All three reported mental health services/programs that are administered by DMH's Community Services Agency. Each program serves children and their families but with the following unique focuses: prevention of developmental delays in children, ages birth to 5; therapeutic child care for children, ages 3-6, with emotional/developmental delays; and counseling, community support, medication management and assessment services for children and youth, ages 5-18. Please note that DMH also provides mental health services to children and families through contracted providers. These contracted services are not included in this assessment.

^{****} DC Housing Authority, which provides operating space to youth and family service organizations, is included in the Inventory but not in the following analysis.

^{††††} The other Head Start grantees are: Nations Capital Child & Family Development, United Planning Organization, Edward C. Mazique Parent and Child Center, Bright Beginnings, and Rosemount Child Development Center.

Three of the five educational services/support programs provide out-of-school activities for students from low-income families. Components of these programs included academic assistance and recreational activities. The remaining educational services/support programs reported having unique focuses: truancy intervention/prevention, educational support for homeless students, and educational support for homebound students.

Two of the grants to reduce risky youth behaviors specifically focus on preventing teen pregnancy. The third program funds substance abuse prevention programs. Common elements amongst these grant-funded programs were the incorporation of youth development principals and the encouragement of parental involvement. All of these grants were directed toward community-based organizations.

Other common components amongst programs include referrals to services, counseling, educational supports (for both the child and parent), and employment support (i.e. assistance finding employment and/or training).

The programs' target population was commonly described as low-income or at-risk children and families. Nine programs each described their target population as such while one program reported serving both. Sixteen of the programs reported serving both the child and their parent; ten are targeted toward children only; and four programs reported targeting parents only. Most programs reported serving all Wards of the District, although not every program reported having sites in each Ward. A few organizations reported serving limited geographical areas or particular Wards.

Program Evaluation

Nine of the identified programs provided information about their evaluation methods, including pre- and post-tests, satisfaction surveys, longitudinal studies, and case record reviews. The most common evaluation goals were successful program impact and ongoing program improvement. Three programs reported being obligated to certain reporting standards as a condition of a federal grant.

Program Costs and Funding Sources

All participating agencies were asked to submit information regarding the number of clients, the annual cost, and the funding sources for each program. Twenty-six programs provided complete information. Most agencies (16) provided information for fiscal year 2006 (FY06). Three programs provided information based on school year 2005-2006 (SY05/06). Four agencies provided information for fiscal year 2005 (FY05) and three provided projected information for fiscal year 2007 (FY07).

The cost of these programs totaled \$173 million, serving nearly 49,000 clients (an annual average cost of approximately \$3,400 per client). It is important to note that the largest proportion (67%) of these costs is related to early child care/education programs. When these programs are not factored into the total, the overall cost of the programs is \$57.5 million, serving 31,000 clients (an annual average cost of approximately \$1,800 per client).

The forty-eight sources of funding that were reported for these public programs fall into three general categories of funding:

- Federal 32(70%)
- Local 11(24%)
- Fee for service 3(7%)

The most commonly reported federal funding source was TANF. Other federal funding sources included the Child Care Development Fund (CCDF), Medicaid, Head Start, Title IV-B, and the Social Services Block Grant (SSBG). Additionally, three programs cited fees as a source of funding. Programs reported drawing from approximately two and a half funding sources. Nine (82%) of the eleven programs that receive local funding also reported receiving federal funds. Twelve programs (46%) reported relying solely on federal funding.

Chapter V: Gaps in Services

To better understand the continuum of CAN prevention services in the District, community members and service providers engaged in a series of group meetings, individual interviews, and focus groups. An in-depth working meeting was also held with directors and program managers from various community-based social services providers. During the meeting, participants were asked to determine the availability, quality, accessibility, and importance of 27 prevention and early intervention services. Analysis of the responses from these community outreach activities identified four major gaps in CAN prevention services.

Concrete Supports

Across the groups, socioeconomic barriers emerged as the key element to families entering the child welfare system. Participants felt that in order to prevent child abuse and neglect, families need access to job training, employment, and safe, affordable housing and other supportive services.

Parent Training and Parent Support

Parent training (or education) and parent support were the most commonly discussed evidence-based approaches to CAN prevention across the groups. The groups felt that the District lacks programs in general but also lacks programs tailored to the needs of different families. Underserved groups include grandparent-guardians, fathers, parents of children with emotional and behavioral problems, and parents of older children who are unruly and/or runaways.

Mental Health Services for Families

The groups consistently expressed deep concern about the quality and availability of mental health services for families, especially for services funded through Medicaid. Participants felt that while high quality care is available in the District, it is not affordable to the majority of families who have the greatest need for services. Families require an array of accessible mental health services to help prevent or reduce maltreatment, stabilize the home environment, and address trauma and other mental health issues resulting from child abuse and/or neglect. Along this continuum of needs are requirements for specialized services such as treatment for youthful sex offenders, child victims of sexual abuse, and youth struggling with sexual identity.

Accessibility of Services

Accessibility of services is an overarching issue that all groups discussed. They emphasized the importance of community-based services and the need for service delivery solutions that reach families living in isolation. Participants also stressed the need for programs to be better coordinated rather than existing in isolation from one another and forcing families to advocate for themselves.

The following sections provide an overview of results for each community outreach activity we conducted for this assessment. For more information on approaches, see page 5.

Meetings and Interviews with Service Providers

We met with three groups of professionals who work with families and children in a variety of capacities to discuss the availability of CAN prevention services and family support services in the District. In addition, we conducted telephone interviews with two directors of community-based organizations that focus on providing services to immigrants.

Overwhelmingly, the groups and interviewees identified concrete supports and services for families as the most important element of CAN prevention. Access to affordable housing was cited as the most important issue to the well-being of families. Employment services are also viewed as key to supporting families. Particular concerns included linking training to immediate employment opportunities, provision of on-going training and support, and coordination of employment training and child care. The groups

underscored the importance of access to affordable and flexible day care (especially 24-hour care) to finding and maintaining employment.

We need a lot more prevention services...there is an isolation factor for these single mothers, they don't have the family support that they need.-Social Worker, Nov. 2006

Participants reported a need for approaches that address family isolation such as mobile units and in-home delivery for services, including parent training and support, child care, respite care and mental health counseling. Two groups also expressed concern regarding the current accessibility, availability, and quality of mental health services for both children and parents through Medicaid.

Two directors of the community-based organizations emphasized that language accessibility continues to be a major barrier to obtaining services for immigrants. Despite the Language Access Act, they felt that not enough information is available in multiple languages and that available materials are poorly translated and confusing. Both directors reported that public agencies are continuing to rely on their organizations to interpret for immigrants seeking public services.

Group participants also cited the need for additional parent support and skills-based training. In particular, the groups reported a need for programs that address communication skills, coping skills, and training for parents to self-advocate within the social services system. One group emphasized a particular need for support groups for parents of children with emotional and behavioral issues. They also reported that grandparents caring for their grandchildren and fathers are underserved.

Focus Groups

To ensure representation of family voices in this report, we conducted parent focus groups with parents and social workers. Participants shared their opinions about a variety of topics including characteristics of strong families, supports and services the District needs to support families, and challenges in accessing services in the District.

What makes a strong family?

Strong natural supports: Participants felt that natural support systems (e.g., family and friends) are characteristics of a strong family. They agreed that parents need to have someone to turn to for support in times of stress or crisis.

Networks of support: Across the groups, participants felt that strong families also have a network of supports in their community that include resources such as schools and churches.

Two-parent structure: Participants emphasized the importance of a two-parent structure to establishing strong and stable families.

Knowledgeable and resourceful parents: Participants discussed the need for parents to have education and training that enables them to provide basic support for their families.

What support and strengthening services do families need?

Affordable Housing: Participants stressed how little housing assistance is currently available in the District. Participants felt that to provide adequately for their families, affordable housing is the most critical need. Many families, including those headed by single fathers and grandparent(s), continue to struggle to identify and secure affordable housing in safe neighborhoods. Grandparents reported being on the Section 8 waiting list for years.

The problem you face is there is a long waiting list because everybody else is waiting for the same thing.
Focus Group participant, Nov. 2006

Child Care: Participants agreed that all families need access to high quality, affordable child care. Social workers and Mary's Center participants identified the need for extended childcare services. They felt it was difficult for families to find child care in general, but even more difficult for parents who work unconventional hours such as the evening or overnight shifts. Grandparents also reported the need for respite care for themselves as well as their families.

Clients complete welfare-to-work and there's no job attached, no follow-up...I had a client that found a job after a year but then her job switched her to the night shift. TANF day care ends at 6pm. She had to quit because she couldn't find day care.-Social Worker, Nov. 2006

Parent Training and Support: Participants identified parent training classes that provide information about child development and that help individuals build their parenting skills as a needed resource across the District. The fathers' focus group participants expressed the need to establish groups throughout the District where fathers can discuss their issues with other fathers as peers and have these groups connect for further networking. While some of the participants in the grandmothers' group reported already participating in support groups, others felt that information about such resources needs to be more widely disseminated.

Mentoring Programs: Participants identified mentoring programs as a resource that was particularly difficult to locate in their communities. Participants also expressed the need for better information regarding the quality of mentors for children.

You know, I used to hear about [the] Big Sisters, Big Brothers program [so] I tried to find one for my grandson. I couldn't find nothing...I even went through my church and they didn't have anything.

Focus Group participant, Nov. 2006

Both the 2003 and 2005 *Needs Assessment Reports* found that while foster parents have many of the same needs as other parents, foster parents also need particular types of support to maintain stable placements for children. In a survey for the 2003 report, foster parents were asked to indicate supports they need to maintain a stable living environment for a child in foster care. They identified the greatest needs for more stable placements as counseling, mentoring, and tutoring for the child (See Table 7).

Table 10: Supports for Foster Parents

Supports for Foster Parents			
Counseling Services for Child	57%	Educational Assessment of the Child	38%
Mentoring Services for Child	51%	Local Directory of Community Resources	36%
Tutoring Services for Child	49%	Outpatient Mental Health Services for Child	36%
Transportation Services	44%	Ongoing Communication with the Social Worker	35%
Remain Under the Same Worker	42%	Foster Parent Education on Foster Care Issues	35%
Foster Parent Support Group	40%	Child/Day Care Services	33%
Support Group for the Child	40%	Financial Support	29%
Respite Care	39%	Foster Parent Training on Conflict Resolution	25%

The 2005 report, identified the most commonly requested services by foster parents as: outpatient mental health services, mentoring and tutoring, educational assessments, counseling, transportation, child care, and respite care.

What challenges do families face in accessing and securing services?

The primary challenge to securing services is location outside of the area where the families live or have access to the services. Participants cited the need for community-based services and assistance in obtaining transportation to and from services not located in their neighborhoods.

Social workers expressed concerns about the services their clients receive from the Addiction Prevention and Recovery Administration (APRA/DOH) and the Department of Mental Health (DMH). They agreed that both agencies lack the capacity to meet the demand. Specific problems cited included high turnover

rates and negative attitudes toward or poor treatment of clients. Social workers also felt that the lack of professional standards (i.e., credentialing) for DMH staff undermines the quality of treatment that clients receive. Social workers were also concerned that the Collaboratives do not have the capacity to adequately serve all of the referred cases.

Other issues identified included language barriers, lack of access to translators, long waiting lists for services, not enough community-based activities for children, and limited availability of services to fathers.

Service Array

Through the Service Array Process, stakeholders identified the strengths, weaknesses, and needed services in the District's prevention/early Intervention array. The following table summarizes how each of the services was rated:

1. Quantity: meets none of the need (0), meets some of the need (1), meet half of the need (2), meets most of the need (3), meets all of the need (4)
2. Quality: poor (0), good (1), sometimes good (2), often good (3), always good (4)
3. Importance: not important (0), would be nice (1), moderately important (2), very important (3), and critically important (4)

Categories	Quantity	Quality	Importance
1. Community Services Information/Referral Line	NA	-	4
2. Cash Assistance, including:	1	4	4
a. Food Assistance	2	3	4
b. Utilities Assistance	1	3.5	4
c. Clothing Assistance	3	3	3
3. Housing Assistance	1	1	4
4. Child Care Assistance	1	2.5	4
5. Transportation Assistance	1	2.5	3
6. Employment Assistance	1	1.5	4
7. Crisis Stabilization Services	NA	-	4
8. Children's Health Insurance Programs	3	3	3
9. Primary Child Health Care	1	2	4
10. Child Dental Care	1	4	4
11. Primary Adult Health Care	3	0	4
12. Educational Services for Children	1	2	3
13. Family Support Centers	3	3	4
14. Neighborhood Service Time Banks	NA	-	3
15. Home Visits to Parents with Newborns	1	3.5	3
16. Parent Education/Parenting Classes	1.5	1.5	3
17. Life Skills Training/Household Management	1	3.5	3
18. Crisis Nurseries	NA	-	4
19. Parents Anonymous	1	3.5	3
20. Head Start/Early Childhood Education	3	2.5	3
21. School-Based Personal Safety Curriculum	1	1	3
22. School-Based Family Resource Workers	0.5	0	3
23. Before- and/or After-School Programs	2	2	3
24. Mentoring for Adults	1	2	2.5
25. Mentoring for Children/Youth	1	2.5	3
26. Child Abuse and Neglect/Education	2	2.5	3
27. Child and Family Advocacy	1	2.5	2.5

Strong Services

Of the 27 services (see Appendix B5 for definitions) examined in the service array, the stakeholders agreed that a small number of existing prevention/early intervention services in the District appear to be particularly effective, meeting some or most of the District's needs. In the category of "quantity," these services were ranked as meeting "most" or "all of the need," while in the "quality of service" category,

these same services were ranked as “often” or “always good.” The following services met the criteria in both quantity and quality of service:

- Clothing Assistance (Service #2c)
- Children’s Health Insurance Program (Service #8): Although ranked as “very important”, there are some areas of need that are not met through this service. Providers do not adequately cover traumatized children; in general, there is a lack of trauma-focused therapy services. Additionally, mental health insurance for children is very limited.
- Family Support Centers (Service #13)
- Head Start/Early Childhood Education (Service #20): Ranked as “very important”, stakeholders noted that there are not enough Early Head Start programs available in the District, although the existing programs were ranked as meeting “most of the need” and are “sometimes” to “often good”. Stakeholders also noted a lack of safe outdoor/recreational space for children.

Services Available but Unknown to the Community

In reviewing available prevention/early intervention services in the District, Stakeholders pointed out that a number of important, available programs and resources are not well known to the community, and educating the community as to the existence of these services is essential. The following services were identified:

- Food Assistance (Service #2a): Ranked as meeting “half” the need in the quantity category and “often good” in the quality category, stakeholders felt there is still a lack of community awareness for access to these resources. Some programs have eligibility requirements; others limit the frequency with which the service can be accessed. Promoting awareness of availability and criteria for assistance would help families navigate through the process and make use of the service.
- Family Support Centers (Service #13): While there are many agencies and/or organizations providing resources for families in need, stakeholders agreed that limited community awareness prevents optimum utilization of these resources. Increasing public awareness of where and how to access these services will increase usage. Ongoing education in the communities where these resources exist will help inform the public as to the services available in their area.

Services Not Sufficiently Meeting Needs

Stakeholders ranked over half of the 27 services reviewed as both critically important and as not meeting the needs of the District. The group agreed that with few exceptions, the majority of prevention/early intervention services were insufficiently meeting the District’s needs, ranking the following services as meeting “none” or only “some” of the need:

- Cash Assistance (Service #2)
- Utilities Assistance (Service #2b)
- Housing Assistance (Service #3)
- Child Care Assistance (Service #4)
- Transportation Assistance (Service #5)
- Employment Assistance (Service #6)
- Primary Child Health Care (Service #9)
- Child Dental Care (Service #10)
- Educational Services for Children (Service #12)
- Home Visits to Parents with Newborns (Service #15)
- Life Skills Training/Household Management (Service #17)
- Parents Anonymous or Other Forms of Parent-Led Support (Service #19)
- School-Based Personal Safety Curriculum (Service #21)
- School-Based Family Resource Workers (Service #22)
- Mentoring for Adults (Service #24)
- Mentoring for Children and Youth (Service #25)
- Child and Family Advocacy (Service #27)

The following services were ranked in the quantity category as meeting “half” of the need:

- Food Assistance (Service #2a) - stakeholders noted that school meals were lacking fresh vegetables and fruit
- Parent Education/Parenting Classes (Service #16) - ranked as meeting “some” to “half” of the need, and more available for parents of younger children
- Child Abuse and Neglect Outreach/Education (Service #26)
- Before- and/or After-School Programs (Service #23)

Advocacy and/or Service Barriers

Stakeholders emphasized service accessibility as a barrier to families receiving prevention/early intervention services. For example, individuals who must rely on public transportation will often face additional challenges while attempting to navigate between child care, housing and employment resources that may not be conveniently located.

Child and Family Advocacy (Service #27) was ranked as meeting “some” of the need, “sometimes” to “often good” in quality. The group felt that advocacy in the area of prevention is generally lacking in the District, and that which does take place occurs informally through service delivery, not as a stand-alone initiative.

Eligibility requirements for many of the services prevent access for individuals and families in need. Housing Assistance (Service #3) was ranked “minimally” available but eligibility is the greatest barrier for families and individuals. With limited affordable housing in the District and limited housing assistance, the group reported that families are forced to find housing in Maryland and Virginia. Eligibility requirements often exclude individuals from receiving assistance and the shelter beds that are available are extremely limited for the general population, especially for families with children. Parents returning to the community from prison have even greater difficulty finding housing. The stakeholders agreed that safe and affordable housing is a crucial component for child abuse prevention and yet it is often the least available service for families.

Transportation Assistance (Service #5) was another category of service impacted by eligibility requirements. Medicaid eligibility requirements, for example, exclude some individuals from using certain transportation vendors; school-age children must pay to ride Metro unless they qualify as “special needs” students.

Mentoring for Children and Youth (Service #25) was also highlighted by stakeholders as a service that can be difficult to access due to age limits for participation and criteria for accessing services.

Advocacy for those who require Employment Assistance (Service #6) was also identified as a service need. Individuals may complete the educational and vocational training requirements of an employment program, but many face barriers when trying to access employment. Stakeholders agreed that this is particularly true of formerly incarcerated males.

Duplication of Services and Shifting of Resources

While there are a number of existing prevention/early intervention services in the District that are provided by more than one agency or community-based organization, none of the stakeholders identified duplication of services as problematic. This is likely due to the stakeholders’ consensus that services overall are not sufficient to meet the needs of the community. There are several programs, for example, which provide Home Visits to Parents with Newborns (Service #15) but each program has limited capacity. One participant noted that with approximately 7,000 live births per year in the District there is an estimated of need ranging from 20%-40% (1,400-2,800 births) for at-risk families. The participant approximated that the need is roughly double the current program capacity.

Non-Existing Services

Several prevention/early intervention services either exist minimally in the District or they do not exist at all. Of the 27 services examined, the following services were ranked by the stakeholder group as “not available” yet “critically important” and in need of development:

- Community Services Information and Referral Line (Service #1) - specialized lines are available but there is no District-wide centralized referral line. The DC government website was noted as being useful but it requires computer literacy and access which is a barrier for many citizens.
- Crisis Stabilization Services (Service #7) - 24-hour services are very limited and assistance tends to be provided after-the-fact.
- Neighborhood Service Time Banks (Service #14) - available informally in some parts of the District
- Crisis Nurseries (Service #18)
- Life Skills Training/Household Management (Service #17)

Staffing/Volunteer Issues

The Stakeholders agreed that prevention/early intervention services in the District are hampered by a shortage of volunteers and/or staff. Participants noted that this was particularly an issue for Service #25 (Mentoring for Children and Youth).

Appropriate use of staff was also cited as an issue. Stakeholders noted, for example, that School-Based Family Resource Workers (Service #22) are often not being utilized appropriately. Participants reported that school social workers are often utilized in other capacities that distract from their role as counselors. The group agreed that there needs to be standardization of functions for social workers and school-based mental health workers across the District of Columbia Public Schools.

Funding Issues

Stakeholders agreed that prevention/early intervention services in the District would require local funding specifically targeted for prevention in order to administer and expand needed services. As a result of funding issues, for example, groups like Parents Anonymous or Other Forms of Parent-Led Support (Service #19) tend to be limited in capacity.

Better Coordination/Collaboration with Other Stakeholders and Providers

Stakeholders agreed that services are often provided in isolation, creating barriers for families and individuals in need. A lack of strong coordination and collaboration among and between programs, often within one agency, may prevent delivery of services to the full range of families or children in need.

Child Abuse and Neglect Outreach/Education (Service #26) is one service in particular that stakeholders felt needed improved coordination. The training of mandated reporters was also seen as needing better coordination. In particular, the group agreed that training for police officers needs to be expanded and improved.

More Diversified Services

As the District’s population continues to grow, there is a corresponding need to diversify services that can accommodate the varying needs of our community members. Parent Education (or Parenting Classes) (Service #16) was identified as needing adjustment or expansion to meet the needs of more families. Stakeholders agreed that there is a tremendous need for parent education in addition to those services which are mandated through involvement with the Family Court. Specifically, the Stakeholders reported that education or assistance around the parenting of older children is also lacking; especially, those services which assist parents of older children with behavioral and emotional problems. The group emphasized that the most effective parenting programs are those that can be individualized or specialized rather than general classes that do not address the particular needs of the population served.

Other Services/Challenges

Stakeholders identified a number of services and/or resources that were not included as part of the service array, yet are needed for the District's residents. The following services were highlighted as "very" or "critically" important to develop/continue:

- Respite care
- Child in Need of Services (CINS) program to support parents and guardians of older children that are unruly and/or regularly run away
- Legal advocacy programs
- Services to inform parents about on-line sexual predators, and sex trafficking of children
- Sexual health in families

The stakeholders agreed that the most pressing issue not included in the Service Array is mental health services. The group felt strongly that the quality of mental health services for families (both parents and children) through Medicaid is poor and that, because eligibility for services is based on medical necessity, the availability of services in the District is extremely limited. Existing funding criteria utilizes an approach to services that does not always capture the type of service needs required by children and families at risk of becoming or already involved in the child welfare system. For example, a child brought into foster care may be in crisis or experiencing trauma because they have been separated from their biological family and placed in an unfamiliar environment. While this episode of crisis may not meet the standard Diagnostic & Statistical Manual (DSM)-level of trauma or crisis that will allow for reimbursement of services, the child still requires therapeutic intervention.

Chapter VI: Conclusion

In fiscal year 2006, there were 1,705 substantiated investigations of child abuse and neglect involving 2,889 children in the District of Columbia. Nearly 2,300 children who have suffered abuse and neglect are in the care of the Child and Family Services Agency (CFSA) because they are unable to return safely to their homes.

While we may not be able to eliminate child abuse and neglect, actions can be taken to ensure that families have the resources they need to raise healthy children in a safe environment. Evidence-based practices have demonstrated that we can make a difference. This report endeavors not only to identify gaps in the District's prevention continuum but also to demonstrate that given the will and the resources, it is possible to prevent most of the tragic circumstances impacting victims of CAN.

Recommended Next Steps

Recommendation #1: Legislative action to mandate the development of a comprehensive CAN prevention plan

We recommend that the Council of the District of Columbia take legislative action to mandate the development of a comprehensive CAN prevention plan that draws on the findings of this report. The legislation should:

- Delegate the authority for completing the plan to the Mayor's Office.
- Require the participation of child and family serving agencies (CFSA, DHS, DOH, DPR, and DYRS) and DCPS on a Task Force for CAN Prevention. The Task Force will be responsible for guiding the overall development of the plan and determining the appropriate level and mix of services to address the District's prevention needs.
- Establish a Stakeholder group comprised of community representatives, consumers, advocates, and service providers to participate in or act in an advisory role to the Task Force.
- Allocate sufficient resources to support the development of the plan and its implementation.
- Institute a formal evaluation process to track and assess the effectiveness of strategies implemented through the plan.

Recommendation #2: Coordination of on-going CAN prevention efforts with existing early-childhood and youth-related efforts

We recommend that all CAN prevention efforts be closely aligned with other initiatives that seek to improve child-well being in the District. The following are two examples of recent efforts:

- Early Childhood Comprehensive Systems (ECCS): the Maternal and Family Health Administration (MFHA/DOH) is developing a plan to build an early childhood service system in the District that addresses the following priority areas: access to health and medical homes; mental health and social-emotional development; early care and education/child care; parent education; and family support.
- DC Youth Development Strategy: The overall strategy is comprised of six city-wide goals: (1) children are ready for school (2) children and youth succeed in school (3) children and youth practice healthy behaviors (4) children and youth engage in meaningful activities (5) children and youth live in healthy, stable, and supportive families and (6) youth make a successful transition onto adulthood.

A comprehensive CAN plan that addresses the gaps identified in this report will clearly touch on many of the same issues being addressed by ECCS, DC Youth Development Strategy, and other activities. Coordinating these initiatives will serve to prevent duplication of efforts and ensure that children are supported from birth and prepared to be successful adults.

Recommendation #3: Dedicate resources to maintain the Inventory of CAN Prevention Programs

We recommend that additional resources be dedicated to support the on-going maintenance and continued expansion of a city-wide inventory of CAN prevention programs. As our community continues to change and develop, so will the array of existing CAN prevention services. Ensuring the on-going maintenance of the inventory will enable policy makers and service providers to respond and adjust to new demands more quickly.

APPENDIX A: INVENTORY CAN PREVENTION PROGRAMS

Private Programs

An online survey of private organizations was conducted in order to gather programmatic information for the inventory of CAN prevention programs. Each program description in the inventory is based on information provided by survey respondents. Please note: some program descriptions have been edited to maintain consistency within the inventory.

The inventory is organized first by level of service (i.e. primary, secondary or tertiary).⁺⁺⁺ Each respondent determined their program's specific level of service by indicating whether a program serves any or all of the following populations:

- everyone regardless of any history with child abuse or neglect (primary)
- people who are more likely to experience or commit child abuse or neglect (secondary)
- people who have experienced or committed child abuse or neglect (tertiary)

Programs are then listed alphabetically according to the organization's name. Organizations that submitted multiple programs may appear in more than one section of the inventory.

PRIMARY PROGRAMS

Adele Lebowitz Center for Youth & Families

Program: Mothers and Babies Group

Program Description: Provides an opportunity for mothers with new babies to lay a foundation for healthy child development and strong positive relationships between mother and child. Mothers and their babies meet weekly with two facilitators who help mothers to observe their babies more closely and follow their babies' leads. This approach allows the mothers to recognize and respect an infant's initiative to change interactions and potentially change the mother-infant relational system. The group meets at the Center's location in Friendship Heights.

Target Population: New mothers with babies up to one year old

Wards Served: Wards 1-8

Asian-American Leadership, Empowerment, and Development (AALEAD)

Program: Family Strengthening Program

Program Description: Comprehensive case management and advocacy for parents and families, including guidance for parents seeking

services for help raising children in the U.S. AALEAD has a two-person Family Strengthening Program staff. The prevention portion of this program facilitates individual parents and/or groups of parents discussing child-abuse and child-neglect and increasing parents' knowledge and use of appropriate parenting practices.

Target Population: Low-income Asian-Americans living in Washington, DC

Wards Served: Wards 1, 2, 4 and 5

Associates for Renewal in Education, Inc.

Program: Early Childhood Development

Program Description: Provides childcare services for infants and children, ages 2 months to 4 years. Also provides parenting education and counseling services. Two high schools and one middle school provide space for program services. Teen parents participating in those programs are required to attend parenting meetings as well as engage in daily contact with the staff regarding their child. They must also spend their lunch hour participating in the Center's activities with their child.

⁺⁺⁺ Please see page 20.

Target Population: Teen parents from various socio-economic backgrounds

Wards Served: Wards 5, 6, 7

Breastfeeding Center for Greater Washington

Program: Lactation Consults and Breastfeeding Classes

Program Description: Provides comprehensive free lactation education and support for women, their partners and other significant family members. Includes hands-on assistance and instruction in use of breast pumps and breastfeeding supplies, as well as skilled technical management of lactation-related problems. Goals include an increase in breastfeeding duration and satisfaction.

Target Population: Expectant and breastfeeding mothers and families in the DC Metro area (VA, MD, and DC)

Wards Served: Wards 1, 2, 3, 4 and 6

Bright Beginnings Inc.

Program: Bright Beginnings Child Development Program

Program Description: A child and family development center for homeless families living in shelters and transitional housing programs across the District of Columbia. Provides free, full day, year-round, developmentally appropriate care, on-site therapeutic support, and comprehensive family support services for 150 infants, toddlers, preschoolers, and their families each year.

Target Population: Children aged 6 weeks to 5 years from homeless families in DC area

Wards Served: Wards 1-7

Calvary Women's Services

Program: Calvary Women's Services

Program Description: Provides housing and support services to homeless women in Washington, DC. Operates three housing programs - Calvary Women's Shelter, Pathways and Sister Circle - offering a range of housing

services from low-barrier shelter to permanent housing. Provides on-site mental health services, case management, addiction recovery groups, life skills classes, and employment support services for the women we serve. Seeks to support women as they rebuild their lives, and to prepare them for reconnecting positively with their children and families.

Target Population: Single, homeless women

Wards Served: Wards 1-8

Capitol Hill Group Ministry

Program: Congregation Based Shelter

Program Description: Assists homeless families in becoming self-sufficient, utilizing a holistic approach to family needs. Addresses risk factors through prevention, parenting classes and age appropriate expectations. The shelter provides overnight coverage for supervision of the families.

Target Population: Families that are homeless and/or at risk for homelessness. Families are deemed eligible for shelter through the Virginia Williams Emergency Shelter program.

Wards Served: Wards 1-8

Capitol Hill Pregnancy Center

Program: Crisis Pregnancy Help

Program Description: Offers help and support to women, men, girls and/or boys who are struggling with a crisis pregnancy. Provides free pregnancy testing, material resources (baby clothes, cribs, strollers, bottles, high chairs and all other related items), childbirth classes, parenting classes and one-on-one mentoring and counseling. Counselors are trained to look for abuse when meeting with clients, encouraging conversations that allow a mother and/or father to share their frustrations as parents. Addresses child abuse in both the childbirth classes and parenting classes.

Target Population: DC inner-city, lower socio-economic population - mostly mothers and mothers-to-be

Wards Served: Wards 1-8

CASA for Children of DC

Program: Court Appointed Special Advocates

Program Description: Uniquely provides services to children and youth through five specialized programs, serving more than 120 children who are identified as being abused or neglected and in need of intervention services. Relies heavily on the contribution of volunteer time and talent, corporate support, private donations, as well as public support.

Target Population: Children aged 0 to 21 in Washington DC who are involved in the welfare (abuse and neglect) or court systems

Wards Served: Wards 1-8

Catholic Community Services

Program: Strong Parents, Strong Children

Program Description: Seeks to build confident, competent parents, offering guidance to strengthen them in their role of raising a healthy child in today's society. As a leader in the community in this vision, provides a uniquely designed program with wide resources. Over 40 highly qualified parent educators teach classes in the District of Columbia and in several Maryland counties. In addition to classes, offers supportive services to other programs and individual parents. Sites for classes include child development centers, schools, community-based programs, shelters, and faith-based programs. Works to accommodate all parents who may need services, focusing on their needs, identifying their goals, and offering them the tools necessary to succeed.

Target Population: 'Those in greatest need' as defined by local statistics regarding risk factors, such as child abuse and neglect, substance abuse, families receiving Temporary Assistance to Needy Families and/or other such fixed government incomes, etc. There are no eligibility requirements for services. Serves the District of the Columbia as well as the following Maryland counties: Prince George's, Montgomery, Calvert, Charles, and St. Mary's.

Wards Served: Wards 1-8

CentroNia

Program: Family Institute

Program Description: Provides support and social services to families in the community through a values-based educational model, implemented through the Family Institute in Skills Building Workshops and other learning opportunities. Four central values inform all activities: Social Justice, Life-long Learning, Family Health and Economic wellness, and Community Empowerment. Also aims to provide opportunities for parents to learn about and access services provided by the city or by agencies that promote family and children wellbeing (i.e. Food stamps, financial literacy, housing, adult literacy, etc.). Also includes implementation of the *ACT - Against Violence* parenting curriculum, utilized across programs, sites and departments.

Target Population: Mostly low-income, immigrants, and parents of color, no eligibility requirements

Wards Served: Wards 1, 2, 4, 7 and 8

Community Connections

Program: Child & Adolescent Services

Program Description: Provides outpatient mental health services, including comprehensive assessments, therapy, community support services, and psychiatric assessments/medication management. Goals include high quality and culturally-competent mental health services focused on the strengths of each individual child and family.

Target Population: Underserved children/youth with complex needs, serious emotional disturbance, and/or significant problems in one or more of the following domains: family, school, peers and/or community.

Wards Served: Wards 1-8

Community Family Life Services

Program: Community Family Life Services

Program Description: Our mission is to give tools for achieving permanent economic and social self-sufficiency to people living in poverty and homelessness. Offers short-term crisis assistance and empowers families and

individuals to change their lives for the better. Provides a variety of services in the following areas: Housing Services; Supportive Services & Community Outreach; and Youth Development & Advocacy.

Target Population: Homeless individuals and families

Wards Served: Wards 1-8

DC Campaign to Prevent Teen Pregnancy

Program: Child Sex Abuse Prevention Task Force

Program Description: The Child Sex Abuse Prevention Task Force has five goals: 1. Clarify policies and laws. 2. Develop standards for professionals and providers on mandatory reporting of child sex abuse. 3. Offer training. 4. Engage in public education. 5. Collect data.

Target Population: Providers, adults and parents

Wards Served: Wards 1-8

DC Children's Trust Fund

Program #1: Grant-making services

Program Description: Title II Lead Agency to prevent child abuse and neglect in the District of Columbia. Annually inventories prevention activities/programs to identify gaps. Awards grants to address gaps in prevention activities. Current focus is parent support.

Target Population: Community-based organizations, schools, and faith-based organizations

Wards Served: Wards 1-8

Program #2: Parent Empowerment

Program Description: A network of parent support groups and children's programs following the Parents Anonymous model. Purpose: To strengthen families. Groups meet once per week or around 2 hours. Parents give and receive support. The model is one of shared leadership.

Target Population: Open to all parents; some groups are specialized, i.e., fathers, teen parents, parents of children with special needs, kinship providers, new parents, parents who are homeless, etc.

Wards Served: Wards 1-2 and 4-8

Program #3: Public Awareness

Program Description: Variety of strategies used to develop a community ethic of caring for children and supporting parents, including National Parent Leadership Month, Family Strengthening Month (formerly National Child Abuse Prevention Month), Kwanzaa essay contest.

Target Population: General population, parents, caregivers, personnel at human services agencies, government officials, funding agencies and individuals

Wards Served: Wards 1-8

Program #4: DC KIDS COUNT

Program Description: Annual gathering and publication of data on child well-being in the District of Columbia. Interpretations of findings are sent to public policy makers, community personnel, and the general public.

Target Population: Residents, public policy makers, funding agencies and individuals, general public, human service personnel

Wards Served: Wards 1-8

Program #5: Public Policy

Program Description: Based on data in the KIDS COUNT Fact Book and community reports, advocates the development of public policies and practices to support families and protect children.

Target Population: Public policy makers, community advocates, human services personnel, parents, general public, funding agencies and individuals

Wards Served: Wards 1-8

DC Children and Youth Investment Trust Corporation

Program: Grant-making services

Program Description: Supports the quality, quantity and accessibility of programs for children, youth and their parents, bringing private foundation and corporate resources to the District. Awards nearly \$70 million to community-based organizations, serving on average over 20,000 children and youth year-round. More than half of the Trust Corporation's funding is invested in programs that provide services in Wards 7 and 8, putting the majority of dollars in the areas of greatest need according to a 1999 study by the Urban Institute. All grants are performance-based, using Trust Corporation-defined outcomes and grantee-agreed-upon benchmarks. In FY 2006, approximately 10% (\$700,000) of the Trust's grants were for child abuse and neglect prevention programs.

Target Population: FY 2006 Grantees included Mary's Center for Maternal and Child Care, Inc., Parklands Community Center, Center for Child Support and Family Services, Greater Washington Urban League, Bright Beginnings, Boarder Babies Project, Centronia, and Advocates for Justice.

East Capitol Center for Change

Program: LifeStarts

Program Description: Provides mentoring, life skills coaching, support and advocacy for youth & their families residing in neighborhoods east of the Anacostia River in Washington, D.C. and Prince George's County Maryland. Models the conviction that transformation begins within the heart. Purpose: to encourage individuals to cultivate change in their own lives and, by extension, to inspire others to do the same, and to have substantial control over and ownership of the local resources that affect them in order to have healthy households.

Target Population: Youth & their families residing in the neighborhoods east of the Anacostia River in Washington, D.C. and Prince George's County Maryland

Wards Served: Wards 7 and 8

East River Family Strengthening Collaborative

Program #1: Family Services Division

Program Description: Provides supportive and preventive services to families living in Ward 7 to prevent children from entering foster care. Activities include family team meetings, case management, parenting, information and referral, budget management, housing, visitation, and family group conferencing. Assessment of risk factors associated with a family.

Target Population: Families with children living in Ward 7. Some eligibility requirements are attached to certain programs (housing and emergency assistance).

Wards Served: Ward 7

Program #2: Second Responder

Program Description: Assists youths to reduce youth crime in Ward 7. Works with a number of youth initiatives (Peacaholics, VIP, ERCPCP, FarSoutheast Collaborative, MPD, USAO) to respond to critical incidences and to provide services to victim's and perpetrator's families.

Target Population: Youth living in Ward 7 who are between the ages of 14-24, and who are members of gangs or at risk of becoming a member of a gang

Wards Served: Ward 7

Ethiopian Community Center, Inc.^{§§§§}

Program: Immigrant and Refuge Services

Program Description: Meets the needs of immigrants and refugees from Ethiopia and other countries through a wide variety of services designed to assist families and individuals to become self-sufficient and contributing members of the society. Provides services to thousands of refugees and immigrants and has been supported by local and state governments, foundations, individuals and voluntary organizations. Services include

^{§§§§} Please note that information about this organization was not collected through the online survey.

teaching of English as a Second Language (ESL); computer training; immigration and citizenship counseling and assistance; employment counseling and assistance; interpretation and translation services; acculturation; workshops on housing, health, education, immigration, employment and other similar topics; and referral services.

Target Population: Most clients are immigrants and newcomers from Africa. The center also serves clients from Asia and Latin America. There are no eligibility requirements.

Wards Served: Wards 1-8

Edgewood/Brookland Family Support Collaborative

Program: The Family Preservation and Support Program/ Capacity Building Program

Program Description: Creates neighborhood-based support networks to promote healthy families, safe neighborhoods and thriving communities. Reduces incidents of child abuse and neglect by engaging residents and community stakeholders in the process of supporting children and families in our targeted neighborhoods. Operates Family Support Centers in Brookland Manor, Carver/Langston and Trinidad/Ivy City. Designed to preserve and reunite families through neighborhood-based services and supports by reducing or eliminating the possibility of children being removed from their families or community. Incorporates support of residents, service providers and other groups in the target area. Designed to develop and expand programs and supports for families and children at the neighborhood level.

Target Population: Families with dependent children who reside in Ward 5 and in parts of Ward 6. Eligibility requires that (1) there is at least one dependent child living in the home, and (2) the caregiver requests/consents to services that EBFSC can provide directly or can refer to other resources.

Wards Served: Ward 5 and Ward 6

Family Assistance In Coping With Trauma and Stress, Professional Limited Liability Company

Program: F.A.C.T.S., P.L.L.C.

Program Description: Outpatient mental health facility on Capitol Hill promoting bio-psycho-social health, self + relationship development, and educational + employment success in persons across the life span. Provides confidential, effective, mental health care for children, adolescents, and adults in a safe and caring environment.

Target Population: Ages 5-85; trauma survivors and their families

Wards Served: Wards 1-8

GAP Community Child Care Center

Program: GAP Center

Program Description: Quality multi-cultural educational and developmental child development center.

Target Population: Young parents, families, low income, black and Hispanic.

Wards Served: Ward 1

Georgetown University Center for Child and Human Development

Program #1: Home Instruction for Parents of Preschool Youngsters (HIPPY)

Program Description: Participating families receive a home visit one time per week to role-play the curriculum packet with their home visitor. All activities are geared to providing early literacy support to children ages 3-5 years. Provides families with referrals to community services as needed. Offers developmental screening to at-risk participants. Teaches parents skills to work effectively with their children, instilling parents with knowledge that they are their children's first and best teachers. Home visitors are taught the warning signs of abuse and neglect so families can be referred as needed.

Target Population: Families in Wards 7 and 8 with children 3-5 years of age

Wards Served: Ward 7 and Ward 8

Program #2: Supporting Children and Families

Program Description: Provides child-focused services to support and increase parenting and advocacy skills. Coordinates with contracted service providers to provide basic services to families at the DC Village Emergency Shelter, and utilizes community services already available. Conducts mental health screening and referral for parents, developmental and mental health screening for children, assessments and referral for families. Provides health, mental health and nutritional counseling using the Bright Futures guidelines. Instructs family members how to stimulate their children's development via age-appropriate activities that can be conducted at DC Village or accessed in the community.

Target Population: Families living at the DC Village Emergency Shelter

Wards Served: Wards 1-8

Georgia Avenue/Rock Creek East Family Support Collaborative

Program #1: Family Stabilization/Capacity Building

Program Description: Provides direct services to families, including intensive case management, housing support, financial assistance, information and referral services. Involves provision of interventions across the service continuum, aimed at resolving immediate crisis, identifying and linking to needed resources, and/or providing the support and supervision necessary to achieve permanency goals and family well being. Purpose: to provide neighborhood-based service intervention to families, and to prevent abuse and/or neglect of children. Raises the awareness of the community and its residents regarding the needs and issues confronting children and families in the community. Provides activities to educate the community and empower them to become more involved in the lives of vulnerable children and families, including Parenting Workshops, Support Programs, Youth Enrichment, Ward 4 Core Team participation, Child Abuse Awareness activities, Annual School and Community Fellowship Breakfast, Annual Community Cookout, Sexual Abuse and Molestation Prevention Training, and mini-grants provided to support projects that enrich youth and families.

Target Population: Families with minor children 18 and under living in Ward 4, families referred by CFSA, youth involved in the foster care system referred by CFSA

Wards Served: Ward 4

Program #2: Fatherhood Initiative

Program Description: Assists fathers in developing and sustaining positive relationships with their children and families. Activities include support groups, information and referrals, job search assistance, advocacy, and family dynamics classes. Objectives: to conduct daily outreach and recruitment; serve as a community liaison from client to service provider; refer fathers to community and city wide resources, and to help them access and utilize them; promote early, continued and the reestablishment of father involvement in their children's activities.

Target Population: Low-income, custodial and non-custodial fathers

Wards Served: Ward 4

Program #3: Community Care Grant Program

Program Description: Assists homeless families to obtain safe, stable housing with time-limited supportive services that advance and support the families' effort to become independent and self sufficient. Provides families with an array of resources through the allocation of rent subsidies and support services that will ultimately result in housing stability and independence. Activities include Intake/Engagement case management, psychosocial assessment, housing search, mental health services, employment assistance, and financial counseling.

Target Population: Families that are homeless, or are at-risk of homelessness, or living in a shelter

Wards Served: Ward 4

Program #4: Youth Truancy Rehabilitation Intervention Project (Y-TRIP)

Program Description: Focuses on reducing truancy at MacFarlan Middle School in DC. Provides intensive monitoring of school

attendance in addition to family-based services to children who are identified by the schools administration as needing help. Objectives include fostering greater student attachment to schools, increasing parental involvement, increasing youth and parent accountability, enhancing coordination of programs that support youth, and developing summer enrichment/academic activities for identified youth.

Target Population: Students with a record of 15 unexcused absences in a school year as identified by the school staff

Wards Served: Ward 4

Program #5: Perinatal Depression Project

Program Description: Increases awareness about depression. Conducts "House Parties" in the community, featuring guest speakers focusing on various topics, including mental health, self-esteem, self-care, financial management and career information. Goals: to increase screening for depression among the perinatal population; to decrease the stigma associated with mental health services while increasing the willingness of low-income Latinas and African American women to use mental health services; and to increase assessment, diagnosis, and treatment of depression among pregnant and post-partum African American and Latina women with low incomes.

Target Population: Low-income women of child bearing age, pregnant women, and postpartum women

Wards Served: Ward 4

Healthy Babies Project

Program: Healthy Babies Project

Program Description: Provides intensive outreach for pregnant and parenting women. Aims to reduce the rates of infant death, illness, low birth weight, and unintended pregnancies and improve the health, education and parenting outcomes for at-risk mothers, fathers and infants. All services are offered free of charge. Clients enrolled are nurtured, educated and maintained as active participants in their own care through the child's third year of life. Offers a strength-based perspective, accentuating and

building on the positive attributes in every family. Goals include reduction of the infant mortality and low birth weight rates in the population that we serve; improvement of health for infants and prevention/reduction of the incidence of child abuse and neglect as well as repeat pregnancies; increase in the number of fathers who provide stability to families we serve through positive parenting and support; development and implementation of effective mental health interventions and services; and providing structured and comprehensive health, prenatal, parenting and childbirth education.

Target Population: High risk, single income and low-income families. The home visitation program services Wards 5 and 6; all other programs and services are open to all Wards. No eligibility requirements.

Wards Served: Wards 1-8

Keys to Canaan

Program: Keys to Canaan

Program Description: Provides parents with positive and effective parenting skills. Objectives: to help parents become more nurturing, and to strengthen families. Activities include parenting workshops and individual counseling sessions. Methods address risk factors through one-on-one counseling sessions to help identify the source of problems, and to make appropriate referrals for individualized help.

Target Population: Individuals or families must reside in the Benning Terrace Housing Development.

Wards Served: Ward 7

La Clinica del Pueblo, INC.

Program: Mi Familia

Program Description: Includes a 16- week workshop for the entire family. Offers concurrent group therapy for parents, children and adolescents, and psycho-educational services for the treatment and prevention of child traumatic stress. Caters to the Latino community, parent and children's workshops are conducted in Spanish; adolescent workshops

are conducted in English and Spanish, depending on the needs of those attending.

Target Population: Latino families

Wards Served: Ward 1

Latin American Youth Center

Program #1: Latin American Youth Center's Foster Care

Program Description: Provides bilingual foster children and adolescents with bilingual case management plus room and board services. Provides training and licensing services to bilingual families within the Hispanic community to ensure that needs for culturally competent foster families are met.

Target Population: At-risk youth in danger of becoming or who are already homeless, youth under the care of the DC CFSA, infants and youth from ages 0 to 21

Wards Served: Wards 1-8

Program #2: Latin American Youth Center's Host Homes

Program Description: Provides emergency, short term, crisis intervention shelter services, specifically designed to provide temporary placement, crisis intervention, intensive case management, counseling, advocacy and referral services to young teens between the ages of 12 to 18 who are at risk or are runaway or homeless. Provides shelter for up to two weeks, case management for up to two months, follow-up services for two months, and counseling services for as long as needed by clients and their families.

Target Population: At-risk youth in danger of becoming or who are already homeless, and/or youth under the care of the DC CFSA

Wards Served: Wards 1-8

Program #3: Latin American Youth Center's Freddie Mac Program

Program Description: Provides services to young adolescents and adults who are part of the Foster Care Program or who are in danger

of becoming homeless or runaways. Rebuilds supportive relationships between youth and their biological families; seeks family reunification when possible; reduces incidence of prostitution and drug use among homeless and runaway youth by providing shelter and referrals to safe housing alternatives, including family reunification; reduces clients' long-term dependency on social services; empowers clients to develop effective interpersonal skills needed to maintain housing and a job; and provides minors with homes headed by competent caregivers.

Target Population: At-risk youth in danger of becoming or who are already homeless; youth under the care of the DC CFSA, infants and youth from ages 0 to 21

Wards Served: Wards 1-8

Mary's Center for Maternal and Child Care, Inc.

Program: Healthy Start Healthy Families

Program Description: Partners with families to ensure children are healthy, safe, and ready for school through home visitation, and linkages with community resources. Families receive home visits weekly from the Family Support Worker (FSW) for approximately six to twelve months, and thereafter on a regular basis as determined by the family's needs. Home visitation builds on the strengths and knowledge of each family and provides additional help and information with family planning, prenatal care, well-baby care, child development, parent-child bonding and interaction, child safety, and selecting an Early Head Start program or a safe and nurturing childcare provider. Links mothers with a continuum of services ranging from social supports, such as getting mothers involved in parent activities and a weekly playgroup at Mary's Center, to additional mental health evaluation, assessment, and counseling as needed. Staffing of the program is an interdisciplinary team that includes the Assessment Worker, Family Support Worker, Nurse, in-home mental health provider, and supervisor.

Target Population: Pregnant women, and mothers with newborns up to 3 months old who assess positive using the Kempe Family Stress Checklist

Wards Served: 1-8

Metro DC PFLAG

Program: Metro DC PFLAG

Program Description: Provides support, education and advocacy to keep families together and to promote the equality and well-being of lesbian, bisexual, gay, transgender, and questioning (LGBTQ) individuals. Provides parent support groups and works with youth in schools. Promotes parental understanding, tolerance and understanding to ensure safety for LGBTQ youth in their homes.

Target Population: Parents, families and friends of LGBTQ individuals. No eligibility requirements.

Wards Served: Wards 1-8

Mt. Carmel Baptist Church

Program: Parenting Education Training

Program Description: Training is the primary function of the Parenting Education Ministry. Objectives include instructing participants to improve their parenting skills; promoting personal and spiritual growth in participants; strengthening moral values in participants; coaching participants in better family relationships; improving skills of early child care providers. Addresses risk factors related to child abuse and neglect. Accepts referrals from DC, MD, and VA court systems for parents accused of neglect or abuse.

Target Population: No eligibility requirements other than being referred by an agency or being a self-referral and completion of four classes

Wards Served: Wards 1-8

National Black Child Development Institute

Program: SPARK DC

Program Description: Helps communities prepare children ages 3-6 to be ready for school. Works with schools to improve coordination and align programs and services for young children. Helps government agencies and community-based programs improve coordination to make the most of limited resources. Works with local

schools, early care and education providers, parents, and community leaders to develop practices that help parents and children feel welcome and supported in school. Helps teachers learn more about the early education programs in the school's community; helps early education providers learn more about schools and school readiness.

Target Population: Low-income and high poverty communities, programs serve infants and young children ages 0-8

Wards Served: Wards 1, 7 and 8

North Capitol Collaborative, Inc.

Program: Neighborhood Based Community Service

Program Description: Provides a comprehensive Neighborhood Based Family Support and Child Welfare Service Delivery System through the service categories of Family Stabilization. Includes information and referral services, community case management, supportive case management for cases referred from CFSA to NCCI, youth aftercare case management for youth aging out of the foster care system. Provides delivery of services in the category of Community Capacity Building, which is designed to increase the knowledge of and enhance the capacity of internal and external community resources for the prevention of abuse and neglect. Community Building Services are achieved through the development of initiatives designed to support and enhance a family support network: parent education training, parent support group, youth, and parent-gearred activities. Develops partnerships with area service providers, provides board development, trainings and increased staff development, and community engagement strategies (hot spot reports, engagement activities with the local ANC's, police departments, roving leaders and other key partners within the community).

Target Population: China Town, Mount Vernon, Truxton Circle, Bloomingdale, Ledroit Park, Edgewood, and Eckington neighborhoods.

Wards Served: Wards 1, 2, 5 and 6

Northwest Church Family Network (NCFN)

Program: NCFN

Program Description: Offers residential, apartment-style living to homeless families; parenting skills development, Parents Anonymous support groups, youth enrichment programs, substance abuse prevention groups, healthy living groups focusing on prevention and living with HIV/AIDS/ individual, and family therapy sessions

Target Population: Homeless families

Wards Served: Wards 1-8

Parklands Community Center

Program Description: Provides services, educational workshops and support for low-income parents to reduce the stress factors that lead to substance abuse and neglect. Works directly with parents to identify solutions and to address problems that could impede a parent from providing children with a healthy and nurturing home environment. Activities: in-home assessments, case management, parenting and personal development training, employment and housing assistance, family bonding activities and referrals. Methods: engages a parent in making decisions on their own behalf regarding support needed, engages their whole family in family activities and provides incentive to encourage regular participation and to stay in contact with the Parent Advocate.

Target Population: Low income residents living in Ward 8.

Wards Served: Ward 8

The Northwest Center

Program: The Northwest Pregnancy Center and Maternity Home

Program Description: Promotes the dignity of women and a respect for all human life. Offers loving support and comprehensive aid to enable all women to continue their pregnancies, deliver healthy babies, and to care for themselves and their children. Provides pregnancy testing, short and long term motherhood support, health education, resources, and referrals, including adoptions, prenatal care, medical assistance, educational, employment and housing resources

and referrals, material assistance (maternity and baby clothing, diapers, formula, car seats, and Safe Start Cribs for Newborns vouchers). Provides Career Connections Workshops, Parenting Classes, Prenatal Yoga, Motherhood Support Groups and Natural Family Planning Seminars. Provides transitional housing for pregnant women and women with infants, ages 0 to 18 months.

Target Population: The program serves low income pregnant and parenting women and families. No eligibility requirements.

Wards Served: Wards 1-8

Perry School Social Services

Program: Social Services

Program Description: Social services include counseling, parenting, and emergency assistance; family strengthening which includes family mentoring and fatherhood programs. Licensed social workers and family support workers help families and individuals overcome crises and chronic problems through counseling, parenting, emergency assistance, housing and day care assistance, and other services. Addresses and prevents child abuse and neglect and domestic violence; helps obtain new housing and/or avoid evictions; victims of HIV/AIDS receive housing assistance and counseling; leads people to education, training and job opportunities, helping to gain new hope in a caring and supportive environment.

Target Population: Residents of Wards 5, 6 and 1.

Wards Served: Wards 5 and 6, and 1

Positive Nature Inc.

Program: Positive Nature Therapeutic After-school Programs

Program Description: Provides structured strength-based therapeutic services to seriously emotionally disturbed, traumatized, and/or at-risk youth who either live in their homes or are in foster care. Operates from a holistic approach, providing services to families and schools where the children attend. Collaborates with community organizations, mental and behavioral health providers, and city agencies.

Emphasizes the power of positivity; works in very small ratios (5:1); uses therapeutic components including art, music, drama, dance, recreation, and woodworking as means of expression. Works with families around effective communication, and behavior modification. Provides help, support and sign-on in a unique co-parenting role for the time that each child is enrolled in the program, and beyond.

Target Population: Seriously emotionally disturbed or at-risk youth with a family income level at or below the poverty line, primarily African-American youth between the ages of 7 and 17. Participants have behavioral problems, and/or poor academic performance; several are also homicide survivors, children in foster care, and/or are suffering with depression and other mood disorders.

Wards Served: Wards 1-8

Progressive Life Center

Program: D.C. NIA Therapeutic Foster Care

Program Description: Provides comprehensive and intensive child placement services, which include clinical and case management activities. Serves children from birth to twenty-years old. Promotes and achieves permanency (reunification with parents and/or family members, adoption or transition to independent living) for each child and minimizes time in the foster care system. Safety and welfare is the primary concern.

Target Population: Children ages 2-20 years of age

Wards Served: Wards 1-8

Reaching Inside for Self Esteem, Inc. (RISE)

Program: Out of School Time Program

Program Description: Provides out-of-school time services to the residents of Benning Terrace in Ward 7. Participants receive homework assistance, reading tutoring, supervised sports, art and crafts, educational and recreational field trips; works with groups in conflict and anger management. Purpose: to stop truancy, improve attendance, prevent youth crime, and build self-esteem and confidence in

youth through critical thinking skills, team work, groups, individual and family guidance. Children that are participants in RISE are enrolled in a safety group. The program is free.

Target Population: Children who attend DC Public, Private or Charter Schools; children between the ages 5 to 15; children from single family homes receiving TANF, living in or near public housing. Parents struggling with addictions, drugs and/or alcohol use/abuse.

Wards Served: Wards 6, 7 and 8

Rosemount Center

Program: Rosemount Center

Program Description: Prepares children and families for the future through comprehensive early childhood education and family support programs in a bilingual multicultural setting. Offers and coordinates a range of multilingual comprehensive services including Bilingual instruction, Individualized Curriculum Education Plans, Quarterly progress reports, Weekly thematic lesson plans, mental health services, immunizations assistance, medical referrals, nutritional services, social services, speech and language therapy, physical therapy, occupational therapy, developmental screenings, hearing exams, vision and dental screenings, monthly parent meetings, trainings and family socializations, English-as-a-Second-Language classes, Home visits, and Parent/Teacher Conferences.

Target Population: Low-income families living at or below poverty line, families must enroll their child in our Early/Head Start program

Wards Served: Wards 1, 2 and 4

Sasha Bruce Youthwork, Inc.

Program: Sasha Bruce House Shelter

Program Description: Short-term shelter for youth, open 24 hours a day, providing crisis intervention, individual and group family counseling, case management, aftercare counseling, after-school positive youth development activities, summer enrichment activities, mentoring, and temporary respite care.

Target Population: Girls and boys between the ages of 13 and 19 who are not living at home for any number of reasons

Wards Served: Wards 1-8

So Others Might Eat, Inc. (SOME)

Program: SOME Women's Transitional Housing Addictions Program

Program Description: Goals: Maya Angelou House (Phase I) is a 90-day transitional housing/substance-abuse treatment program for homeless women. Harvest House (Phase II) is a transitional-housing and job-readiness program. Purpose: to instill hope and provide tools to empower homeless women to recover from addiction and to stabilize their mental health.

Target Population: Poor and homeless, including those with mental and physical disabilities and/or those addicted to drugs and or alcohol.

Wards Served: Ward 5

South Washington Collaborative

Program: South Washington Collaborative

Program Description: Develops and/or coordinates resources and services in the community to build the capacity of our residents and organizations, and to reduce the conditions leading to child abuse and neglect by supporting and promoting the social, emotional, physical, spiritual and economic growth and stability of our children, youth, and families.

Target Population: Ward 6 residents who are parenting children under the age of 18

Wards Served: Ward 6

Stop the Silence: Stop Child Sexual Abuse, Inc.

Program #1: Media advocacy and Education

Program Description: Increases public awareness and understanding of child sexual abuse (CSA) and promotes individual and community action. Specific objectives: (1) garner substantial local airtime and thereby increase exposure to primary messages,

resulting in increased awareness and problem recognition; (2) raise community members' awareness, knowledge, and understanding about CSA, resulting in an increase in their competency and effectiveness to ensure victims' rights.

Target Population: Local stakeholders; community- and faith-based organizations (CBOs, FBOs); the local public; and policymakers

Wards Served: Wards 1-8

Program #2: National Children's Bench Book

Program Description: A critical information tool for judges and other professionals to use as they address child sexual abuse maltreatment cases. When finalized in 2007, 1,500 books will be distributed to courts throughout the U.S. Internationally recognized experts, including physicians, social workers, child abuse experts, attorneys, and professors are developing the Bench Book which will set standards on how best to protect children when they come before the courts. Relies on the volunteer and pro bono efforts of top U.S. law firms, along with experts in trauma and experienced public service attorneys. Presentations include scientific evidence that children are often victimized over and over by improper handling of their court cases through excessive interviewing and exposure to the family member who has abused them. Finalization of the NCBB Project will include targeted training and outreach to discuss use of the information.

Target Population: Family court judges, and other court-related and child-related professionals

Wards Served: Wards 1-8

Transitional Housing Corp.

Program: Partner Arms I and II

Program Description: Provides housing and comprehensive support services to homeless and at-risk families so that they can make transformational changes in their lives and attain self-sufficiency. Parenting workshops are provided on a regular schedule in order to promote nurturing and the proper care of

children in a healthy, safe and supportive environment. Promotes best methods in the care of children during case management sessions and provides mental health and substance abuse supportive services.

Target Population: Homeless families and/or families who are at-risk of being homeless; persons entering the program must have proof of homelessness, and six months sobriety from the use of drugs and/or alcohol.

Wards Served: Wards 1-8

Valley Place Family Transitional Apartment Program

Program: Family Transitional Apartment Program

Program Description: Provides 18 fully-equipped transitional housing apartment units for homeless families. Services include 24-hour residential housing, general social services (food stamps, TANF, child care, etc.), case management, substance abuse counseling, assessments for medical/mental health needs, and referrals.

Target Population: Homeless families with children who have lived in emergency shelters for at least up to six months, and who have experienced difficulty in obtaining permanent living situations due to extenuating circumstances

Wards Served: Ward 8

Volunteers for Abused & Neglected Children

Program: Volunteers for Abused & Neglected Children

Program Description: Recruits, trains and directs volunteers who work on behalf of abused & neglected children in the Family Court system. Activities are permanency-based and designed

to guide children/youth toward responsible adulthood through one-on-one relationships, mentoring, coaching, building upon strengths of client, dealing with behavioral change(s) as well as parental obligations and skills, including attention to risk factors. Activities often include strengthening and transitioning foster youth towards new family structures and relationships.

Target Population: Children in the family court system due to child abuse and/or neglect; minority, low income families, often with single parents; youth exhibiting behavioral issues and/or academic deficiencies

Wards Served: Wards 1-8

Washington Hospital Center

Program: Life as a New Mom

Program Description: Support groups for new mothers. Mothers meet to discuss parenting issues and to benefit from the advice and counsel of expert guest speakers.

Target Population: New mothers, predominantly African-American and single; mothers dealing with depression

Wards Served: Wards 1-8

YMCA of Metropolitan Washington

Program: Afterschool and Camp Programs

Program Description: Afterschool and Camp programs designed to enhance academic achievement and to provide structured wellness opportunities.

Target Population: Children, ages 3-14, and their caregivers

Wards Served: Wards 2, 5, 7 and 8

SECONDARY PROGRAMS

Center for Child Protection and Family Support

Program #1: Discovery Every Parents Positive Image (DEPPI)

Program Description: Structured parent education and skill building projects designed to prevent child abuse and neglect through improved parent/child interactions and communication. Addresses stress management, family violence, health promotion, and child development. Includes 14 weekly sessions facilitated by a child abuse prevention educator.

Target Population: Low-income parents who are on TANF or in job training programs as part of welfare reform activities

Wards Served: Wards 5-8

Program #2: Mentoring and Supporting Each Youth (MASEY)

Program Description: Mentoring/tutoring for at-risk youth, aged 10-14 years, who are known to specific schools in the District of Columbia. Includes parent support, training of mentors about child abuse, and training on mandated reporting responsibilities.

Target Population: Youth 10-14 years and their families

Wards Served: Wards 6 and 8

Children's National Medical Center

Program: Parent's Anonymous

Program Description: Strengthens families to prevent child abuse and neglect. Goal: to allow parents to develop an understanding of, and increase the ability to engage in nurturing relationships with their children. Involves communication, openness, and the ability to engage in developmentally appropriate problem solving. Objectives: 1. to strengthen parents capacity to develop a nurturing relationship with their children 2. to increase parents knowledge and understanding of their child's development 3. to enhance parents ability to problem solve as a way of teaching their child (as opposed to the

punitive approach of physical discipline). Serves the entire family through free, weekly, and ongoing community-based adult and children's groups. Groups are co-led by parent group leaders and a licensed clinical social worker. While parents meet, children participate in a children's group that promotes their healthy growth and development.

Target Population: Parents of children with reports of child abuse; parents and/or children deemed at risk, based on the parent or child's temperament, the parent's own history of abuse, or other instances where child welfare professionals or group members have identified a parent in need

Wards Served: Wards 1-8

Coalition for the Homeless-DC Village

Program: Emergency Family Shelter

Program Description: Emergency family shelter services, including case management, referral services, and community linkages. Promotes self-sufficiency and successfully places homeless families into permanent and transitional housing.

Target Population: homeless families, and homeless pregnant mothers in the third trimester

Wards Served: Wards 1-8

Columbia Heights Youth Club

Program: Youth Leadership and Development

Program Description: Provides youth with a wide range of options and opportunities for personal development, including skills for critical thinking to prevent violent behavior and to lead them to a productive adulthood.

Target Population: Male and female youth, ages 12-24.

Wards Served: Wards 1, 4, 5, 7 and 8

Columbia Heights/Shaw Collaborative

Program: Family Services

Program Description: Provides comprehensive assessments, resources and referrals, case management and short term therapy to families experiencing stress or crisis.

Target Population: All families residing in the target area

Wards Served: Wards 1 and 2

DC Campaign to Prevent Teen Pregnancy

Program: How to talk to Teens about Love, Sex and Relationships

Program Description: Provides foster and birth parents with communication skills for talking with teens about love, sex and relationships. Parents learn the following: the importance of using correct language when referring to anatomy or teen pregnancy prevention; the need to communicate a values-based message about love, sex and relationships; and how to remove barriers to and offer solutions for more open and comfortable parent/child communication.

Target Population: Foster parents

Wards Served: Wards 1-8

DC Rape Crisis Center

Program: Prevention/Risk Reduction Program

Program Description: Good Touch/Bad Touch (grades pre-k-2) presentations: explains the differences between good touches and bad or secret touches. Children learn what to do if someone touches them inappropriately. Appropriate/Inappropriate Touch (grades 3-6) presentations: educates children on the difference between appropriate and inappropriate touches and what to do if they receive an inappropriate touch Multi-Session (middle school-junior high) presentations: helps students understand what sexual harassment is and how to identify resources and effective responses to it. Peer Education (High School) presentations: teaches the historical and social context of sexual violence during Phase I. Students share what they learn with their peers by conducting close to 60 presentations.

Target Population: All students in the District of Columbia, pre-K to 12th grade

Wards Served: Wards 1-8

East River Family Strengthening Collaborative

Program: Housing Program

Program Description: Provides housing assistance and permanent housing for homeless families living in Ward 7.

Target Population: Homeless families and/or families in jeopardy of becoming homeless

Wards Served: Ward 7

Far Southeast Family Strengthening Collaborative, Inc.

Program: Neighborhood-Based Child Welfare

Program Description: Provides neighborhood-based services, including case management, information and referrals, and specialty services to families residing in the Ward 8 community.

Target Population: Families residing in the Ward 8 community

Wards Served: Wards 8

Free Advice, Inc.

Program: Therapy Services for Victims

Program Description: Provides information and resources to empower at-risk youth and their families suffering multiple hardships. Includes professional in-home therapy services, workshops and programs for specialized populations, in-home and in-school therapy to the victims, and family interventions for the household.

Target Population: Children ages 3-18 years who have been victimized and identified by CFSA and/or DYRS, adult caregivers or parents. Cases usually are documented by a police report.

Wards Served: Wards 6, 7 and 8

Salvation Army's Turning Point Center

Program: Turning Point Center for Women & Children

Program Description: Seeks to break the cycle of chronic homelessness and joblessness for single mothers and their children. Provides safe, furnished apartments for up to two years while mothers gain the skills to become self sufficient. Mothers are involved from the beginning in decision-making about their futures; mothers must be enrolled in school or be employed while in the program. Services include case management, crisis intervention, individual and family counseling, advocacy, and classes on developing independent living skills.

Target Population: Homeless and/or at-risk young adult mothers (ages 16 - 28) and their children. Clients must have 6 months of documented sobriety if there is a documented history of substance abuse. If there is a diagnosed mental illness, client must have demonstrated and consistent compliance with therapy and/or medication recommendations.

Wards Served: Wards 1-8

Sasha Bruce Youthwork, Inc.

Program#1: Kindred Connections

Program Description: Provides case management, referrals, in-home counseling and other wrap-around services on a drop-in basis. Services also available on-site. Prevents removal of children from homes.

Target Population: Low-income youth, adults, and families living in the Henson Ridge community of Ward 8, open to the general public

Wards Served: Ward 8

Program #2: Transitional Living Program

Program Description: Supervised apartment living for young people between the ages 18 and 21 whose family problems prevent them from living at home. Residents may be self-referred or referred through the DC Dept of Human Services. Transitional Living Program residents receive counseling and support services while learning life skills necessary for living independently.

Target Population: Young people between the ages 18 and 21 whose family problems prevent them from living at home, people who are more likely to experience or commit child abuse or neglect

Wards Served: Wards 1-8

TERTIARY PROGRAMS

Break the Cycle

Program: Break the Cycle

Program Description: Promotes health and protects the rights of youth. Provides positive intervention in the lives of youth as they are forming their first relationships. Preventive education programs teach teens about domestic violence, healthy relationships and the legal options and responsibilities of young victims. Connects students to confidential resources for information and provides practical tools along with advice. Increases awareness about teen dating violence in the community at-large through public awareness campaigns, tabling and the website.

Target Population: Young people between the ages of 12-24 who are experiencing dating or domestic violence and are in need of free legal services

Wards Served: Wards 1-8

CASA for Children of DC

Program: Court Appointed Special Advocates

Program Description: Provides services to children and youth through five specialized programs. Relies heavily on the contribution of volunteer time and talent, corporate support, private donations, as well as public support.

Target Population: Children aged 0 to 21 who are involved in the welfare (abuse and neglect) system and/or the court system

Wards Served: Wards 1-8

Center for Child Protection and Family Support

Program: Child Abuse and Neglect: Victim Services Center

Program Description: Treatment services for abused and neglected children. Services include counseling, assessments, case management, mental health treatment, and victim support services.

Target Population: Child victims, ages 4 to 17 years

Wards Served: Wards 6, 7 and 8

Family & Child Services of Washington, DC, Inc

Program: Family Counseling/Mental Health

Program Description: Stabilizes families and individuals through counseling/therapy, parenting classes, and a domestic violence prevention program.

Target Population: Addresses individuals and families with social and emotional problems that are significant enough to interrupt normal activities

Wards Served: Wards 1-8

Girls and Boys Town of Washington DC

Program: Long term Residential / Traditional group homes

Program Description: Provides a family-style environment for youth who are in CFSA's custody between the ages of 13-17. Teaches youth social skills that they will be able to generalize in their daily living and incorporate upon departure from the program. Activities include educational advocacy, community-based recreational activities, natural family contact and visitation, and working directly with the CFSA social worker for permanency planning. Offers clinical support for individual and group counseling, issues related to boundaries and maintaining appropriate relationships, safety and peer relationships.

Target Population: Youth between the ages of 13-17, must be referred by and currently in CFSA's custody

Wards Served: Wards 1-8

Gospel Rescue Ministries

Program: Gospel Rescue Ministries

Program Description: Helping homeless men and women achieve self-sufficiency, housing, employment, and where applicable, freedom from addictions and debilitating effects of mental illness, plus treatment for and assistance to correct abuse issues. Goals: family reunification whenever it is possible and appropriate.

Target Population: Homeless and addicted adult men and women

Wards Served: Wards 1-8

N Street Village

Program: N Street Village

Program Description: Self-contained continuum of programs for homeless and low-income women – includes 3-level residential program: shelter, transitional and permanent. Primarily serving women with mental illness and/or addictions, and the chronically homeless. Non-residential programs include the Wellness Center, case management drop-in center and rehab, and employment services.

Target Population: Homeless and low-income women

Wards Served: Ward 2

Progressive Life Center

Program: Independent Living

Program Description: Provides Independent Living Life Skills.

Target Population: 17-21 years of age

Wards Served: Wards 1-8

Sasha Bruce Youthwork, Inc.

Program #1: Teen Mother's Program

Program Description: Provides a structured, caring and therapeutic environment for homeless teen mothers between the ages 13 and 21 so that moms and babies can remain together. Provides support, guidance and other needed assistance. Residents are referred by CFSA. Residents receive education and career guidance, assistance with housing and employment, training in parenting and life skills, and pre- and post-natal medical support.

Target Population: Teen African American mothers between the ages of 13 and 21, must be referred by CFSA

Wards Served: Wards 1-8

Program #2: Tabara House

Program Description: An independent living, foster care facility for older youth and young adults between ages 16 and 21. Residents are referred by CFSA. In preparation for successful adult independence, Tabara House empowers youth with educational and employment services; and a comprehensive aftercare component.

Target Population: African American males 16 to 21 years old, must be referred by CFSA, also active substance users

Wards Served: Wards 1-8

Public Programs

Information on public programs was obtained directly through requests to the appropriate agencies. Each program profile in the inventory is based upon information provided by the responding agencies. Please note: the profiles have been edited to maintain consistency within the inventory.

The inventory is organized first by level of service (i.e. primary, secondary or tertiary).***** Each respondent determined their program's specific level of service by indicating whether a program serves any or all of the following populations:

- everyone regardless of any history with child abuse or neglect (primary)
- people who are more likely to experience or commit child abuse or neglect (secondary)
- people who have experienced or committed child abuse or neglect (tertiary)

Programs are then listed alphabetically according to the agency's name. Agencies that submitted multiple programs may appear in more than one section of the inventory.

PRIMARY PROGRAMS

Child and Family Services Agency (CFSA)

Program Title: Grandparent Caregivers Pilot Program

Program Description: The purpose of this program is to help older people with low incomes that are raising their grandchildren, great grandchildren, great nieces, or great nephews. District residents who qualify may get money every month to help care for children living with them. The program was established on March 1, 2006 and will continue through 2009.

Target Population: Low-income DC residents with legal guardianship their grandchildren, great grandchildren, great nieces, or great nephews

Program Cost: \$4.5 million (2006-2009)

Funding Sources: Local

Clients Served: DC Residents with legal guardianship of grandchildren, great grandchildren, great nieces, or great nephews

Department of Health (DOH)

Administration: Addiction Prevention and Recovery Administration (APRA), Office of Prevention and Youth Services

Program Title: Grant-Funded Programs

Program Description: In FY06, the Office of Prevention and Youth Services funded 21 Youth Substance Abuse Prevention Programs (\$75,000 each, crossing fiscal years), 12 Capacity Prevention Programs (\$30,000 each), and 5 Faith-based Prevention Programs (\$5,000 each). Grants target youth (4-21 years)

***** Please page 20.

and their families throughout all wards of the District. Programs incorporate multiple substance abuse prevention strategies, including peer leadership, intervention and outreach, home-based behavioral therapy, school-based programs, youth development, and organizational development. Programs are primarily designed to enhance protective factors, to reduce risk factors, and to increase abstinence and youth resistance to substance abuse. Grants support evidence-based models.

Target Population: Programs target communities in all wards of the District. The target populations for programs include children ages 4-21 years, as well as adults/parents.

Program Cost FY06: \$1.96 million

Funding Sources: Federal (Substance Abuse Prevention and Treatment [SAPT] Block Grant), Local

Clients Served: 2500 children/adults

Evaluation: APRA will begin evaluating the impact of the youth substance abuse prevention programs with grantees during the second year of funding (Spring of 2007). APRA will also repeat the citywide household survey, in addition to the bi-annual youth risk survey (CDC) which is completed through District schools.

DC Housing Authority (DCHA)

Administration: Resident Services

Program Title: Service Providers on DCHA Properties

Program Description: DCHA provides property space, free-of-charge, to a variety of youth and family support service providers. Organizations currently operating at DCHA Properties include Boys & Girls Club of Greater Washington, Community Growth & Learning Association, DayBreak Ministries, East Capitol Center for Change, East of The River Clergy-Police Community Partnership, Friendship House Association, Georgetown University Hospital, Reaching Inside for Self-Esteem, Capitol Area Food Bank, Capitol Hill Group Ministry, Project Blessing for Hurting Parents, Southwest Community House, Wheeler Creek CDC, DC Department of Parks and Recreation, and the DC Department of Mental Health.

Department of Human Services (DHS)

Administration: Early Care and Education Administration (ECEA)

Program #1: Child Care Services

Program Description: ECEA contracts with 359 licensed centers and 215 licensed homes to provide early care and educational experiences for infants, toddlers, preschoolers, school age children, and children with disabilities. There are approximately 31,500 children, birth to 13 years of age, who are eligible for the District of Columbia Child Care Subsidy Program. The subsidy program operated by the Child Care Services Division of the Department of Human Services Early Care and Education Administration has been in existence since 1964 and has grown from a budget of \$75,000 to more than \$70 million annually.

Target Population: Low-income families, families receiving temporary public assistance, and those transitioning from public assistance to jobs, and to obtaining child care so they can work or attend training/education activities

Program Cost FY05: \$77 million

Funding Sources: Local, Federal: Child Care Development Fund (CCDF) and TANF

Clients Served: 13,700 (capacity)

Program #2: Pre-Kindergarten Incentive Program

Program Description: The Pre-Kindergarten Incentive Program is a collaborative effort between the District of Columbia Public Schools (DCPS) and the Department of Human Services, Early Care and Education Administration (ECEA). Its primary purpose is to ensure quality early education for four hundred and ninety-six (496) 3 and 4 year old District of Columbia children who are currently deprived of child development and early education services. Services are received in community-based settings and provide the same educational benefits as those received by their peers in public school pre-kindergarten classrooms. This is also a demonstration project intended to show to the public and the District's children the potential social and economic benefits of true-quality child development and early education services.

Classrooms are located throughout the District of Columbia and offer the following array of benefits:

- nationally recognized teaching methods for teachers and ongoing training by early childhood experts
- small classroom sizes, limited to 16 children with a teacher to student ratio of 2:16
- highly qualified staff (Bachelor and/or or Associate degrees)
- health screenings by medical professionals
- three nutritious meals provided daily
- classes that operate yearly, Monday through Friday
- convenient locations throughout the District
- six available and approved research-based preschool curricula

The following chart outlines private and public agency partners that participate in the Pre-Kindergarten Incentive Program, including numbers of classes provided and children served.

PROJECT	WARD	Number of Children Served	Number of Classrooms
Associates for Renewal in Education (ARE, Inc)	5	32	2
Barbara Chambers Children's Center	1	48	3
Bright Beginnings, Inc.	6	16	1
Catholic Charities Model Cities	5,6	16	1
CentroNia	1,2,4	64	4
DC Dept of Recreation (Edgewood Terrace)	5	16	1
DC Dept of Recreation (Watkins)	6	16	1
Easter Seals Greater Washington	1	16	1
Home Away From Home CDC	5	16	1
Nation's Capitol Child and Family Development	5	48	3
New Community Child Development Center	7	16	1
New United Christian Academy	6,7,8	16	1
Sunshine Early Learning Center	7, 8	16	3
United Planning Organization	2, 4, 7	80	5
TOTALS		448	28

Target Population: 3 and 4 year olds currently deprived of child development and early education services in the District of Columbia

Program Cost FY07: \$4.7 million

Funding Sources: Funding is provided by the DCPS through a Memorandum of Understanding (MOU) and administered by DHS/ECEA.

Clients Served: 448

Program #3: DC After-school for All

Program Description: Funded by ECEA, these programs have four components: (1) academic (2) art (3) physical exercise (4) community service. To participate, families must meet TANF eligibility requirements. All DCAFA programs operate from 3:30 p.m. – 6:30 p.m., Mondays through Fridays, during the academic year.

Upon successful documentation of receiving TANF benefits, families can participate in the after school programming for no fee. Other families pay a weekly fee on a sliding scale following proof of income (no family or student pays more than \$25 a child per week for up to two students per family).

Target Population: DCAFA is available for students in grades pre-K (HeadStart) through 8.

Program Cost FY06: \$11 million

Funding Sources: CCDF, TANF and Fee-for-Service

Clients Served: 8,000

Program #4: Out-of-School Time Grants- Immigrants/Newcomers

Program Description: ECEA funds after-school programs for newcomers at various community-based organizations. Activities include tutoring, homework assistance, photography, computer skills, language, character building, arts and crafts, life skills, and pregnancy prevention.

FY06 grantees included Asian-American Leadership, Empowerment and Development (LEAD -4 Sites), Bell Multicultural High School/MCIP, Vietnamese American Community Service Center, WAVE (Work, Achievement, Values and Education), Latin American Youth Center, and Mary's Center.

Target Population: Asian, African, and Latino newcomers

Program Cost FY06: \$1.65 million

Funding Sources: CCDF and TANF

Clients Served: 728

Administration: Income Maintenance Administration (IMA)

Program #1: Teen Pregnancy Prevention Program Grants

Program Description: IMA awards Teen Pregnancy Prevention Grants for services provided to children ages 11-15. Services include annual in-school, after-school and summer programming. Participants are provided peer-to-peer mentoring, training in responsible behavior and prevention of sexually transmitted diseases, abstinence education, and education on teen sexuality and interpersonal relationships. Youth participate in structured workshops on conflict resolution, health education, and community service activities. All programs actively engage parents in education services.

Target Population: D.C. middle school youth

Program Cost FY06: \$1.3 million

Funding Sources: TANF

Clients Served: 1,547; 1650 FY07 estimate

Program #2: Social Marketing Grants

Program Description: IMA granted 4 awards in FY06 to fund the development and implementation of teen pregnancy prevention and social marketing programs for promoting abstinence. The target population is youth in grades 6 through 12. The programs build upon the strengths of youth while seeking to influence and promote value-based behavior for youth and their families. Program design requirements include the endorsement of strong parent - child communications as a deterrent to risky behavior.

Target Population: Low-income and TANF eligible youth in grades 6 through 12

Program Cost FY06: \$1.3 million

Funding Sources: TANF

Clients Served: 500 youth participants, the communication campaign is projected to reach 1 million people in FY07.

Department of Mental Health (DMH)

Administration: School-Based Mental Health Program

Program #1: GOOD-TOUCH/BAD-TOUCH

Program Description: GOOD-TOUCH/BAD-TOUCH is a comprehensive, child abuse prevention curriculum that teaches children the skills they need to play a significant role in prevention or interruption of child abuse/sexual abuse in their own lives. Children are taught definitions of abuse, given prevention skills, including personal body safety rules, and encouraged to act if threatened. A variety of materials are used to reinforce the concepts. GOOD-TOUCH/BAD-TOUCH has been modified for use with children in preschool (4 and 5 year olds). Other curriculum modifications have been made for the developmentally delayed. School mental health clinicians facilitate the curriculum in 42 DC Public and Public Charter schools.

Program Cost FY06: Included in overall School-Based Mental Health Program budget

Funding Sources: Local

Clients Served: 568 (SY 05-06)

Evaluation: This curriculum has been field-tested with over 250,000 children. Through independent, rigorous scientific research conducted by professionals at the University of Georgia, it has been found to

be highly effective for preventing or interrupting sexual abuse. On-going evaluation of the program is conducted through pre- and post-testing of student knowledge.

Program #2: Parenting for Emotional Growth Pilot Program

Program Description: Developed by Dr. Henri Parens, Parenting for Emotional Growth is culturally competent, insight-oriented, strength-based series of workshops that informs the thinking of parents, in both thought and action, as they approach challenging situations in rearing their children. Using a developmental approach, the series highlights stages of psychosocial growth for children and provides a forum for parent discussion regarding reactions to these stages and new goals for effective intervention, based on new understandings. It should be noted that the word parent is interchangeable with extended family, caregiver, and guardian, the significant adult, who provides guidance and nurturance to a child.

The School-Based Mental Health Program (SMHP) is currently piloting the program at two schools:

(1) Children Studio School Public Charter School (grades PK-6) where parents of children attending the school are participating in the workshops; and

(2) Bell Multicultural High School (grades 9-12) where teen parents (primarily) Hispanic are participating in the workshops.

Program Cost FY06: \$5,900

Funding Sources: Federal (Community Mental Health Services Block Grant Program)

Clients Served: 15

Evaluation: Parents will complete pre and post self-assessments of their parenting skills and competence. Based upon evaluation of the program at the end of the pilot, the SMHP will consider further implementation into other schools.

Department of Parks and Recreation

Administration: Office of Educational Services

Program #1: Early Care and Education/HeadStart

Program Description: The Early Care and Education/HeadStart program is available weekdays from 7 a.m. to 6 p.m. for young children, ages 6 wks - 5yrs. old. This year-round program uses Creative Curriculum. The Curriculum addresses physical health, language/literacy, mathematics, science, creative arts, and social/emotional approaches to learning, combined with exciting educational recreational field trips. The children receive breakfast, lunch, and an afternoon snack. Parental involvement is highly encouraged, and special activities are planned specifically for parent/child interactions. Early childhood services are provided at 17 locations throughout the District, all licensed by the DC Department of Health and accredited by the National Association for Education of Young Children. The Office of Educational Services participates in the childcare subsidy program through the Department of Human Services.

Target Population: Children age 6 wks - 5yrs

Program Cost FY06: \$8.9 million

Funding Sources: Memorandum of Understanding with DHS/Office of Early Care and Education Administration, fees HeadStart

Clients Served: 200

Evaluation: Parent Surveys are distributed to family participants in all programs twice a year. Early Care and Education/Head Start sites are required to submit an Annual Report to the National Association for the Education of Young Children (NAEYC). The report includes areas that need strengthening and strategies for improving the program.

Program #2: Before- and After-School Care Program

Program Description: Our program for school-aged children is a positive alternative to being home alone before and after the school day. This is a year-round program, available Monday through Friday from 7 a.m. to 6 p.m., usually located in the school attended by the child. We provide a safe, caring environment that engages the child in recreational and educational activities. Homework assistance is offered to children in reading, mathematics and language arts. Multicultural experiences, recreational activities, field trips and child/parent activities round out the children's experiences. Sixteen programs are located in public school buildings, all licensed by the Department of Health. An afternoon snack and dinner are provided. The Office of Educational Services participates in the childcare subsidy program through the Department of Human Services.

Target Population: Children aged 4-12 years

Program Cost FY06: \$330,000

Funding Sources: Memorandum of Understanding with the State Education Office (SEO), Child and Adult Food Program

Clients Served: 300

Evaluation: Parent Surveys are distributed to participating families twice a year. This information is used to strengthen the program. In addition, Parent Meetings are held at each site for program staff to listen to issues/concerns parents might have and to work together with parents for development of strategies to address concerns.

Program #3: Preschool Cooperative Play Program

Program Description: Young children are introduced to a structured, play setting with activities that engage the whole child - mentally, socially, physically, and emotionally - in preparation for entering the formal education system. Emphasis is placed on socialization learning (i.e. taking turns, etc.); cognitive growth through music, painting, and cutting; and gross motor development by running and jumping. All parents must serve "a duty day" one day per week, per child, to assist with organizing and implementing and planning of activities. Each site determines a parent's duty day.

Target Population: Ages: 2 ½ - 5 yrs

Program Cost FY06: Parent fees collected in FY06 for this program were \$23,735

Funding Sources: Fee-for-Service

Clients Served: 100

DC Public School System (DCPS)

Program Title: Early Childhood Education

Program Description: The purpose of the Early Childhood Education Activity is to ensure the delivery of quality, preschool and kindergarten experiences through the implementation of scientific, research-based curricula. Effective instructional strategies prepare children for entrance to the public school system. Activities include Head Start, Even Start and pre-kindergarten recruitment; maintenance of highly qualified staff; instructional support and materials for principals, teachers and parents; and monitoring and evaluation of program implementation.

Program Cost FY06: \$25 million

Funding Sources: Local, Federal (Head Start, Even Start)

Clients Served: 5,000

Evaluation: The Head Start programs have comprehensive evaluation procedures mandated by the Federal government that include evaluation of the teachers, staff, curriculum, environment, and parent involvement. Even Start and the Family Literacy programs have similar evaluation requirements, also mandated by the Federal funding agency.

The DCPS pre-school and pre-kindergarten programs are evaluated as follows:

- DCPS evaluation procedures for teachers
- on-site visits (to review environment, materials, equipment and teaching strategies)
- observation checklists, narratives and teacher interviews

Administration: Division of Student and School Support Services /Student Intervention Services Branch

Program Title: Student Attendance Centers

Program Description: Two Student Attendance Centers operate under the Division of Student and School Support Services /Student Intervention Services Branch. The Centers facilitate the implementation of the Superintendent's Directive 522.4 to provide a comprehensive attendance program and a network of direct and support services to parents, students and the community with special attention paid to problems and concerns.

The Attendance Centers also provide specialized counseling, resource and referral intervention designed to assist students and their families with regular school attendance, as well as academic support to abate truancy and prevent students from dropping out. The Centers provide direct intervention services to suspected truants as well as technical support and direct services for supporting schools and the community in the implementation of the Compulsory School Attendance Law (CSAL). In addition the following services are provided:

- assistance in the preparation and submission of Truancy Court Referrals
- intervention and resource referrals for chronic student absenteeism and truancy
- technical assistance and regular staff development
- Attendance Management and Maintenance Workshops
- individual training and assistance as requested
- participation in school attendance and truancy conferences
- referrals for students and their families to community-based resources

Target Population: DCPS students and families

Program Cost SY05/06: \$453,120

Funding Sources: Local and Federal (Substance Abuse Prevention and Treatment (SAPT) Block Grant and Congressional Appropriation)

Clients Served: 3,114 students served, in addition to consultation and training provided to school staff and designees (200 adults)

Administration: Division of Student Services, Office of Transitory Services

Program #1: Homeless Children and Youth (HCY)

Program Description: The Homeless Children and Youth Program addresses educational issues pertaining to homeless families, children and youth. The program's mission is to ensure free, appropriate, public educational opportunities for homeless children and youths; to provide technical assistance to schools, shelters, and the community; and to promote awareness of homeless issues. Services provided include but are not limited to identification and tracking of homeless children and youths; assistance with school enrollment, immunization, intake, transportation, and dispute resolution; interagency and advocacy collaboration; staff development; after-school tutorial programs; parent training; and special projects.

Target Population: Transient population

Program Cost SY05/06: \$540,000

Funding Sources: Title 1 set-aside; McKinney-Vento Homeless Assistance Act

Clients Served: Transient population; reporting number for June 2006: 1,739

Program #2: Visiting Instruction Service (VIS)

Program Description: The Visiting Instruction Service (VIS) Program is designed to provide individualized, instructional services to students who may have had their regular education interrupted because of physical disability and/or health impairment resulting in the student becoming home- or hospital-bound. Physicians certify that the student is unable to attend regular school for three weeks or more.

Target Population: DCPS students who are home- or hospital-bound

Program Cost SY05/06: \$719,708

Funding Sources: Local

Clients Served: 59

SECONDARY PROGRAMS

Child and Family Services Agency (CFSA)

Program #1: Prevention and Support Services (Family Support)

Program Description: Community-based services that promote the well-being of children and families. These services are designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and to enhance child development. Services may include but are not limited to respite care for parents and other caregivers; early developmental screening of children to assess and provide for specific needs; mentoring, tutoring, and health education for youth; center-based activities; services designed to increase parenting skills; and counseling and home visiting activities.

A major component of the Prevention and Support Services is the Healthy Family/Thriving Communities Collaboratives. The Collaboratives partner with CFSA to perform the following functions:

- preventing future abuse and neglect by providing intensive services to at-risk families
- supporting ongoing CFSA cases that require service linkages, facilitating family visitations, and assisting foster and kinship families with other community-based support services
- providing aftercare support to ensure successful permanent placements for children who have exited the system, been reunited with family, or placed in kinship, permanent guardianship, or adoptive homes

In early 2006, CFSA and the Healthy Families Thriving Communities Collaboratives jointly formed the Front-End Services Committee. The Committee is charged with developing a plan to clearly define the partnership between CFSA and the Collaboratives, as well as to map out a collective strategy for serving the community through preventive services.

Target Population: At-risk families

Program Cost FY06: \$22.5 million

Funding Sources: Title IV-B, SSBG, Local

Clients Served: 4,500

Program #2: Parent-Teen Conflict Resolution and Respite Care Grant (PTCRRG)

Program Description: This grant funds conflict resolution interventions as soon as a family comes to the attention of the CFSA child abuse and neglect hotline and/or when there is imminent risk of child maltreatment. Services are time-limited, and include intensive home- and community-based treatment for parents and for youth beyond parental control or youth manifesting truancy and/or other delinquent behaviors. Immediate conflict resolution intervention includes a parent-initiated one-time only respite program for youth, not to exceed five (5) days. Conflict resolution interventions will continue while the youth is being transitioned back into the home at the end of the respite period. As the family returns to pre-crisis functioning, they will continue to receive support through a broad range of evidence-based therapeutic services designed to address clinical, social and educational problems. Services will continue for a period of up to six (6) months.

CFSA expects to release the Request for Applications (RFA) in December 2006 with awards made by March 1, 2007. Applications will be accepted only from non-profit, community-based organizations that

have demonstrated abilities to meet the needs identified in the RFAs. Organizations must commit to implementing the program measures over the grant period and may partner together to offer separate but coordinated components of the program.

Target Population: Youth who are not currently involved with CFSA, and who have no prior placement or foster care history with CFSA

Program Cost FY07: \$600,000

Funding Sources: Local

Clients Served: TBD

Program #3: Education Intervention Services Grant

Program Description: The Education Intervention Services (EIS) program provides an alternative response to families struggling to meet the educational needs of their child. These families are also the subject of a report of alleged educational neglect. Families will receive support through a broad range of evidence-based therapeutic services designed to address clinical, social and educational problems. Interventions will support improved educational outcomes, including greater parental awareness and participation in academic achievement. Services will continue for a period of up to six (6) months.

CFSA expects to release the Request for Applications (RFA) in December 2006 with awards made by March 1, 2007. Applications will be accepted only from non-profit, community-based organizations that have demonstrated abilities to meet the needs identified in the RFAs. Organizations must commit to implementing the program measures over the grant period and may partner together to offer separate but coordinated components of the program.

Target Population: Families that have been reported to the Hotline and/or that are under investigation for alleged educational neglect of children between the ages of 5 to 18 years

Program Cost FY07: \$100,000

Funding Sources: Local

Clients Served: TBD

Program #4: Healthy Start/Healthy Families Expansion

Program Description: CFSA will enter into a Memorandum of Understanding with the Department of Health's Maternal and Family Health Administration (MFHA) to expand the current capacity of the District of Columbia Healthy Start/Healthy Families in Wards 5, 6, 7 and 8. (These wards have the highest incidence of substantiated child abuse and neglect in the District.) This program shall serve to prevent the entry of families into CFSA through the provision of long-term home- and community-based services.

Target Population: Non CFSA-involved families that include expectant parents or mothers who are up to 3 months post-partum

Program Cost FY07: \$200,000

Funding Sources: Local

Clients Served: TBD

Department of Health (DOH)

Administration: Maternal and Family Health Administration (MFHA)

Program #1: DC Healthy Start

Program Description: The purpose of this program is to eliminate disparities in birth outcomes among African American and Latino populations. Case management enrollment is specific to pregnant women and women with infants less than 3 months old living in target areas of the District. The goal of DC Healthy Start is to reduce infant mortality and to promote child wellness through culturally appropriate outreach, recruitment and care coordination.

In 2007, the Healthy Families America Model (which uses a strength-based approach to prevent child abuse/neglect) will be integrated into the Healthy Start Model. This will result in the program's ability to expand its capacity to accommodate an additional high-risk 100-125 woman.

Target Population: At-risk pregnant and parenting women and their families (including fathers) up to the child's second birthday

Program Cost FY06: \$3.8 million

Funding Sources: Federal (Health Resources Administration)

Clients Served: Case management: 450 families (Contract with Healthy Babies Project); Woodson Sr. HS clinic: 650+ students

Program #2: Safe Start Cribs Program

Program Description: The Department of Health Maternal and Family Health Administration provides Sudden Infant Death Syndrome (SIDS) prevention activities that include the distribution of cribs through its Safe Start Cribs Program. In addition to distributing cribs for the program, the 1-800-MOM-BABY HealthLine provides for referrals for service coordination /case management, transportation, and other programs/services as appropriate.

Target Population: While available to any family regardless of eligibility, the program places an emphasis on identifying and serving infants and new parents who are at risk from community or home environment factors.

Program Cost FY05: \$175,000

Funding Sources: Federal (Title V, Medicaid)

Clients Served: 528 cribs were distributed in 2005

Administration: Medical Assistance Administration (MAA)

++++**Program Title:** High-risk Obstetrical/Newborn Case Management (Newborn Home Visits)

Program Description: Women identified as "high risk" are placed in a case management program to monitor and track the mothers and their unborn children's health care status. Services are provided during the pre-natal period. The identified mothers and newborns continue to receive services after

++++ Information regarding this program was received after the analysis was completed.

delivery. Home visits are initiated within 48 hours after discharge from the birth hospital or birthing center. Newborn home visits are provided two days after the mother and child return home in order to identify barriers and to develop strategies to improve the identification and care of newborns that have increased social and medical risks. Interventions include, but are not limited to, assessment and care planning, care coordination and parent education. The program is operated by the four Medicaid Managed Care Organizations in the District's Medicaid program.

Target Population: Medicaid recipients

Program Cost FY06: N/A

Funding Sources: Medicaid

Clients Served: 560 newborns/adults

Department of Human Services (DHS)

Administration: Income Maintenance Administration (IMA)

Program #3: New Heights

Program Description: In partnership with the DC Public Schools, IMA funds the New Heights program. This program provides in-school services to teen parents. The goal of New Heights is to help participants finish their education, increase their skills, and prepare to enter the workforce. New Heights offers reality-based training that allows participants to develop personally and to improve academic and parenting skills. It also offers GED preparation services, entrepreneurial training, and job placement services. The New Heights program has also developed a clothing store for working youth called the "New Image". The store provides clothing to program participants pursuing employment and/or involved in activities that expose them to employment opportunities.

Target Population: Low income pregnant and parenting teens, aged 18 or younger. Also includes teens aged 19 who are attending a diploma - granting program with the expectation of graduating prior to age 20.

Program Cost FY06: \$1 million

Funding Sources: TANF

Clients Served: 500

Administration: Family Services Administration

Program #1: Strong Families Program

Program Description: The Strong Families Program Division (SFPD) was created to provide comprehensive case management and clinical intervention services to vulnerable families, and to prevent them from becoming known to the District's child welfare, juvenile justice, homeless, mental health or criminal justice systems. Strong Families employs the following case management methodologies and service strategies: 1) standardized application and intake activities 2) a variation of the North Carolina Family Risk Assessment to measure the family's current risk and safety issues 3) a comprehensive assessment focused on the social history, needs, and strengths of each member in the family household 4) a multi-disciplinary, interagency staffing conducted with the family's participation to develop/update Family Service Plans 5) coordination and service linkage with other public and private agencies to address health, mental health, and substance/alcohol usage/abuse; also to address educational, literacy, employment/vocational, parenting, and other identified needs 6) monthly in-home counseling sessions,

based on the family's current level of risk 7) on-going case review via monthly supervisory conferences, case monitoring and evaluation, 90-day re-assessments of risk factors, and safe case closure or case transfer protocols.

Target Population: Vulnerable families in crisis, or families with complex, multiple needs with children under the age of 19; families that are homeless, or are at risk of becoming homeless; families that are displaced/relocated due to local or national emergencies or natural disasters; parents and children that have been subjected to domestic or family violence (federal grant, in partnership with DC Kids); families with school-aged children who are failing or at risk of failing academically; and families in which one or more members who are determined to be developmentally disabled (federal grant, in partnership with Quality Trust)

Program Cost FY06: \$2.4 million

Funding Sources: TANF, Federal grants (\$215,000)

Clients Served: 609 families were served during FY 2006. In addition, SFPD provided intake, crisis intervention and service linkage to 517 families and/or individuals who were evacuated after the Hurricane Katrina disaster.

Evaluation: Various methods of evaluation are utilized, including case record reviews conducted by management and administrative staff, feedback from consumer customer service surveys, required monthly supervisory conferences, case presentations, and analyses of statistical monthly reports and pre/post testing of Domestic Violence clients. Several instruments are utilized to gather and analyze data, including case record review forms, supervisory conference documentation forms, customer satisfaction survey tools, pre/post-tests for Domestic Violence cases, and standardized monthly reporting systems.

Program #2: Teen Family Assessment Program

Program Description: Operated by the Family Service Administration, the Teen Family Assessment program provides services for teens not living with their parents or guardians. Staff assesses the homes of all teenage TANF applicants less than 18 years of age to determine where they are living and to certify that they are residing with a responsible adult who will provide supervision. If the teen parent is not residing with a parent or legal guardian, case management and support services will be provided until the teen reaches 18 years of age or until the situation is stabilized. : The following services are provided:

- help for teens who have dropped out to locate and re-enter school or a GED program
- linking clients to community-based programs and services
- providing information and counseling on contraception to delay additional pregnancies
- help for teen parents to make healthy choices and to work through issues of adolescence

The Teen Family Assessment Program also works to reduce teen pregnancy by conducting workshops that engage adolescents and provide information about decision-making, relationships, goal setting, and personal responsibility. Workshops are provided for school and community-based groups.

Target Population: Teen parents (TANF applicants) less than 18 years of age

Program Cost FY05: \$291,000

Funding Sources: Federal (Social Services Block Grant (SSBG))

Clients Served: 46 teen parents (case management), 5,000 students through workshops

Department of Mental Health (DMH)

Administration: DC Community Services Agency (DCCSA)

Program #1: The Parent and Infant Development Program

Program Description: The Parent and Infant Development Program is a component of the Northeast Child and Family Community Support Team. This program provides a wide range of outpatient mental health services to infants and children, ages 0 – 5 years old. Particular emphasis is placed on prevention of developmental delays for infants and children whose parent's emotional and/or social problems constitute a risk to their children's' development.

The services are aimed at enhancing cognitive, emotional, and social growth among infants and young children. This Community Support Team has a Memorandum of Understanding with the Department of Health-Healthy Start program to provide services to pregnant women and teens, and mothers who have been screened for depression and whose results indicate that further assessment is indicated.

Target Population: Infants and children, ages 0 – 5 years old

Program Cost FY06: \$433,749

Funding Sources: Medicaid, Local, and Healthy Start

Clients Served: 156 mothers and children

Program #2: The Therapeutic Nursery

Program Description: The Therapeutic Nursery provides therapeutic, psycho-educational services that are family-centered, child-focused, accessible and culturally competent. The services apply to children aged 3-6 who have a primary handicapping condition of emotional disturbance and/or developmental delay. This is a collaborative program with District of Columbia Public Schools which provides the teaching personnel. The District of Columbia Community Service Agency provides the mental health services. Both entities are responsible for meeting the needs of the youth who are identified on the Individual Educational Plan. Mental Health staff assigned to this program includes the following: a psychiatrist, social worker, psychologist and mental health counselors. Children attend the nursery five days per week for a school day. Children also are provided services during the summer.

Target Population: Children ages 3-6 years old, who have a primary handicapping condition of emotional disturbance and/or developmental delay

Program Cost FY06: \$360,627

Funding Sources: Medicaid and Local

Clients Served: 29 children

Program #3: Core Mental Health Services

Program Description: DCCSA provides what is known as Core Mental Health Services to children and families. These core services include counseling, community support, medication management, and diagnostic and assessment services. The services are delivered in both clinical and natural settings. All services are designed to assess the safety of the child in his/her environment. The majority of services provided are defined as "treatment" because the youth/family must have a diagnosis and the service must be deemed medically necessary. Treatment interventions, however, are designed to address risk and

safety issues of all members of the family, especially the youth in the home and the primary caretaker who may be receiving services. DCCSA provides services through three community support programs to children and families.

DCCSA also provides community-based intervention services and mobile urgent/emergency services that are available 24 hours-a-day, seven days-a-week, including holidays.

DCCSA provides mental health treatment to youth who are enrolled in the Rose School and in the Jackie Robinson School for Excellence in Education. Both of these schools serve elementary-aged children with educational delay and serious emotional disturbances. FY06 DCCSA served approximately 130 youth in all Psycho-educational Programs.

Target Population: Children and families

Program Cost FY06: \$3.9 million

Funding Sources: Medicaid and District Local Appropriation Funds

Clients Served: 1500 children and youth

Evaluation: Since FY03, our services have undergone an annual, intensive review called the "Community Services Review". This review utilizes a standard evaluation tool conducted by an external contractor, Human System Outcomes. The evaluation determines the extent to which children and families are meeting resiliency goals related to safety and other important life domains that eliminate risk. It also searches for evidence that we are operating in a system of care which incorporates all aspects of the child's world while integrating our services with other systems. The DCCSA has consistently received high marks when measured against other agencies that contract with the Department of Mental Health.

TERTIARY PROGRAMS

Child and Family Services Agency (CFSA)

Program Title: Crisis Intervention (Family Preservation)/ Pre-Placement Prevention

Program Description: Services to prevent family disruption and unnecessary removal of children from their homes (as appropriate). These services may include intensive family preservation, post-adoptive support services, case management, counseling, day care, respite services, homemaker services, services designed to increase parenting skills, family budgeting, coping with stress, health, and nutrition.

Target Population: Children and families receiving in-home services from CFSA

Program Cost FY06: \$1.9 million

Funding Sources: Title IV-B, Local

Clients Served: 2,900

APPENDIX B: SUPPORTING DOCUMENTATION

APPENDIX B1: The Act

FISCAL YEAR 2007 SUPPORT ACT OF 2006 SUBTITLE N. ASSESSMENT OF DISTRICT PROGRAMS TO PREVENT ABUSE AND NEGLECT IN THE DISTRICT.

Sec. 5191. Short title.

This subtitle may be cited as the "Assessment of District Programs to Prevent Child Abuse and Neglect Act of 2006".

Sec. 5192. Definitions.

For the purposes of this subtitle, the term:

(1) "Primary prevention" means activities and services provided to families that are designed to prevent or reduce the prevalence of child abuse and neglect before signs of abuse or neglect may be present.

(2) "Secondary prevention" means activities and services provided to persons identified by etiological studies because of their propensity to abuse or neglect children in their care. Secondary prevention strategies target children who are identified as being at risk of abuse or neglect and are designed to intervene at the earliest warning signs of abuse or neglect.

Sec. 5193. Status of abuse and neglect prevention programs.

(a) The Mayor shall convene a working group to assess child abuse and neglect prevention programs in the District. The working group shall:

(1) Take an inventory of all current public and private programs for the prevention of child abuse and neglect, including:

(A) All primary prevention programs servicing the District;

(B) All secondary prevention programs servicing the District;

(C) All sources of local, federal, and private funding for each program;

and

(D) A determination of whether each program's services are evaluated for effectiveness; and

(2) Perform a gap analysis to identify where these programs are:

(A) Meeting, or failing to meet, the primary prevention needs of the District;

(B) Meeting, or failing to meet, the secondary prevention needs of the District; and

(C) Duplicating services identified in the inventory.

(b) The inventory and gap analysis shall be completed, submitted to the Council, and made available to the public no later than December 31, 2006.

APPENDIX B2: State-Wide CAN Prevention Plans

In recent years, states across the nation have engaged in coordinated efforts to develop comprehensive child abuse and neglect prevention plans. In order to benefit from the groundwork laid by these states for developing prevention strategies, CFSA reviewed a sample of eight CAN prevention plans published between 2004 and 2006.

- Arizona
- North Carolina
- Virginia
- Wisconsin
- Florida
- New Jersey
- Oklahoma
- Washington

Seven of the reviewed plans are proposed frameworks for comprehensive state-wide prevention strategies. The Washington State plan is already in effect and has established funding streams. In addition to detailing Washington's overall prevention approach, the plan identifies specific programmatic areas that are funded through the Washington Council for the Prevention of Child Abuse and Neglect: home visitation, parent education, parent support, and crisis nurseries.

The following strategies emerged as common among all states reviewed:

- system changes and capacity-building at state, local and community levels (6 states)
- evaluation and implementation of evidence-based practices (6 states)
- coordination of services to establish a continuum of care (5 states)
- support of effective CAN prevention programs with flexible and sustainable funding mechanisms (4 states)
- access to parent education and family support services (3 states)
- family access to primary and mental health care (3 states)
- promotion of family economic security (3 states)

While each state's plan reflects its unique CAN prevention needs, all states employed similar processes in the development of the plans. Most often the plans were the result of collaboration between one or more public agencies, interagency taskforces, and private organizations. Community-outreach through stakeholder meetings was the most commonly used approach in identifying unmet needs and critical issues. While it is not clear in all cases what the impetus for the development of the plan was, three state plans (Florida, Oklahoma and Washington) were mandated through legislation and two were the result of 'calls to action' by the state's governor (Arizona and Wisconsin).

APPENDIX B3: Annotated Bibliography of State-Wide CAN Prevention Plans

1. ***Action Plan for Reform of Arizona's Child Protection System (September 2004)***. Available at: <http://www.governor.state.az.us/cps/documents/NeglectPreventionSystem-Gov'sOfficeFinal.pdf>

The Prevention System Subcommittee developed this document to address prevention of child abuse and neglect in Arizona from several aspects. The recommendations address significant risk factors for child abuse and neglect, falling into five priority categories: parenting and family support, economic security, health, child care, and evaluating prevention programs.

2. ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010 (June 2005)***. Available at: <http://www.dcf.state.fl.us/childabuseprevention/downloads/Plan/PCAAAnplan.pdf>

The purpose of Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect is to reduce child maltreatment and its reoccurrence. Abuse, abandonment, and neglect are much more likely to occur under certain known child, family, and community conditions. To reduce child maltreatment rates and to prevent reoccurrence, this plan recommends three priorities: promoting safe, stable, and nurturing families and communities; ensuring that state and local service providers have the capacity to meet family and community needs, are responsive to those needs, and successfully meet the needs; and measuring the implementation and impact of statewide and local prevention efforts.

3. ***New Directions for North Carolina: A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention (September 2005)***. Available at: <http://www.preventchildabusenc.org/taskforce/report>

The goal of the Task Force on Child Abuse Prevention was to develop a statewide plan that focused on preventing maltreatment before it occurs, rather than on responding to and intervening in maltreatment (e.g., the child protection system). To accomplish this, the Task Force on Child Abuse Prevention was charged with developing a statewide plan to prevent maltreatment. This plan addresses several critical challenges: leadership of child maltreatment prevention, measuring and monitoring of child maltreatment, social norms and policies, evidence-based and promising practices, system changes, and funding.

4. ***New Jersey's Statewide Child Abuse & Neglect Prevention Plan October 2005 – September 2008 (October 2005)***. Available at: <http://www.state.nj.us/humanservices/NJTaskForcecan/Publications/NJStatewideChildAbuseandNeglectPreventionPlan20052008.pdf#search=%22New%20Jersey%E2%80%99s%20Statewide%20Child%20Abuse%20%26%20Neglect%20Prevention%20Plan%20%22>

New Jersey's Statewide Child Abuse & Neglect Prevention Plan was developed by the New Jersey Task Force on Child Abuse and Neglect and the Division of Prevention and Community Partnerships. The Plan is a primary and secondary prevention model for a statewide infrastructure that provides a comprehensive continuum of care. The Plan has four major goals. The first three are the domains into which the plan is divided, Environmental, Systemic and Individual/Program. The fourth is an overarching requirement that applies to every domain and all three divisions of involvement on the state, county and local level: creating an environment that supports systemic change; coordinating and improving the systems that support children and families; strengthening children, families and the programs and providers that serve them; involving stakeholders as powerful partners in change.

5. ***Oklahoma State Plan for the Prevention of Child Abuse and Neglect (April 2004).*** Available at: <http://www.health.state.ok.us/program/cap/State%20Plan%202004.pdf>

The Child Abuse Prevention Act calls for the Office of Child Abuse Prevention and the State Interagency Child Abuse Prevention Task Force to prepare the Oklahoma State Plan for the Prevention of Child Abuse and Neglect. The purpose of the comprehensive State Plan is the planning and coordinating of child abuse prevention programs and services, and the establishing, developing, and funding of such programs. The recommendations set forth the priorities for the State's strategy for the prevention of child abuse and neglect with emphasis given to primary and secondary prevention. The recommendations relate to the following areas: funding of services, infrastructure building, finding and appropriately filling gaps, evaluation of what works, women's health issues, and interagency provision of services.

6. ***A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia: 2005-2009 (January 2005).*** Available at: http://www.preventchildabuseva.org/downloads/DSS_Child_Abuse_Prev_Dec05.pdf

The Virginia Department of Social Services (VDSS) and Prevent Child Abuse Virginia (PCAV) initiated a strategic planning process in 2004 to develop a practical plan of action to prevent child abuse and neglect. Committee members included representatives of state and local agencies, nonprofit organizations, academic institutions, the military, and parents. This plan identifies nine strategies that will help further reduce child abuse and neglect: establishment of a long-term leadership structure, development of funding mechanisms to support prevention efforts, expansion of prevention partnerships, enhancement of the prevention capacity of the Department of Social Services, use of evidenced-based and promising new prevention approaches, utilization of feedback from parents and communities to help identify needs and successful programs, increase of advocacy efforts at the state and local levels, implementation of interdisciplinary training, and expansion of public education and outreach programs.

7. ***Got Prevention? A Report from Washington Council for Prevention of Child Abuse & Neglect (2005).*** Available at: http://www.wcpcan.wa.gov/Files/2005_report.pdf

The mission of the Washington Council for Prevention of Child Abuse & Neglect (WPCAN) is to provide leadership to and a statewide focus on the prevention of child abuse and neglect, and to encourage and support effective community prevention efforts. Based on research for what works best to prevent child abuse and neglect, WPCAN invests in the following types of programs: home visitation programs, parent education, parent support activities, and crisis nurseries that offer respite care and support to families in crisis.

8. ***Wisconsin's State Plan to Prevent Child Maltreatment (2006);*** Available at: <http://wctf.state.wi.us/home/CTA/State%20Plan.pdf>

The State Call to Action is a bipartisan, statewide effort intended to raise awareness of the human and economic costs of child abuse and neglect; propose short- and long-term child abuse and neglect prevention strategies; and to strengthen public will, resources, and community capacity to prevent child abuse and neglect. Six areas of concern were selected to be the focus of the State Call to Action: uniform, comprehensive systems of family support; family economic success; mental health and substance abuse; children's mental health; child Abuse and domestic violence; and child sexual abuse prevention.

APPENDIX B3: Full Service Array

I. Community/Neighborhood Prevention, Early Intervention Services (1-27).	II. Investigative, Assessment Functions/Services (28-36).	III. Home-Based Interventions/ Services (37-55).	IV. Out-of-Home Interventions/ Services (56-82).	V. Child Welfare System Exits Services (83-96).
<ol style="list-style-type: none"> 1. Community Services Information and Referral. 2. Cash Assistance, including: <ol style="list-style-type: none"> a. Food Assistance. b. Utilities Assistance. c. Clothing Assistance. 3. Housing Assistance. 4. Child Care Assistance. 5. Transportation Assistance. 6. Employment Assistance. 7. Crisis Stabilization Services. 8. Children's Health Insurance Programs. 9. Primary Child Health Care. 10. Child Dental Care. 11. Primary Adult Health Care. 12. Educational Services for Children. 13. Family Support Centers. 14. Neighborhood Service Time Banks. 15. Home Visits to Parents with Newborns. 16. Parent Education/Parenting Classes. 17. Life Skills Training/Household Management. 18. Crisis Nurseries. 19. Parents Anonymous. 20. Head Start/Early Childhood Ed. 21. School-Based Personal Safety Curriculum. 22. School-Based Family Resource Workers. 23. Before- and/or After-School Programs. 24. Mentoring for Adults. 25. Mentoring for Children and Youth (e.g., Big Brothers/ Big Sisters). 26. Child Abuse and Neglect Education (mandated reporters, etc.). 27. Child and Family Advocacy. 	<ol style="list-style-type: none"> 28. Child Abuse and Neglect Report/Hotline. 29. Child Protection Services (CPS) Intake. 30. Multiple Track Child Protective Services (CPS) Response. 31. CPS Investigation, including Safety and Risk Assessments. 32. Placement Decision-Making and Permanency Planning. 33. Comprehensive Family Assessment. ---- 34. Specialized CPS/Domestic Violence Investigation. 35. Domestic Violence/CPS Protective Order Process. 36. Child Justice/Child Advocacy Centers. 	<ol style="list-style-type: none"> 37. Voluntary In-Home Child Welfare Casework Services. 38. Involuntary In-Home Child Welfare Casework Services. 39. Case Management Services. 40. Family Group Conferencing. 41. Wrap-Around Services. 42. Placement Prevention Flexible Funds. ---- 43. Homemaker Services. 44. Parent Pals/Child Welfare Mentors. 45. Behavioral Aides. 46. Father/Male Involvement Services. 47. Public Health Aides. 48. Outpatient Substance Abuse Services. 49. Outpatient Domestic Violence Services. 50. Outpatient Mental Health Services. 51. Child/Adolescent Day Treatment. 52. Sexual Abuse Treatment. 53. Therapeutic Child Care. 54. Intensive Family Preservation. 55. Respite Care for Parents. 	<ol style="list-style-type: none"> 56. Voluntary Out-of-Home Child Welfare Casework Services. 57. Involuntary Out-of-Home Child Welfare Casework Services. 58. Concurrent Case Planning. 59. Placement Disruption Services. 60. Reunification/Permanency Casework. ---- 61. Court Appointed Special Advocates (CASA). 62. Supervised Visitation. 63. Post-Prison Reunification Services. 64. Emergency Kinship Placement. 65. Emergency Shelter Care. 66. Domestic Violence Shelters. 67. Legal Counsel for Children in Custody. 68. Legal Counsel for Parents When Children in Custody. 69. Child Welfare Mediation. 70. Family Foster Care. 71. Medically Fragile Foster Care. 72. Treatment Foster Care. 73. Shared Parenting Foster Care. 74. Foster-Adoptive Care. 75. Respite Care for Foster Parents. 76. Group Home Care. 77. Residential Programs for Adolescent Behavior Problems. 78. Residential Adolescent Substance Abuse Treatment. 79. Residential Adult Substance Abuse Treatment. 80. Residential Substance Abuse Treatment for Women with Dependent Children. 81. Inpatient Adult Mental Health Treatment. 82. Inpatient Child/Adolescent Mental Health Treatment. 	<ol style="list-style-type: none"> 83. Pre-Adoption Casework. 84. Post-Adoption Casework. 85. Independent Living Casework. ---- 86. Adoption Support. 87. Adoption Subsidy. 88. Post-Adoption Crisis Intervention. 89. Guardianship Support. 90. Guardianship Subsidy. 91. Independent Living Skills Development Program. 92. Independent Living Dormitory Services. 93. Independent Living Supervised Apartments. 94. Job Coaches. 95. Post-Secondary Tuition Waiver. 96. Foster Care Transition Medicaid.

APPENDIX B5: Community/Neighborhood Prevention, Early Intervention Services

Service 1: Community Services Information and Referral Line.

Description: A center and/or telephone line where community residents can access information about existing benefits, services, programs, and the procedures for obtaining or using them; a resource that helps people link to other appropriate sources of help.

Service 2: Cash Assistance (see also 2a, 2b, and 2c).

Description: Assistance in the form of emergency cash to help address a family crisis, such as money for the purchase of food, payment of a utility bill payment, a purchase of necessary clothing, or other emergency needs. This assistance may also be in the form of cash vouchers—a certificate permitting the recipient to purchase up to a specified amount from a designated provider.

Service 2a: Food Assistance.

Description: Assistance in obtaining food (for example, from food pantries). Also, assistance in qualifying for and accessing the major food assistance programs managed by the U.S. Department of Agriculture, including the Food Stamp program, the school breakfast and school lunch program, the special milk program, the Elderly Nutrition Program, and the Women, Infants, and Children (WIC) program.

Service 2b: Utilities Assistance.

Description: Assistance in paying overdue utilities bills when utility service is threatened or has already been cut off.

Service 2c: Clothing Assistance.

Description: Assistance to families to help secure needed clothing, such as back-to-school clothes, winter coats, clothes for job interviews, etc.

Service 3: Housing Assistance.

Description: Assistance in securing needed housing. This includes assistance in accessing publicly funded programs (mostly administered by the U.S. Department of Housing and Urban Development) designed to provide suitable homes for those unable to find or pay for them, including low-rent public housing, rent subsidies, home ownership assistance for low-income families and home maintenance programs for low income people. There are also services to assist homeless persons through homeless shelters and other services.

Service 4: Child Care Assistance.

Description: Assistance to families in securing and using child care to avoid a family crisis such as a loss of employment due to absenteeism as a result of a lack of childcare. Child care may be provided free of charge or on a reduced sliding scale.

Service 5: Transportation Assistance.

Description: Assistance in helping family members secure transportation for employment, keeping medical and other appointments, etc.

Service 6: Employment Assistance.

Description: Assistance in securing employment and assistance with supplemental services to support job retention (for example, transportation, child care, etc.). Also, services to assist persons develop the capacities and skills to be employable, including employment socialization, employment training, and vocational training.

Service 7: Crisis Stabilization Services.

Description: Services to adults and families in crisis who are at imminent risk of child maltreatment such that they may return to pre-crisis levels of functioning. These can include 24-hour services used for short-term emergencies.

Service 8: Children's Health Insurance Programs.

Description: Assistance in accessing state medical insurance for children whose lower income parent(s) do not qualify for Medicaid, either through the State's CHIPS program or any other insurance program that may be available, such as through the school system.

Service 9: Primary Child Health Care.

Description: Primary and basic health care services for children designed to treat, prevent, and detect physical and mental disorders and to enhance children's physical and psychosocial well-being. Important primary child health care services include well-baby services, immunizations, speech, language, hearing, and vision evaluations, urine and lead screenings, and assessments for disabilities and developmental delays. Medicaid's Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) is a primary child health care service available to qualifying children.

Service 10: Child Dental Care.

Description: Provision of general dental care services to children who have Medicaid or are not covered by insurance. Services are provided on a sliding scale.

Service 11: Primary Adult Health Care.

Description: Primary and basic adult health care services, designed to treat, prevent, and detect physical and mental disorders and to enhance adults' physical and psychosocial well-being. Important primary adult health care services include family planning, sexually transmitted disease testing and counseling (including HIV), and chronic disease services.

Service 12: Educational Services for Children.

Description: Services provided to children to meet their educational needs. Services can include educational testing and counseling and tutoring, based on academic need. The purpose of tutoring services is to provide remedial education services to children. The subject areas include, but are not limited to, reading, math, English/language, the sciences, and foreign languages.

Service 13: Family Support Centers.

Description: Drop-in centers, located in neighborhoods and other natural gathering places, offering family services and supports, including peer supports, often having services such as information and referral, housing, food, utilities, case, child care, clothing, transportation, and employment assistance under one roof.

Service 14: Neighborhood Service Time Banks.

Description: An organized neighborhood cooperative where residents voluntarily trade or exchange needed supports (for example, child care, transportation, house cleaning, home repair, meal preparation, elder care).

Service 15: Home Visits to Parents with Newborns.

Description: An early intervention and prevention program for new parents. Its purpose is to promote positive parenting and child health and development, thereby preventing child abuse, neglect, and other poor childhood outcomes. The largest home visiting program in the United States, Healthy Families America, is sponsored by Prevent Child Abuse America (PCA America).

Service 16: Parent Education (or Parenting Classes).

Description: Didactic and experiential education programs to teach parents how to be effective in child rearing and socialization, parent-child communication, and problem solving. Parents will also gain knowledge and skill development in such areas as disciplining children, anger management, and child development.

Service 17: Life Skills Training/Household Management.

Description: Individualized and classroom instruction, practical training, guidance, and mentoring to help people develop their abilities to carry out activities of daily living, such as home management, budgeting, nutrition, meal planning and preparation, home maintenance, sanitation, personal hygiene, finding and maintaining appropriate educational and vocational opportunities, using the social system to obtain needed assistance, and maintaining positive social interactions.

Service 18: Crisis Nurseries.

Description: Twenty-four hours, seven days a week, drop-in child care for parents who are stressed and/or fear they will maltreat their children.

Service 19: Parents Anonymous or Other Forms of Parent-Led Support.

Description: Private voluntary organizations comprised of parents who have experienced difficulties dealing with their children and who provide one another with mutual support. Parents Anonymous is one of many national self-help organizations whose members help one another restrain themselves from maltreating their children.

Service 20: Head Start or Other Early Childhood Education.

Description: Programs to provide preschool children of disadvantaged families with compensatory education to offset effects of social deprivation.

Service 21: School-Based Personal Safety Curriculum.

Description: Education for children to prevent child sexual abuse.

Service 22: School-Based Family Resource Workers.

Description: Social service workers stationed in schools to provide family support and other prevention services.

Service 23: Before- and/or After-School Programs.

Description: Educational and recreational services for children before and/or after the school day hours. The purpose is to provide safe, supervised activities for children, and the program supplies support—and in some cases respite—for family caregivers. Core services may include homework help, therapy, enrichment activities, and/or transportation home. For older children, core services may include life and socialization skills building, pre-employment skills and link to part-time work where appropriate, tutoring, computer time, field trips to enhance life experiences, sports and artistic activities, community service, free time, and/or snack/dinner.

Service 24: Mentoring for Adults.

Description: A program to provide a peer mentor who has successfully dealt with an issue to an adult in need. Examples include a peer who had abused or neglected his/her child but is parenting positively now, a peer who successfully stopped abusing alcohol or another substance, a peer who has successfully found and retained employment.

Service 25: Mentoring for Children and Youth.

Description: The provision of an adult mentor to a child or youth who is often from a single parent home. The purpose of mentoring services is to foster caring and supportive relationships for children. Big Brothers/Big Sisters is one such mentoring program; mentors, who work under professional supervision, provide individual guidance and companionship to boys and girls deprived of a parent.

Service 26: Child Abuse and Neglect Outreach/Education.

Description: Education of and outreach to community stakeholders and mandated reporters (for example, teachers, clergy, etc.) about child abuse and neglect—indicators of maltreatment, reporting requirements, services available, etc., in an effort to prevent abuse and neglect or provide early intervention before the problem worsens.

Service 27: Child and Family Advocacy.

Description: Advocacy for children and families on two levels: (1) for an individual child and/or family who has some immediate, unmet needs, and (2) to remove service barriers preventing multiple families from getting the services and supports they need.

APPENDIX B6: CAN Preventions Programs⁵⁷

Public awareness activities

Through public awareness activities, communities are able to promote healthy parenting practices, child safety skills, and protocols for reporting suspected maltreatment. Such activities have the potential to reach diverse community audiences, including parents and prospective parents, children, and community members. In designing prevention education and public information activities, national, State, and local organizations use a variety of media to promote these activities, including:

- public service announcements
- press releases
- posters
- information kits and brochures
- television or video documentaries and dramas

Skill-based curricula for children

Many schools and social service organizations in local communities offer skills-based curricula to teach children safety and protection skills. Most of these programs focus efforts on preventing child sexual abuse and teaching children to distinguish appropriate touching from inappropriate touching. Other programs focus on preparing young people to function successfully in society, while still others teach or enhance protective behaviors in children. Curricula may have a parent education component as well to give parents and other caregivers the knowledge and skills necessary to recognize and discuss sexual abuse with their children. Curricula may use various methods to teach children skills, including:

- workshops and school lessons
- puppet shows and role-playing activities
- films and videos
- workbooks, storybooks, and comics

Examples of skill-based curricula include the following programs: Talk About Touching, Safe Child, Good Touch/Bad Touch, Kids on the Block, and Illusion Theater.

Parent education programs and support groups

Typically, these programs focus on decreasing parenting practices and behaviors associated with child abuse and neglect. Though parent education programs may serve the general community, many are directed at populations determined to be at risk for child maltreatment. These programs address the following issues:

- developing and practicing positive discipline techniques
- learning age-appropriate child development skills and milestones
- promoting positive play and interaction between parents and children
- locating and accessing community services and supports

Examples of parent education programs include the following: Parents as Teachers, National Parent Aide Network, Meld, Effective Parenting Information for Children (EPIC), Parents and Children Together (P.A.C.T.), and the Nurturing Program.

Examples of parent support groups include Parents Anonymous® Inc. and Circle of Parents.

Home visitation programs

Rather than a specific program or activity, home visitation is a strategy for service delivery. Many organizations and agencies in fields as varied as education, maternal and child health, and health and human services use home visitation programs to strengthen and support families. Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies and young children. Activities offered through

home visitation programs may include structured visits in the family's home, informal visits, and/or telephone calls that focus on the following topics:

- positive parenting practices and nonviolent discipline techniques
- child development
- availability and accessibility of social services
- establishment of social supports and networks
- advocacy for the parent, child, and family
- maternal and child health issues
- prevention of accidental childhood injuries through the development of safe home environments

Respite and crisis care programs

Respite care services provide short-term care to children who have disabilities or chronic or terminal illnesses, who are in danger of abuse or neglect, or who have experienced abuse or neglect. For caregivers in stressful situations (they may be parents, foster or adoptive parents, or other relatives or guardians), respite care services provide temporary relief from the ongoing responsibilities of caring for children in the home. Crisis care is a unique form of respite. It is provided to children, with or without a disability, when the family is in crisis. Crisis care services may be referred to as crisis respite, emergency respite, crisis nursery, crisis stabilization, or shelter care (ARCH National Resource Center, 1998).

Family resource centers

Family resource centers are sometimes called family support centers, family centers, parent-child resource centers, family resource schools, or parent education centers. Family resource centers are located in a variety of community settings and serve diverse populations. Depending upon the resources available in the community, family resource centers may be located in churches, school buildings, hospitals, housing projects, restored buildings, or new structures. Based in the places where families naturally congregate, family resource centers serve as a central support within the community around which families can build their lives, regardless of the challenges they face. Family resource centers promote both the strengthening of families through formal and informal sources of support and the restoration of a strong sense of community. One or more of the following services may be included:

- parent skill training
- drop-in centers
- home visiting
- job training
- substance abuse prevention
- violence prevention
- services for children with special needs
- mental health or family counseling
- child care
- literacy
- respite and crisis care services
- assistance with basic economic needs
- housing

Family Support and Strengthening Programs

The Annie E. Casey Foundation defines family strengthening as a deliberated process that gives parents the necessary opportunities, relationships, networks, and supports to raise their children successfully, which includes involving parents as decision-makers in how their communities meet family needs. Common elements of family support programs include a focus on the family as a whole while incorporating strength-based approaches to family development, community-based services that are accessible, culturally sensitive, flexible and responsive; linkages to services; and partnering staff with families to identify and meet needs together.⁵⁸ Family Support America developed a Family Support Typology that describes five basic models of how family support is delivered.⁵⁹ The five models are as follows:

1. Family Support Centers - free-standing, stand-alone centers, typically known as family support or family resource centers.

2. Family Support Programs Nested within Larger Organizations - programs that are part of larger organizations (for example, schools, libraries, and programs located in Boys and Girls Clubs).

3. Organizations that Adopt and Work from the Principles of Family Support - family support values and principles can be expressed in a whole range of settings, even if a concrete family support program or center is not present (for example, in the work of child welfare agencies and businesses).

4. Community-Level Systems of Care - networks of multiple family support sites that represent a partnership between agencies and organizations to create a community-wide system of family support delivery.

5. Comprehensive Community Collaborative Structures - as part of the devolution of power to localities and communities, local “Collaboratives” have arisen for the primary purpose of planning and organizing human services at the community level.

APPENDIX B7: DC CAN Definitions

The DC Code defines child abuse and neglect as the “the intentional, physical or mental injury, sexual abuse, negligent treatment, or maltreatment of any child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which indicate the child’s health or welfare is harmed or threatened.”⁶⁰

Categories of Child Maltreatment

Definition	Examples
Physical Abuse	
Physical Abuse is indicated when non-accidental injuries occur	<ul style="list-style-type: none"> • Burns • Welts • Fractures • Bruises • Severe beatings • Unexplained or repeated physical injuries
Emotional Abuse	
Emotional Abuse occurs when a parent or caretaker allows or creates a negative emotional atmosphere for the child.	<ul style="list-style-type: none"> • Demeaning remarks • Unrealistic parental expectations • Perceived or actual threats of harm • Illegal behaviors taught to a child
Sexual Abuse	
Sexual Abuse happens when a child is exploited for the sexual gratification of an adult or older child.	<ul style="list-style-type: none"> • Involvement of a child in sexual activity • Knowledge of sexual behavior inappropriate for the child's age • Contact for sexual purposes, such as fondling or “games” • Involvement or exposure to prostitution and/or pornography
Neglect	
Neglect occurs when a parent or caretaker allows the child to experience avoidable suffering or fails to provide basic essentials for physical, social, and emotional development.	<ul style="list-style-type: none"> • Lack of basic food and clothing • Inappropriate child hygiene • Lack of appropriate supervision • Lack of education as required by law • Lack of medical treatment or medication for a serious illness • Residing in an inappropriate/dangerous living environment
Domestic Violence-Related Child Abuse	
Domestic Violence-Related Child Abuse occurs when a child experiences one or more of the following:	<ul style="list-style-type: none"> • Is injured during a physical altercation between adults • Witnesses domestic violence between adults • Experiences perceived or actual threats of harm • Experiences disruption in his/her living situation

End Notes

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