GOVERNMENT OF THE DISTRICT OF COLUMBIA

FEBRUARY 2025

Annual Public Report - FY2024

Implementation of the District of Columbia Adoption and Safe Families Amendment Act of 2000

GOVERNMENT OF THE DISTRICT OF COLUMBIA
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TABLE OF CONTENTS

INTRODUCTION

The District of Columbia Child and Family Services Agency (CFSA) Establishment Act of 2000 requires CFSA to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions CFSA has taken to implement the District of Columbia Adoption and Safe Families Amendment Act of 2000 (DC ASFA), which mirrors the federal Adoption and Safe Families Act (ASFA) of 1997. See Appendix A.

Both the federal and DC ASFA require timely placement of children in safe and stable living arrangements. To that end, CFSA uses a trauma-informed approach to meet the statutory practice and process requirements, including "reasonable efforts" to place children in permanent homes and to meet time requirements for CFSA to petition DC Superior Court for termination of parental rights for children who cannot be safely returned home to their parents.

The APR also provides the following information on the District's child welfare system during the District's 2024 fiscal year (FY) (October 1, 2023 – September 30, 2024):

- A statistical analysis of child welfare cases;
- An analysis of attempts to reduce the number of children in foster care;
- An evaluation of services;
- An evaluation of CFSA's performance for implementing ASFA;
- Recommendations for any supplementary legislation or services needed to fulfill the requirements set forth by ASFA; and
- Comments and recommendations submitted by the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN).

At the end of the District's 2024 fiscal year (October 1, 2023 – September 30, 2024), the total number of children in foster care was 496. The total number of families being served via in-home services was 361.

Requirements of DC ASFA

1. *Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.*
2. *Reasonable efforts are made to reunify children with their families, unless contrary to the child's safety.*
3. *Reports of abuse and neglect are expeditiously investigated, and appropriate action is taken.*
4. *Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.*
5. *Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent placement if family preservation or reunification services are unsuccessful.*
6. *Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.*
7. *Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.*
8. *Notice and opportunity to be heard in neglect and termination of rights cases are provided to a child's placement resource, foster or pre-adoptive parent, kinship caregiver, legal guardian, as well as the child's therapist.*
9. *Procedures related to interstate adoptions and medical assistance are established.*

IMPLEMENTATION OF THE ADOPTION & SAFE FAMILIES AMENDMENT ACT OF 2000

1. Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.

Case Planning

The District of Columbia's foster care system relies on CFSA's Out-of-Home Clinical Case Management and Support Administration (CCMS) and private agency partners to manage cases for children entering the system. Per CFSA's policies and practice standards, a crucial aspect of this process is developing formal written case plans within 30 days of opening a case and accompanying service plan. The case plans serve as blueprints for achieving the child's safety and permanency goals, created through a collaborative effort involving birth parents, age-appropriate children, resource parents, service providers, relatives, and other relevant parties.

In cases where reunification is no longer the goal, the case plan documents a path toward permanent placement with a stable, supportive, and committed relative or non-relative caregiver through adoption, guardianship, or legal custody.

The case plan encompasses a service plan, which is a detailed document outlining specific interventions and support services for the family. This plan identifies needs, goals, action steps, and timelines to address concerns and achieve safety and permanency for the children. It essentially acts as a roadmap for resolving challenges and reaching desired outcomes. Social workers use both informal and formal assessment tools to identify child and family-specific community-based services and interventions, which are then documented in the case plan along with established timeframes and desired outcomes.

It's worth noting that in 2024, out of 547 children served, 25 (5%) remained in foster care for less than 30 days and did not require the development of a formal written case plan.

Case Plan Time Frames

- Case plans are developed for every child (family); the initial case plan is developed within 30 days of the case opening.
- If the case is court-involved, the case plan is filed with the Family Court within 60 days of the case opening.
- The Service Agreement portion of the case plan (also known as a Service Plan) is updated every 90 days, or more frequently as needed. .
- The full case plan, including any Service Agreements, is updated every 6 months, or more frequently if a change in circumstance necessitates an update.

Permanency Hearings

District law requires the Family Court to hold a permanency hearing every 6 months after the initial permanency hearing. Because of this mechanism, the District maintains compliance with one year permanency hearing timeline standards throughout the life of its foster care cases. During permanency hearings, CFSA social workers, attorneys for all parties, and Family Court judges review and discuss case plan details and progress. Standardized court reports and court order templates help judges consistently and uniformly apply the Adoption and Safe Families Act (ASFA) legal requirements, including documentation of the establishment of permanency goals within the ASFA timeframes (described later in this report). Family Court judges must also inquire as to whether the Agency has made reasonable efforts to achieve the stated permanency goal within ASFA guidelines. If reasonable efforts are not found, the judge must document the Agency's identified barriers. These barriers are identified in the Family Court's permanency hearing reports and orders.

Youth Transition Planning

For youth ages 16 and older, CFSA develops a Youth Transition Plan (YTP) to incrementally prepare and pave the way for a successful transition to independent adulthood. When youth are ages 16 to 19, the transition planning team reviews the YTP every 6 months. For youth in foster care at the age of 20, the team reviews the YTP every 3 months until the youth turns 21.

Planning domains for the YTP include life skills, health, finances, education, employment, housing, transportation, social integration, sexual health, and family planning (as applicable). CFSA encourages youth to lead their own YTP meetings. However, in cases where that is not possible the social worker will take the lead. Participants typically include the social worker, guardian ad litem (GAL), supportive caregivers and relatives and, as needed, education and aftercare specialists from CFSA's Older Youth Empowerment Administration (formerly the Office of Youth Empowerment). Although youth attendance is required for YTPs to occur, the meetings are not mandatory. If a youth refuses to participate or has absconded, YTPs might not officially occur within the targeted timeframes; however, the youth's team is still required to meet in a professional staffing to discuss applicable domains.

As of the end of FY 2024, there were 166 youth between the ages of 16 and 20 who were in foster care. Of this number, a total of 29 (23%) youth ages 16-19 participated in at least one YTP within 180 days prior to September 30, 2024 and 20 of thirty-nine (51%) 20-year-old youth participated in the 3 month review of their YTP. As in previous years, the most commonly observed reasons for not completing YTPs within a 6-month period include youth in long-term abscondence and youth refusal to participate. There are also instances where youth are incarcerated. In rare cases, YTPs may be occurring but are not being documented. As the Agency prepares to launch its new Comprehensive Child Welfare Information System (CCWIS) in FY25, documentation of YTP participation will be streamlined.

2. *Reasonable efforts are made to reunify children with their families, unless contrary to the child's safety.*

When safety concerns require CFSA to separate children from their families, the Agency's priority is to reunify the family as soon as safely possible, unless the Family Court determines the child has been subject to aggravated circumstances. Aggravated circumstances include cruelty, abandonment, torture, chronic abuse, or sexual abuse; murder, attempted murder, or voluntary manslaughter of a child or household member; or assault constituting a felony against the child, sibling, or another child (D.C. Code § 4-1301.09a). District law, CFSA policy, and best practice standards require social workers to make reasonable efforts to achieve permanency with a child's initial permanency goal being reunification with the family from whom the child was separated whenever possible and offer services that address the immediate needs of the family. Through a multifaceted approach, CFSA works to support a successful, safe, and timely return of the child to their home.

This approach includes family engagement; shared parenting between the birth parent and the resource parent; regular, purposeful visits between parents and children and between parents and social workers; involvement with the Parent Engagement, Education, and Resource (PEER) staff member (described below); support by the case management team; and connection to community and other government agency services (e.g., Healthy Families/Thriving Communities Collaboratives, Department of Behavioral Health, Department of Human Services, and Department on Disability Services). This comprehensive approach helps CFSA and the families it serves to address together the issues that brought the child and family to CFSA's attention. Of 196 children who exited foster care, 40% (n=78) were reunified with their families.

Additionally, when children are separated from their families, CFSA makes efforts to support family connections through the practice of Shared Parenting, an ongoing, active, and supportive relationship between birth and resource parents. Launched through facilitated icebreaker meetings, shared parenting emphasizes a teaming approach that highlights active listening, sharing information, learning, collaborating, and making joint decisions that provide consistency for the child's overall well-being. CFSA integrates shared parenting concepts into a variety of interconnected case planning steps and activities, including resource parent training, birth parent orientation, family team meetings, case planning meetings, parent-child visits, parenting instruction programs, and family events. Additionally, with its emphasis on placing children with kinship resource parents, CFSA can often leverage existing relationships between birth and resource parents to further promote shared parenting goals.

Permanency-Focused Teaming

Permanency-focused teaming encompasses the various internal and external meetings that occur to assess current supports for the family to be reunified and to identify gaps in services that may impede reunification. In FY24, the Family Team Meeting Unit (FTMU) received 478 referrals to support family-led decision-making related to CFSA involvement. The FTMU held 415 meetings.

Separation Family Team Meeting (FTM)

The Separation Family Team Meeting (FTM), which was previously titled the Removal Family Team Meeting, is offered to the family upon the child's removal from the home. Convened as quickly as possible, the FTM includes family members or caregivers, resource parents, service providers, the GAL, and any identified supports (e.g., friends and clergy). The meeting serves to introduce the Agency to the family, clarify the reasons for the child's removal from the home, and to develop an initial plan for securing resources and interventions to support the family. In FY24, 119 Separation FTMs occurred.

Team Meetings

Led by the assigned social worker, team meetings involve the families and their support systems, including service providers and attorneys. Social workers schedule the meetings at regular intervals, based on the family's needs and level of engagement in services. From the onset of the foster care case, these team meetings support both planning for the child's permanent and safe return to the home, and concurrent planning for alternative permanency options when reunification is not an option.

In addition to team meetings, weekly clinical supervision between the social worker and the supervisory social worker (SSW) provides an opportunity to review the quality of the case plan and the progress toward meeting the case plan goals. Moreover, there are weekly meetings between the SSWs and the program managers to review cases that present challenges and that may require additional supervisory support. Continuing up the supervisory chain, program managers meet bi-weekly with their program administrator to discuss and troubleshoot cases, particularly those cases with significant barriers towards progress.

Permanency Family Team Meetings (FTM)

This type of family team meeting, a discretionary meeting, occurs if a social worker determines that planning with families and team members has not sufficiently progressed toward the court-ordered permanency goal, and the social work team determines the need for a meeting facilitated by an individual outside of the case team. In such cases, the social worker submits a referral for the structured Permanency FTM. In addition to the social worker and the birth family, participants in a Permanency FTM may include extended family members, resource parents, attorneys, child and family advocates, and subject matter experts. Meeting topics commonly include assessment results, case plan objectives, and the identification of useful resources to move the case forward. In cases where the timeline is approaching achievement of identified case plan goals, the Permanency FTM is frequently used to re-explore kinship and non-kin permanency options, as applicable, either for adoption or guardianship. In FY 2024, 19 Permanency FTMs/clinical staffings were held.

Permanency Goal Review Meeting (PGRM)

PGRM participants include the CFSA or private agency case management team (i.e., social worker, supervisor, program manager and administrator), a representative from the Office of the

Attorney General (OAG), and the Deputy Director for the Office of In-Home and Out-of-Home Care. During this multi-disciplinary meeting, a child's progress toward a safe, stable, and permanent return to the home, or to adoption or guardianship when a return home is not possible is reviewed. These meetings may also elevate barriers to permanency during the PGRM to make recommendations for mitigating or eradicating those barriers. In cases where minimal progress is being made despite all Agency efforts, the team maps out any next steps for changing the permanency goal. The assigned supervisor enters these next steps into the Permanency Tracker (described later in this report) and evaluates progress during subsequent PGRMs and during clinical supervision. Ultimately, the PGRMs promote consistency of practice across CFSA and its partner agencies, while also providing social workers with individualized feedback and support.

At a minimum, PGRMs occur for all cases at 9 months in care, and then every 90 days thereafter up until case closure or a goal change to an Alternative Planned Permanent Living Arrangement (APPLA). Additionally, CCMS convenes a PGRM for all children approximately 100 days after separation from the home. For all children in protective supervision (i.e., a legal status created by court order that allows a child to remain in their home under supervision, while still being subject to the court's jurisdiction), CCMS schedules a PGRM at least 100 days after their return to the home. These "100-Day PGRMs" focus on strategies and supports that promote or preserve reunification with the birth family. Participants typically include PEERs (described below), FTM specialists, and any other appropriate individuals who may be assigned to a case, such as a substance use disorder counselor who can provide updates on progress and available supports. In FY 2024, the Agency completed 1,209 PGRMs for 494 individual children.

Parent Engagement, Education, and Resource (PEER) Support Team

The PEER Unit is an in-house resource of support specialists who have lived experience with the child welfare system, i.e., birth parents who took steps to prevent the removal of their children from their home or whose children successfully returned home. Each PEER engages and supports the assigned birth parent whose child or children have been removed from the home. The PEER Unit includes a supervisor and six PEER support specialists, each with an average caseload of 15 families. Based on their personal experiences, and additional training through CFSA's Child Welfare Training Academy, PEERs serve as unique advocates, mentors, and supporters for birth parents.

Through incorporation of the transtheoretical model, The Five Stages of Change, the PEER Unit tailors the interventions along the continuum of a birth parent's involvement in the life of a case. While the model is predicated upon a gradual reduction from intensive to moderate engagement, PEER specialists draw from their own experiences to determine how to meet each parent where they are. For example, it may take several months to establish a trusting relationship before a parent is ready to discuss the need for change. In other cases, PEERs may need to first help parents achieve stability in such areas as housing, employment, or finances before meaningful discussions of change can occur.

The bi-weekly PEER-supported parent discussion group, Parents Talk, includes interactive online sessions where birth parents consider topics related to parenting and CFSA involvement. Dads Acknowledging Dads (DAD) provides a safe space for monthly peer exchange, where dads whose children are in care can support each other in addressing challenges related to such topics as child support, housing, employment, shared parenting, and relationship building.

The PEER Unit continues to elevate the potential for authentic parent-child visitation by providing resources (books, toys, and games) that encourage parent-child engagement. The PEER Unit also distributes “reunification baskets” and other necessary household items that the Agency purchases, based on each family’s individual needs when the child returns home.

3. Reports of abuse and neglect are expeditiously investigated, and appropriate action is taken.

CFSA's Office of Hotline and Investigations (OHI) operates the District’s Child Abuse and Neglect Hotline 24 hours a day, 7 days a week. Hotline workers use the Structured Decision Making (SDM®) Child Abuse and Neglect Screening tool to determine the appropriate response to each call received, either for an Information and Referral (I&R) entry or a Child Protective Services Investigation (CPS-I) entry, depending on the reported allegations. When the SDM tool indicates a CPS-I response, District regulations and CFSA policy require investigative social workers to immediately initiate the investigation if the child’s health or safety is in imminent danger. Hotline staff must immediately call 911 for assistance, not only in cases of immediate danger, but also if the child is alone or if a crime is in progress. CPS investigates all other cases within 24 hours. Some reports, particularly those with complex factors, require a consultative decision-making protocol in which Hotline supervisors and managers review the information contained in the hotline report to make a final screening decision.

As a part of the Agency’s quality assurance and quality improvement processes, CPS investigations are reviewed to assess referral response time, timely documentation, interview processes, pertinent information collection, and disposition via the Acceptable Investigations (AI) Process. As a result of two Acceptable Investigations in FY24, 71% (n=150, January 2024) and 84% (n=114, June 2024) of investigations were deemed acceptable.

4. Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.

In FY24, CFSA utilized information from the family and other team members along with the Structured Decision-Making Model Caregivers Strengths and Barriers Assessment and the child and youth functional assessments to align the family’s needs with relevant services. To ensure abused and neglected children receive necessary services CFSA established a comprehensive Child and Family Services Continuum.

The Child and Family Services Continuum

The Child and Family Services continuum actualizes the Agency’s vision of keeping DC families together by ensuring supports are in place across the spectrum of child welfare from prevention

to permanency. Coordination of these services occurs across the Agency and in partnership with local and federally funded grantees, internal and external stakeholders, and through Quality Services Review evaluation feedback.

CFSA's Family First Prevention Plan (Putting Families First in DC) builds on the substantial progress made over the years to reform DC's child welfare system and bolster prevention efforts that help to reduce child abuse and neglect. This builds upon CFSA's primary prevention work and reinforces the focus on the refinement of existing programs and services and determining new services to better meet the needs of DC's families before, during and after involvement in child welfare.

Integral to the evolution of a child and family well-being system is the creation of a citywide Warmline and Community Response (WL/CR) model, which will allow for voluntary linkages of children, families, and individual community members to the District's governmental systems of care and community-based services before they come to the attention of the Office of Hotline and Investigations (OHI). Although Warmline triage protocols may result in a call to the CFSA Hotline, there may also be instances where referrals are redirected to the Warmline. The creation of a citywide WL/CR model fundamentally transforms the District's approach to child welfare and community prevention by getting ahead of the challenges that individuals and families experience, instead of reacting to or penalizing crises.

Throughout the continuum of services, the work that CFSA does with children and families includes the involvement and coordination with numerous federally funded and community-based public and private providers. Continuing an multi-faceted 20 plus year partnership with the District's neighborhood based Healthy Families/Thriving Communities Collaboratives, families that do not have an open CFSA case that may have low and moderate risk levels are referred to Collaborative Solutions for Communities (Wards 1,2, and 3), Georgia Avenue Family Support Collaborative (Ward 4), Edgewood/Brookland Collaborative (Wards 5 and 6), East River Family Strengthening Collaborative (Ward 7), or Far Southeast Family Strengthening Collaborative (Ward 8). Families with high risk levels that do not warrant a separation receive in-home case management services and may receive referrals to services related to mental health, substance use, domestic violence, etc. Families with high risk levels and with children that enter foster care receive well-being services for the child such as mental health, tutoring, mentoring, etc. as well as services to parents for purposes of reunification (e.g., Family Unification Program housing vouchers, mental and behavioral health, substance use, and other services as identified through the case plan. In FY24, the Collaboratives served 275 families, preventing these families from fully entering the District's child and family well-being system and 227 families with CFSA involvement.

Services through federal programs such as Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, and Supplemental Nutrition Assistance Program, programs funded by the Substance Abuse and Mental Health Services Administration, the Family Unification Program (FUP) vouchers, programs coordinated or funded by the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice, and the Social Security

Administration are utilized prior to, during and after families may be involved with CFSA. CFSA staff work to include aspects of these programs into case planning, and work with families to ensure that the most appropriates services are utilized.

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

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

5. Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanency placement if family preservation or reunification services are unsuccessful.

CFSA's first priority is always to reunite children with their parents. When reunification is not possible, CFSA recommends a safe and stable permanency goal.

Each child or sibling group with a goal of adoption receives an adoption recruiter who utilizes existing resources and develops individualized recruitment plans and strategies. CFSA's recruitment team includes a unit that works closely with each nurse care manager assigned to a child diagnosed as medically fragile who has an identified pre-adoptive family. In so doing, the nurse can explain any specific needs or requirements to prepare the family. As described earlier, CFSA's Permanency Specialty Unit provides both pre- and post-adoption support for families. The unit's social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption.

In FY 2022, CFSA modified adoption supports to focus on streamlining the process and to ensure that the Agency is responding to all adoption-related matters in a unified and systematic manner. The Adoption Unit assists adoptive parents by facilitating access to subsidies, post-adoption resources, and navigation through the legal process. Although primarily assigned to children whose adoptive parents have already filed an adoption petition, the Adoption Unit also works with children who have had an adoption goal for more than 12 months without an adoption petition yet filed. In these cases, the adoption social workers collaborate with adoption recruiters from the Agency's Recruitment Unit. Together, the social worker and recruiter explore potential adoption resources and, if necessary, broaden the Agency's recruitment efforts outside of the Washington metropolitan area.

For children or sibling groups with a goal of adoption but no pre-adoptive placement home, the assigned recruiter develops individualized recruitment plans along with tailored strategies that reflect the needs and characteristics of each child or sibling group. The recruiter also examines the case management record to ensure that CFSA has exhausted all efforts to engage any additional local or out-of-state family members or any other supportive individuals. Concurrently, the recruiter may explore the child or sibling group's foster family as an adoptive resource. Many resource parents will decide to become adoptive parents when a child or sibling group in their home has a goal change from reunification to adoption. To streamline that process, all District resource parents are dually licensed for foster care and for adoption.

When the Agency cannot identify a viable adoption or guardianship resource from within the child's biological, extended, or foster family, recruiters explore other individuals within the child's support network, such as teachers, mentors, health care providers, and counselors. At the same time, recruiters share child-specific information with the larger resource parent community during matching meetings and peer networking events. When it becomes necessary to share child profiles beyond the CFSA community, recruiters utilize resources with a broader reach, including local health fairs, the Barker Adoption Foundation, A Family for Every Child, Heart Gallery of America, local and national adoption websites, and adoption exchanges.

Permanency Goal Review Meeting (PGRM)

Described earlier as a mechanism for timely returning children to their families, PGRMs focus on the court-ordered permanency goal for all children in care, progress towards that goal by parents, Agency efforts to support parents, and alternatives when parents are not successful in increasing protective capacity and resolving issues that brought the children into foster care. Once the child welfare team determines that reunification is no longer a viable permanency option, Out-of-Home CCMS social workers map out a path to adoption, or to guardianship if adoption is ruled out. PGRM participants may also discuss data from the Agency's Permanency Tracker (see below) and implications for progress.

Permanency Tracker

CFSA uses the Permanency Tracker as a shared database and tool to improve empirically based decision-making for the timely achievement of three primary permanency goals: reunification, adoption, and guardianship. The database aggregates key permanency data points collected through the Agency's automated record-keeping system, FACES.NET (FACES), along with data not entered in (or not readily available through) FACES (e.g., information regarding certain evidentiary hearings, progress toward guardianship, or the status of a subsidy negotiation). At a minimum of once a month, an Out-of-Home CCMS supervisor or designated staff member enters the non-FACES data into the Permanency Tracker. The Permanency Tracker data then helps staff to assess both child-specific and cross-caseload permanency progress. In addition to the above, Out-of-Home CCMS managers ensure that the child welfare team reviews Permanency Tracker data during supervisory meetings. These data reviews occur as part of the CCMS Administration's continuous quality improvement efforts. At present, CFSA is working to sunset the Child Welfare Information System FACES, which will

result in permanency tracking being fully integrated into the new record-keeping platform, Stronger Together Against Abuse and Neglect in DC (STAAND). STAAND tracking will allow managers to access all the information they need in a single database.

Permanent Legal Guardianship Resources

Permanent Legal Guardianship is a permanency option that does not require the termination of parental rights. For some children, guardianship has an advantage over adoption because the permanent caregiver may be committed to ensuring the child retains a legal relationship with their birth family. Permanent legal guardians are often the same kinship providers with whom children were placed after removal from their birth parents. Although these kinship (or even non-kinship) caregivers are often willing to permanently care for children, they are not always able to manage the financial burden or meet the children's medical needs. In such cases, CFSA may provide a permanent guardianship subsidy to assist with the financial and medical needs for eligible children. In FY 2024, a total of 10 children entered a permanent home through guardianship, while 78 were reunified with their families.

Alternative Planned Permanent Living Arrangement (APPLA).

CFSA's primary objective for older youth is the same as for younger children, the safe and stable return home with the birth family. As noted, when a return home cannot be achieved, the Agency pursues adoption, guardianship, or legal custody with a relative. If relatives are not available, the Agency will seek a suitable and committed non-relative caregiver. Only after the Agency has explored and eliminated these options the social worker submits a request for a goal change to APPLA for an older youth. To be eligible for the APPLA goal, youth must be 16 years of age or older, enrolled in programming designed to develop independent living skills, displaying a reasonable expectation of securing adequate income and housing, and be connected to a long-term, supportive, and responsible adult with whom the youth can engage during and after case closure. CFSA's Deputy Director for the Office of In-Home and Out-of-Home Care must approve all APPLA requests. Upon approval, the youth's case management team adjusts the service framework to focus primarily on the youth's successful transition from foster care to independent adulthood. CFSA's Older Youth Empowerment Administration helps provide the youth with the skills, resources, and connections to achieve goals in the areas of housing, education, career readiness, teen parenting, and financial literacy. As of September 30, 2024, there were 108 youth with a goal of APPLA, 96 of whom were aged 18 and over. In FY 2024, a total of 41 youth exited foster care at age 21.

6. Criminal records checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.

The District of Columbia Municipal Regulations (DCMR) set forth all licensing requirements for CFSA's resource homes and facilities. Per CFSA policy, the Agency complies with DCMR licensing standards and applies these standards equally for kinship, foster, and adoptive homes. Standards also apply equally to employees and volunteers working in group homes and residential facilities.

To be licensed as a prospective kinship caregiver, foster or adoptive parent, or a legal guardian, DCMR requires bi-annual documentation of criminal record checks, including results from the National Crime Information Center, the Federal Bureau of Investigation, and the local police department for each residence. Record checks also include annual Child Protection Register clearances for any adult residing in the home who is age 18 or older. Regulations further require background checks and clearances for employees of group homes and youth residential facilities.

7. Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.

CFSA examines data from the Family Court to determine the extent to which timely permanency goals are being met. DC law requires the Family Court to hold initial review hearings within six months and permanency hearings for every child within 12 months after the child's entry into foster care, and at least every six months thereafter, for as long as the child remains in an out-of-home placement.

According to the Family Court's 2023 Annual Report to Congress, 89% of cases filed had a factfinding hearing in compliance with the 105-day ASFA timeline for trials in removal cases, an increase from 70% in 2022. In 2023, 6% of cases were out of compliance with the timeline, 4% of the cases were pending trial, and 1% of cases were closed prior to a factfinding hearing. The median time for a case to reach trial or stipulation was 68 days in 2023, an increase from 56 days in 2022.

Court Improvement Project (CIP)

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

8. Notice and opportunity to be heard in neglect and termination of rights cases is provided to a child's placement resource, foster or pre-adoptive parents, kinship caregiver, legal guardian, as well as the child's therapist.

Per District statutes and guidelines, CFSA provides current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys notification of, and an opportunity to be heard in, neglect or termination proceedings. This mandated requirement applies to all neglect or

termination proceedings, irrespective of how long the child has been in care or how long the resource parent or relative caregiver has cared for the child.

District Code also requires that notification be given to all parties involved in the case once a motion to terminate parental rights is filed. This same provision requires the presiding judge to issue a summons and a copy of the motion to the affected parent or other appropriate persons. As general practice, proceedings to terminate parental rights do not advance unless proper notice has been issued.

CFSA sends resource parents notifications that include information on the date, time, and location of the court hearing for the child in their care. Notifications include a specific statement that the resource parent has the right to be heard. The Agency also includes instructions for contacting the court clerk (if necessary) along with the contact numbers for the assigned social worker and supervisor. Although the total number of letters varies, CFSA sends out an average of 200 to 250 notifications each month.

9. Procedures related to interstate adoptions and medical assistance are established.

CFSA, representing the District of Columbia, is a member of the Interstate Compact on the Placement of Children (ICPC) which establishes uniform legal and administrative procedures governing the interstate placement of children. As a member, CFSA advises potential out-of-state adoptive parents of their rights and responsibilities. This includes a clause in each adoption subsidy agreement informing adoptive parents that their adopted child must receive Medicaid in the state in which he/she resides.

When necessary, CFSA submits an application for Medicaid benefits on behalf of the child residing in another state with the understanding that the coordination of medical services for the child will be the responsibility of the adoptive parent and the Medicaid office in the state of residence.

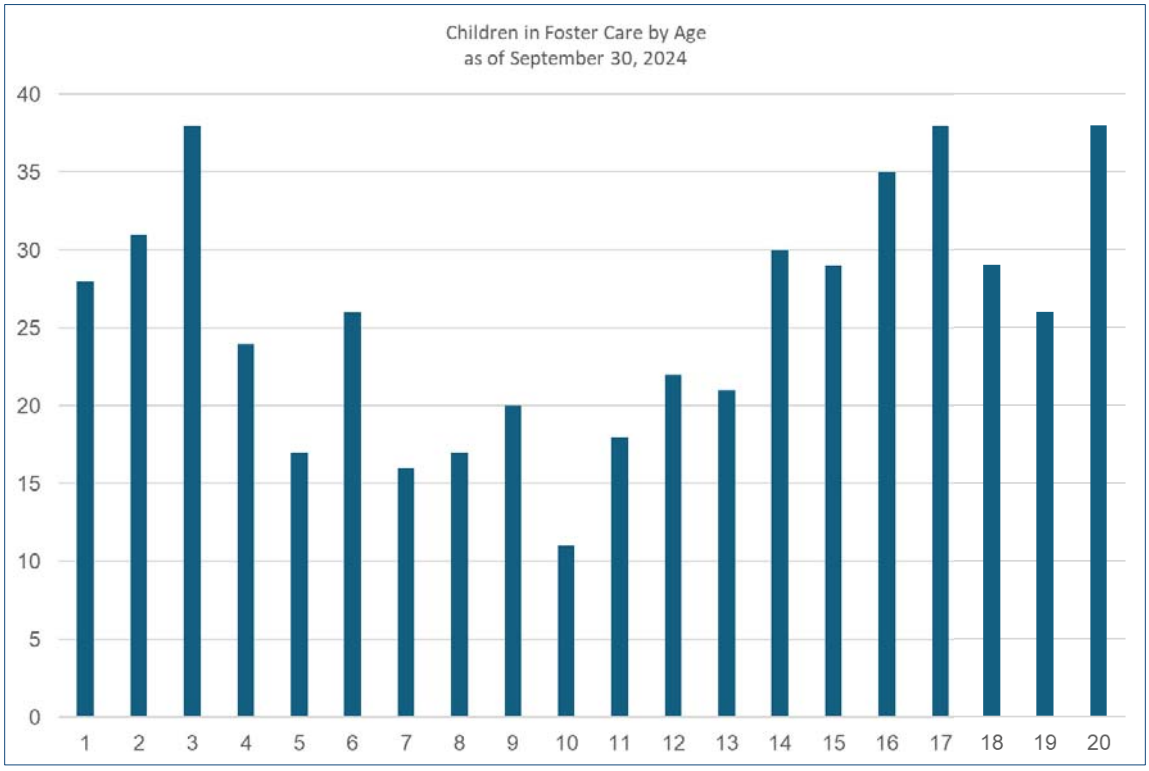
STATISTICAL ANALYSIS OF CASES

This section highlights entry, exit, permanency and disruption data for FY2024. Data are disaggregated by fiscal year, age, legal status permanency goals, months in care, and the primary reasons for entry and exit. Nationally, the foster care population is increasing; this holds true in the District of Columbia as the needs of children and families become more complex and resource collaboration is strained. In FY24, 243 children *entered* care, increasing the total number of children in foster care at the end of FY2024 to 547 compared to 496 in FY23.

Total Number of Children Currently in Care

Below details the ages of the total number of children in care as of the end of FY24 (September 30, 2024). Children aged to 5 years old comprised 13% of the foster care population while children ages 6-10 years old comprised 16%, children 11-15 years old comprised 22%, and

youth ages 16-20 years old comprised 30%. While there was an increase in the percentage of all ages, the greatest increase from FY23 to FY24 was for 3-year-old children. In FY23 approximately 22% of children in foster care were 3 years old while in FY24 38% in foster care were 3 years old.



Source: FACES.NET CMT366

Of the 547 total number of children and youth in foster care, 234 (43%) have been in care for 24 months or longer. The below details the current permanency goals and lengths of stay for these children and youth.

FY 2024 Children in Foster Care for 24 Months or Longer by Permanency Goal & Length of Stay
Point in Time: End of FY2024

Goal	24-35 Months	36-47 Months	48-59 Months	60-99 Months	100+ Months	Total
Reunification	12	13	3	2	1	76
Adoption	36	20	6	16	5	64
Guardianship	16	7	4	10	1	13
Legal Custody	1	0	0	0	0	0
APPLA	15	11	11	29	14	41
No Goal	0	0	0	1	0	2
Total	**80**	**51**	**24**	**58**	**21**	**234**

Source: FACES.NET CMT366

The age distribution of children in care for 24+ months in FY24 varied. The highest concentration however was older youth. Children aged 16-20 years old comprised 111 (47%) of this population.

FY 2024 Children in Foster Care for 24 Months or Longer by Age & Length of Stay Point in Time: End of FY2024						
Age	**24-35 Months**	**36-47 Months**	**48-59 Months**	**60-99 Months**	**100+ Months**	**Total**
2	4	0	0	0	0	4
3	11	3	0	0	0	14
4	4	2	1	0	0	7
5	0	2	1	0	0	3
6	6	3	1	0	0	10
7	2	0	0	2	0	4
8	3	2	2	1	0	8
9	3	4	2	1	0	10
10	3	1	0	1	0	5
11	1	2	2	2	1	8
12	5	3	0	2	0	10
13	3	2	0	1	1	7
14	8	3	1	3	0	15
15	5	2	0	5	1	13
16	6	4	1	3	2	16
17	5	2	2	7	2	18
18	3	8	1	5	3	20
19	5	3	5	10	1	24
20	3	5	5	15	10	33
Total	**80**	**51**	**24**	**58**	**21**	**230**

Source: FACES.NET CMT 366

Changes in Living Arrangements for Children in Care in FY24

In FY 2024, there were 578 placement moves, not counting temporary periods where youth required respite care or were otherwise absent from placements. Of this number, 146 were decidedly positive, as they included moves to the home of an adoptive resource, placement of siblings together, or discharge to a less restrictive environment. An additional 61 moves were entered in to FACES.net as "proximity to family." This category has ambiguous implications. Although it is often selected by social workers when children are placed with relatives or placed closer to their birth family, it can also involve cases where children are moved because proximity to family is not in their best interests. The remaining 371 moves are presented below as "disruptions" for reporting purposes. They include instances in which the child requested a change, the provider requested a change, the placement provider cannot meet the child's needs, the provider is temporarily unavailable, there is change of service, the child requires a different level of care, the provider's contract ended, or the youth voluntarily left.

FY 2024 Placement Disruptions by Placement Type	
Placement Type	**Total Disruptions**
Foster Homes (Kinship)	10
Foster Homes Traditional	250
Congregate Care/Independent Living Program	56
Other (not in legal placement, secure institution, residential treatment facility)	55
Total	**371**

Source: Special FACES Query

Children Entering Care in FY24

Of the 243 children who entered foster care in FY24, 71 (29%) had a status of commitment, 69 (28%) had a status of administrative hold, 102 (42%) had a status of shelter care, and 1 (.4%) had a status of relinquishment. The following definitions apply:

- ***Commitment*** – a child is committed at a disposition hearing following adjudication at a neglect trial or following a stipulation by the parent/caretaker. These children are placed in a foster home, therapeutic foster home, licensed kinship home, group home, or residential facility.

- ***Administrative Hold*** – Although not a legal term, the "administrative hold" applies to children removed from the home due to imminent risk, but the matter has not yet been taken into Family Court. Either the child is returned to the caregiver, or the Family Court issues a shelter care order.

- ***Shelter Care*** – a child has been removed from home and temporarily placed in an agency facility (foster home, therapeutic foster home, licensed kinship home, group home, residential facility, etc.) pursuant to a shelter care hearing in order to protect the

child while pending the disposition hearing. These children are in CFSA's custody and the Agency is fully responsible for their health and wellbeing.

- ***Relinquishment*** – a child is in this legal status when a parent requests that CFSA places the child in care while they, for example, complete short-term drug treatment.

FY 2024 Foster Care Entries by Legal Status Month												
Status	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
Commitment	9	9	3	6	3	10	7	3	10	6	2	3
Administrative Hold	4	4	5	2	10	2	6	12	1	7	5	11
Shelter Care	4	7	2	12	3	14	12	14	15	8	0	11
Relinquishment	0	0	0	1	0	0	0	0	0	0	0	0
Total	**17**	**20**	**10**	**21**	**16**	**26**	**25**	**29**	**26**	**21**	**7**	**25**

* This total represents a count of initial entry and re-entries (a unique count of **240** children).
Source: Tableau Datahub

The largest represented group of children entering care in FY24 were children less than one year old (n=43, 18%) followed by children aged 2 (n=20, 8%), and the ages of 6 and 15 (n=18, 7%).

FY 2024 Foster Care Entries by Month												
Age	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
<1 Year	4	1	2	2	2	9	4	5	4	2	2	6
1	3	0	2	1	3	2	1	2	1	1	0	0
2	3	0	0	2	1	2	2	2	5	3	0	0
3	1	1	1	3	2	2	0	2	0	3	1	1
4	1	1	0	1	0	2	0	0	1	0	1	2
5	0	1	1	1	1	2	1	0	1	0	0	2
6	1	2	0	2	0	2	4	2	1	2	0	2
7	0	1	0	2	0	2	2	1	2	1	0	2
8	1	1	1	0	0	0	3	1	3	0	0	0
9	0	3	0	1	1	0	0	1	0	0	0	0
10	1	0	0	1	0	0	0	2	0	0	0	2
11	0	0	0	0	1	2	1	1	2	0	0	0
12	0	1	1	1	0	0	0	2	2	3	0	0
13	0	2	0	1	2	0	1	0	0	1	1	2
14	1	1	0	1	0	0	0	1	1	1	0	2
15	0	5	1	0	1	1	4	3	1	0	1	1
16	1	0	1	1	1	0	1	2	0	0	1	2
17	0	0	0	1	1	0	1	2	2	4	0	1
Total	**17**	**20**	**10**	**21**	**16**	**26**	**25**	**29**	**26**	**21**	**7**	**25**

Source: FACES.NET CMT 366

The most prevalent reason for the entry into care in FY24 was neglect (n=172,71%). Physical abuse was the second highest reason for entry into foster care (n=23, 9.5%)), while the third highest entry reason was caregiver's substance use (n= 17, 7%).

FY 2024 Primary Reason for Entry into Foster Care	
Primary Reason	**# of Entries***
Neglect (Alleged/Reported)	172
Physical Abuse (Alleged/Reported)	23
Caregiver's Substance Use	17
Educational Neglect	15
Drug Abuse (Parent)	14
Medical Neglect	10
Incarceration of Parent(s)	10
Incarceration of Caretaker	9
Alcohol Abuse (Parent)	7
Sexual Abuse (Alleged/Reported)	6
Abandonment	6
Child's Behavior Problem	5
Whereabouts Unknown	4
Domestic Violence	4
Caretaker's Significant Impairment-Cognitive	4
Caretaker ILL/ Unable to Cope	4
Relinquishment	3
Homelessness	3
Caretaker's Significant Impairment-Physical/Emotional	3
Voluntary	2
Caretaker's Alcohol Use	2
Inadequate Housing	1
Inadequate Access to Medical Services	1
Death of Parent(s)	1
Death of Caretaker	1
Child Requested Placement	1

*Children may have multiple primary reasons for entering care. The 243 entries and re-entries in FY 2024 represent a unique count of 240 children. There were 328 allegations in total.

Source: Tableau Datahub

Children Exiting Care in FY24

The total number of children who left foster care in FY24 was 196. Of this population, 29% (57) were aged 1-5 years, 31% (61) were aged 6-12 years, and 21% (41) were aged 19 or older.

FY 2024 Exits from Foster Care by Age and by Month of Exit													
Age	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Total**
<1	0	0	0	0	0	1	0	1	3	0	0	1	6
1-5	7	7	4	7	4	1	4	7	2	5	4	5	57
6-12	12	4	5	6	4	3	3	6	9	3	5	1	61
13-15	1	2	1	2	2	2	0	5	1	0	0	2	18
16-18	0	1	1	2	1	1	0	1	2	1	0	3	13
19+	3	7	2	2	5	2	3	4	5	5	1	2	41
Total	**23**	**21**	**13**	**19**	**16**	**10**	**10**	**24**	**22**	**14**	**10**	**14**	**196**

Source: Tableau Datahub

Exit reasons for this populations included reunification (39%), adoption (32%), guardianship (5%), reaching the age of 21 (20%), and other reasons including death, transfer to another agency, and whereabouts unknown (3%).

FY 2024 Exits from Foster Care by Primary Reason and by Month of Exit													
Exit Type	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**TTL**
Reunification Achieved	4	8	6	10	10	7	4	9	9	4	5	2	78
Adoption Finalized	15	6	4	4	2	1	3	10	4	4	4	6	63
Guardianship Finalized	1	0	0	1	0	0	0	1	3	1	0	3	10
Turned 21 YO	3	6	2	1	4	2	2	4	6	5	1	3	39
Deceased	0	0	1	1	0	0	0	0	0	0	0	0	2
Transfer to another agency	0	1	0	0	0	0	1	0	0	0	0	0	2
Runaway or whereabouts unknown (non CFSA custody)	0	0	0	2	0	0	0	0	0	0	0	0	2
Total	**23**	**21**	**13**	**19**	**16**	**10**	**10**	**24**	**22**	**14**	**10**	**14**	**196**

Note: Examples of other District agencies to which these children exited included (but were not limited to) the District's Department of Behavioral Health, Department on Disability Services, Department of Youth Rehabilitation Services, and Department of Corrections.

Source: Tableau Datahub

REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE

CFSA continues to fund prevention programs to help reduce the need for children to come into foster care and reduce the possibility for families to become involved with CFSA. If there is CFSA involvement in the home, the goal of these programs is to achieve timely permanency. CFSA believes that all families served by the District's child and family well-being system have strengths and, in most cases, combined with community supports, families can safely raise their children to healthy adulthood. However, clinical, social, and environmental barriers, such as substance use, mental health, domestic violence, systematic barriers to community-based support, and community violence continue to impact the District's children and families. Often these barriers require a child's entry into foster care for the safety of the child. The Agency acknowledges that foster care is a traumatic experience for children and families and that entry into the system should only be considered after all alternatives have been explored. As a result, CFSA and its partners continue to explore strategies and appropriate services to prevent entry. These efforts are ongoing and innovative to address the increase in the number of children entering foster care. CFSA desires a reduction of its foster care population with the increase of in-home services.

To the goal of keeping kids out of the foster care system, CFSA and its partners have expanded and enhanced the District's upstream prevention landscape, most recently through the Keeping DC Families Together framework and the 211 Warmline, described earlier. Reducing the time frames that children remain in foster care is also a goal. CFSA continues to provide and refer families to those supports most effective for addressing barriers to family stabilization. Such supports as described earlier include PEER mentorship and advocacy, mental health assessments and treatments, substance use counseling, and housing assistance. As shown in the decreasing trends image below, the Agency and the system's efforts to keep kids out of foster care continue to be successful.

EVALUATION OF SERVICE OFFERED

Community-Based Family Support Services

CFSA continues to contract and coordinate with its community-based partners to provide families with a range of services that promote safety, stability, and well-being. All services are available District-wide and will remain available during FY25. As described earlier, many service locations are concentrated in areas that have historically observed higher levels of child welfare involvement or increased environmental risk factors, including Wards 7 and 8, and certain neighborhoods within Ward 5. The service providers, also described earlier, include the Community-Based Child Abuse and Prevention (CBCAP) grantees, the Families First DC Family Success Centers, and the Healthy Families/Thriving Communities Collaboratives.

While many services target specific populations, there are no demographically-based eligibility criteria for accessing services. Depending on the specific need, services are available to the

families that are unknown to CFSA, the families that are known to CFSA but have no open case, and the families that have an open CFSA in-home or out-of-home case.

To promote optimal program utilization and efficacy, the Evaluation and Data Analytics (EDA) team from CFSA's Office of Thriving Families (formerly Community Partnerships) regularly conducts comprehensive reviews and shares findings with the Agency's leadership and its partner providers.

Family Preservation Services

As part of CFSA's 5-Year Family First Prevention Plan which launched on October 1, 2019, the Agency continues to provide the family preservation services that help keep children safely at home. CFSA also offers a diverse array of services and resources through its partnerships with public and private agencies. The Agency will continue through FY25 to leverage federal funding through Title IV-E prevention services for families known to CFSA. Similarly, the Agency will maximize local and federal funding for upstream prevention services through the Keeping DC Families Together initiative for families not known to CFSA. The following family preservation services, described earlier, are ongoing:

- Family Unification Program
- Rapid Housing Assistance Program
- Family Treatment Court
- Project Connect

On November 1, 2023, CFSA launched the Community Engage and Connect Unit (CECU) to provide voluntary, preventive support and service linking for families whose CFSA case is closing, or who come to the attention of the Hotline within 90 days of case closure. The support provided by the CECU will replace the step-down services for closing cases formally provided by the Collaboratives.

The Community Engage and Connect Unit (CECU) is located in CFSA's Thriving Families Administration (formerly known as "Community Partnerships"). The Unit's goal is to help families manage independently after their case closes and prevent a return to In Home (IH) or Out of Home (OOH) care.

The CECU also works to prevent agency re-entry for families in the community who come to the attention of the Hotline and have had a CFSA In Home or Out of Home case within the last 90 days.

For closing IH or OOH cases, the CECU connects with the social worker and the family prior to case closure and, once the case has closed, provides up to 90 days of service linkage and support at three levels:

- **Minimal Support:** A single check-in within 30 days of case closure.

- **Moderate Support:** Contact every 2 weeks for 1 month and monthly for 2 months.
- **Directed Support:** Contact bi-weekly, or as needed, to support final resolution of a specified concern, such as finishing a school transfer, or ensuring a solid connection to a community provider.

The CECU was developed in recognition that CFSA has a high rate of families returning to In-Home or Out-of-Home care within six months of case closure. As an agency, work is being done to reverse this trend by better-supporting long-term stability for the families served.

CFSA Social Workers are not in the habit of closing unstable or unready cases. However, needs and concerns - both anticipated and unforeseen – do arise after case closure while a family is still getting its footing.

On-going support from the CECU will decrease the drop of support some families experience after case closure, and it will help ensure that supports put in place by the Social Work team can last long-term.

Time-Limited Family Reunification Services

The following key supports for families, described throughout this report, will continue in FY25:

- Parent Engagement, Education, and Resource (PEER) Unit
- Rapid Housing Assistance Program
- Family Flexible “Flex” Funds
- Family Unification Program
- Family Treatment Court
- Services from District agencies
- Community-based support services

Adoption Promotion and Support Services

CFSA’s supportive pre- and post-adoption and guardianship services include general information, resources, and referrals. Prior to guardianship or adoption finalization, the assigned social worker notifies the prospective family of the available post-permanency services. In adoption cases where children present with diagnosed clinical needs, the Agency ensures service delivery through the Program Services and Supports Administration, e.g., individual and family therapy through a referral made by the Post-Permanency Unit. The Post-Permanency team can assist families in identifying support groups and other community support for adoption and guardianship cases. These services will continue in FY25, along with community-based therapeutic services through other agencies.

EVALUATION OF AGENCY PERFORMANCE

CFSA uses a variety of methods to measure performance. The information in the Statistical Analysis of Cases section (presented earlier) allows the Agency to evaluate performance across

several program areas. The Agency collects additional data through the Public Dashboard, and the comprehensive Quality Service Reviews, and Child and Family Services Reviews. CFSA evaluates, summarizes, and shares this data to demonstrate its performance across all service domains, as well as its compliance with all nine DC ASFA requirements, as outlined at the beginning of this report.

Public Dashboard

CFSA's public dashboard provides performance and data transparency for the general public. The public dashboard is updated after the end of every fiscal quarter and includes the following data points:

- Total number of children served in foster care and in the home
- Demographics of children in foster care and in the home
- Placement types for children
- Initial entries and re-entries into foster care
- Hotline calls by referral type
- Investigations of abuse and neglect
- Special investigation types
- Opened and closed in-home cases
- Number of investigations of abuse and neglect
- Number of exits by reason

Additionally, the dashboard includes links to Agency reports such as the Five-Year Child and Family Services Plan, the Annual Child Fatality Review Report, the Annual Quality Service Review Report, the Annual Progress and Services Report, the Annual Public Report, the Agency's annual Needs Assessment, and the annual Resource Development Plan.

Quality Service Reviews (QSR)

As an integral part of the Agency's continuous quality improvement (CQI) efforts, the QSR process involves a qualitative method of gathering data and providing feedback to CFSA's program areas, including administrations within the Office of In-Home and Out-of-Home Care, and the Older Youth Empowerment Administration. Program leadership uses the data and feedback to assess and improve CFSA's child welfare case practice as well as performance of the broader child and family well-being system.

Overall, the QSR process helps the Agency identify child and family status and strengths, as well as system strengths. Key to the CQI feedback loop, QSRs also identify areas in need of improvement. In so doing, the QSR process reinforces effective practice and informs positive change by providing real-time assessments and feedback on case practice and system performance.

In FY24, CFSA conducted reviews for a total of 55 randomly selected families using the QSR Process. Of these 55 families, both CFSA social workers and CFSA's contracted private agency providers were providing case management services to 15 (27%) of families with children living in foster care respectively. CFSA also provided case management support to 25 (45%) of families in their home. As of the submission of the Annual Public Report, the QSR Unit has not yet finalized the overall acceptable ratings for the domain of Child and Family Status nor for the

domain of Practice Performance. The CY23 final Annual Quality Service Review Report was published in March 2024.

The following table describes the Agency's top practice strengths and areas of challenge as identified in the CY23.

Practice Areas of Strength	Practice Areas of Challenge
Safety at Home – Child safety at home is a priority indicator of overall well-being. When children or older youth feel safe, they are free to enjoy being children or to pursue their dreams for adulthood. Safety reinforces the child or youth's potential to feel confident and regulated in daily settings and activities. Safety in this context includes a child or youth receiving an age-appropriate level of care and supervision from caregivers, resources parents, and other adults involved with the child or youth.	**Legal Custody** – Sometimes delays to permanency are systemic, resulting in social work teams struggling to meet timely permanency. For these situation, social work professionals continue to invest in the child and well-being family system while still taking a holistic view of the best interest of the child first.
School Stability – Whenever a school-aged child or youth enters foster care, staying in the school of origin is often as important as a child's stability and safety at home. Being able to maintain friendships with school peers as well as relationships with teachers and school counselors may directly impact a student's success after a entering into a new temporary home. School stability will often positively impact normal grade-level promotions.	**Substance Use** – QSR reviews first focus on the degree to which a youth is able to grasp the overall and future impact of substance use. Then reviewers seek to understand the youth's ability (plus desire) to maintain a life free from substance use impairment. The biggest challenge for substance use is with older youth.
Living Arrangement – Any child entering out-of-home care has experiences some level of trauma whether directly due to the allegation of abuse or neglect, or secondarily due to a separation from the home of origin. No matter the circumstances, living arrangements should provide a child's holistic well-being.	**Family Functioning/Resourcefulness** – QSR specialists regard family functioning both from the in-home lens (stabilization) and the out-of-home lens (reunification). In both situations, parents are often struggling with their own histories of trauma, financial insecurity, etc. For in-home families, the steps to family stabilization are slow when parents are overwhelmed with personal issues, despite available services.

Child and Family Services Review

The District recently concluded Round 4 of the Child and Family Services Review (CFSR) in August 2024. Driven by recent data, historical comparisons, and qualitative input from internal and external stakeholders, the CFSR explored the District's clinical performance on specific in-home and out-of-home sample families, as well as system-wide functioning in such areas as training, quality assurance monitoring, court timelines, resource parent recruitment, and the service array. CFSA's quality assurance and planning specialists actively partnered with clinical staff, attorneys, court personnel, resource parents, community partners, advocates, and most

notably, children and families with CFSA involvement in order to ensure the right questions were asked and that the stakeholder voice continued to be an agent of positive change in the District's child and family well-being system. Details on CFSR progress and results will be provided in the FY24 CFSR Final Report from the Children's Bureau once issued.

CFSA is currently engaged in preliminary steps to develop a plan to address feedback from the Children's Bureau once the final report is received.

NEXT STEPS FOR ADDITIONAL LEGISLATION OR SERVICES CFSA

CFSA continues to examine and implement actions that help the Agency consistently conform to evolving practice standards and experience. At times, these changes include federal and local laws that support the Agency's efforts to keep families together and to enhance service delivery to children in foster care.

Law/Regulation	Action	Purpose/Justification
Bill 25-243- Child and Family Services Agency Investigation Completion Amendment Act of 2024	Implement Law	To amend the Prevention of Child Abuse and Neglect Act of 1977 (D.C. Law 2-22; D.C. Official Code § 4-1301.06) to require an investigation of alleged child abuse and neglect to be completed within 45 days and to require that an investigation involving a report of a child fatality, sex trafficking, or abuse or neglect occurring in an institutional setting be completed within 60 days. To rescind the Family Assessment practice provisions.
PR25-0969 - Grandparent Caregivers Eligibility Determination Rules Approval Resolution of 2024	Implement Regulations	The rules amend Chapter 68 of Title 29 of the District of Columbia Municipal Regulations by eliminating the requirement that a grandparent caregiver obtain a Temporary Assistance for Needy Families (TANF) eligibility determination before applying for a subsidy under the Grandparent Caregivers Pilot Program.
Petition to the Zoning Commission to Amend the Definition of a Youth Residential Facility	Amend Regulation	To amend the definition of a youth residential care home in Section 100.2 of Subtitle B of the zoning regulations to increase the age limit to children under the age of 21. This will allow CFSA to license group homes for foster youth ages 18 to 20.

COMMENTS AND RECOMMENDATIONS SUBMITTED BY THE MAYOR'S ADIVSORY COUNCIL ON CHILD ABUSE AND NEGLECT (MACCAN)

January 30, 2025

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) counsels the Mayor of the District of Columbia on cross-cutting issues relevant to child abuse and neglect. This collaborative advisory body addresses prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, adoption, and child welfare related issues). Commissioned members are of the highest standing appointed by the Mayor and represent DC governmental agencies (education, justice, social work, social services, behavioral health, substance use, and child welfare) and the public (community-based agencies; foster, adoptive, and resource parents; clinical, research, and legal professionals; and academia). Quarterly public meetings include presentations and discussions on cross-cutting issues leveraging community and governmental partnerships and are open to the public. The committee regularly meets with the DC Child, Family and Services Agency (CFSA) Director and staff, disseminating information to DC agencies and the public. Annually, the DC Mayor, MACCAN, and CFSA recognize April as child abuse month to highlight the importance of child abuse prevention in DC and honor the families, communities, and staff who support them. Representatives of MACCAN participate broadly as collaborators in planning workgroups on child welfare and maltreatment.

MACCAN commends CFSA and its partners for their continued commitment to addressing the evolving needs of children, youth, and families in the District of Columbia, as highlighted in this FY24 Annual Progress Report (APR). CFSA's innovative approaches and willingness to adapt demonstrate a proactive effort to enhance child welfare services. We appreciate the report's transparency in outlining both strengths and areas for improvement, reinforcing a commitment to continuous progress.

Key initiatives in the FY24 APR, demonstrates CFSA's commitment to strengthening family well-being. Notable highlights include:

211 Warmline

The citywide 211 Warmline and Community Response initiative represents a significant step toward CFSA's transformation into a Child and Family Well-Being System. The 211 Warmline in partnership with other key District Agencies will assist with keeping families, connection to needed resources, and reducing the need for unnecessary child welfare involvement. MACCAN looks forward to understanding key success indicators, such as response times, referral outcomes, and family engagement levels, to assess its

impact over time. MACCAN views the 211 Warmline model as an important initiative which is anticipated to have a significant impact in how children, youth and families are supported. As such, MACAAN will be highlighting the launch and implementation of the 211 Warmline during its annual townhall on April 29, 2025.

The Community Engage and Connect Unit (CECU)

The CECU takes a proactive approach to supporting families at risk of re-entering in-home or out-of-home care. Most often, families can benefit from aftercare support and services after CFSA intervention to assist with situations that may unexpectedly arise such as gaps in basic family resources (housing, income), the need for additional support networks (childcare, support groups) and assistance with navigating services or expected life events.

Permanency Planning

When efforts to achieve reunification or family stabilization are not viable, CFSA has continued to strategically explore all efforts to achieve permanency in a timely manner within AFSA guidelines. It is noted that CFSA has streamlined their process for all District resources parents to be dually licensed as foster and adoptive parents. The dual licensure decreases any time barriers with having to undergo the adoption licensure following a goal change from reunification to adoption. CFSA has also introduced the utilization of a Permanency Tracker, a shared database which is reported to be utilized in an intentional and strategic manner to support the agency social workers in the assessment of progress towards timely permanency.

Community-Based Family Support Services

There is a myriad of community-based family support services offered through CFSA and its contractual providers and community-based partners. These services continue to support the overall well-being of children, youth and families. MACCAN is pleased that these services will remain available for families to access during FY25.

Data

MACCAN values CFSA's commitment to data transparency, including the accessibility of the public dashboard and statistical case analysis. These insights provide critical information on service populations, time in care, and entry/exit trends.
During FY25, MACCAN seeks further insight into the following key areas to support accountability and service effectiveness:

- **Placement Stability:** With 250 placement disruptions in traditional foster homes, what strategies have been or will be implemented in FY25 to improve stability? If new strategies have been implemented, have any new approaches shown success?
- **211 Warmline**: Regular updates on its implementation and the support provided to District

children and families.

- **Older Youth in Abscondence**: What steps are taken to locate these youth? How are other child-serving agencies supporting older, disconnected youth?
- **Healthy Families/Thriving Communities Collaboratives:** Ongoing updates on specific services and supports provided to children and families through the Healthy Families/Thriving Communities Collaboratives.
- **Court Improvement Project**: What is the early indicator/outcomes of the data-sharing activities? Any key strategies for the upcoming year.
- **Community Engage and Connect Unit (CECU)**- What are some early indicators of success?
- **Service Utilization Data:** With the myriad of services available to families as outlined throughout this report, will CFSA plan to conduct an analysis of service utilization to identify gaps and/or identify strategies to increase utilization and subsequently improve outcomes.

MACCAN looks forward to continued collaboration and to the exciting developments outlined by CFSA that support children and families in DC. We remain committed to engaging in dialogue, monitoring progress, and championing initiatives that enhance family stability and well-being

Respectfully submitted,
The Members of the MACCAN

APPENDIX A: EXCERPT FROM THE CFSA ESTABLISHMENT ACT OF 2001

The Director must:

(10) Prepare and submit to the Mayor, the Council, and the public a report to be submitted no later than February 1 of each year; which shall include:

(A) A description of the specific actions taken to implement *the Adoption and Safe Families Amendment Act of 2000*, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);

(B) A full statistical analysis of cases including:

(i) The total number of children in care, their ages, legal statuses, and permanency goals;

(ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;

(iii) The number of children who have been in care for 24 months or longer, their length of stay in care, including:

(I) A breakdown in length of stay by permanency goal;

(II) The number of children who became part of this class during the previous year;

(III) The ages and legal statuses of these children;

(iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and

(v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;

(C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;

(D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:

(i) The service programs which will be made available under the plan in the succeeding fiscal year;

(ii) The populations which the program will serve; and

(iii) The geographic areas in which the services will be available;

(E) An evaluation of the Agency's performance;

(F) Recommendations for additional legislation or services needed to fulfill the purpose of *the Adoption and Safe Families Amendment Act of 2000*, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and

(G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.