

Child and Family Services Agency Annual Public Report - FY2021

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



DC Child and Family Services Agency

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*** GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

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INTRODUCTION

The District of Columbia Child and Family Services Agency (CFSA) Establishment Act of 2001 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 1997.¹ See Appendix A.

Both the federal and DC ASFA require timely placement of children in safe and stable living arrangements.² 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 reunified with their parents.

The APR also provides the following information on the District’s child welfare system:

- A statistical analysis of child welfare cases
- An analysis of difficulties encountered while attempting to reach the goal of reducing the number of children in foster care
- An evaluation of services
- An evaluation of CFSA’s performance in implementing ASFA
- Recommendations for any supplementary legislation or services needed to fulfill the requirements set forth by ASFA
- Comments and recommendations submitted by the Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)

At the end of the District’s 2021 fiscal year (October 1, 2020 – September 30, 2021), the total number of children in foster care was 614.³

Requirements of DC AFSA

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.*

¹ The District of Columbia legislated the DC ASFA in March 2000 (DC Law 13-136; 47 DCR 2850) to reflect the service delivery and best practice requirements included in the federal ASFA. In addition to federal compliance, DC ASFA requires CFSA to implement and maintain system-wide operational improvements for the District’s child welfare system.

² The terms “child” and “children” refer to clients from birth to age 20.

³ Source: FACES.NET Management Report CMT232

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

CFSA's Permanency Practice policy requires social workers to develop formal written case plans within 30 days of opening a case. Case planning is a team effort with birth parents, the child (at an appropriate age), foster parents, and other service providers. The case plan review process requires reassessment and service plan updates every 90 days and case plan review and updates every six months.

The Agency continues to provide services and connect families to community-based services to support the achievement of case and permanency planning for children served. As of the end of fiscal year (FY) 2021, 91 percent (n= 551) of foster care cases had a documented current case plan, while 6 percent (n= 38) had an expired case plan and 3 percent (n= 17) had no case plan.⁴

Permanency Hearings

By including case plan information in court reports, CFSA social workers, attorneys for all parties, and Family Court judges have an opportunity to review and discuss case plan details and progress during permanency hearings. Family Court judges in the District are required to use a standardized court order form for all permanency hearings. The standardized form establishes a consistent process for the Family Court to document the establishment of permanency goals within the ASFA timeframes, as well as to increase compliance with the legal requirements. Family Court judges are also required to ask the Agency if it has made reasonable efforts to achieve the stated permanency goal within ASFA guidelines and, if not, to identify the barriers, which must also be documented in the court order.

Due to the public health emergency and ongoing social distancing guidelines, Family Court operations, including permanency hearings and trials, have been held remotely since March 2020.

Youth Transition Planning (YTP)

For youth ages 15 and older, CFSA develops a Youth Transition Plan (YTP) to help prepare the youth to successfully exit foster care at age 21. Between ages 15 and 19, a youth's transition planning team reviews the YTP every six months. When a youth reaches age 20, the team reviews the YTP every three months.

⁴ Source: FACES.NET Management Report CMT163. Data exclude children in care for less than or equal to 30 days.

CFSA encourages youth to lead their own YTP meetings. Participants typically include the social worker, guardian *ad litem* (GAL), supportive caregivers and relatives and, as needed, CFSA's Office of Youth Empowerment (OYE) education or career specialists. The YTP planning domains include life skills, health, finances, education, employment, housing, transportation, social integration, sexual health and family planning.

In 2020, the District of Columbia enacted legislation extending foster care beyond 21 years of age to allow youth to opt into continued receipt of foster care services up until the end of the COVID-19 public health emergency. The legislation further allowed youth to receive services up to 90 days after the mayoral order declaring the end of the public health emergency, despite the expiration of a youth's commitment.⁵

On September 30, 2021, the emergency legislation expired. In response, OYE has been actively partnering with the Children's Law Center to troubleshoot various aspects of the expired legislation and to plan for successful transitions for all youth. Presently, when young adults age out of foster care, they receive a more extensive care package, including such items as Visa gift cards, bedding, and AT&T phone cards that ensure cell phones remain active for up to one year. In addition to this, in October 2021, OYE's Youth Council convened a resource fair in which local vendors presented various opportunities to support the young adults' transition to independence.⁶ OYE also worked with other District agencies, as well as the national research and advocacy organization, *Think of Us*, to identify young adults in the District, aged 21 to 27, who were eligible for federal grants of up to \$2,500. These grants were intended to mitigate the loss of system benefits for youth who aged out of care during the pandemic. The grants expanded financial assistance, which included assistance for transportation. OYE ensured that the identified young adults were aware of their eligibility for the grant, and provided any assistance needed with completing the application process.

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 first permanency goal is reunification with their families as soon as possible, unless the Family Court determines

⁵ COVID-19 Response Supplemental Emergency Amendment Act of 2020. Because of this mayoral order, a total of 32 children, age 21 and older, stayed in foster care during the public health emergency. At the end of the second quarter (Q2) FY 2021, 18 youth remained.

⁶ The Youth Council membership includes several older youth in foster care who meet monthly with OYE staff members to discuss services and develop plans for addressing identified issues specific to the needs of the older youth. The OYE program administrator regularly monitors Youth Council activities to identify any pressing concerns and implement strategies for appropriate change.

that the child has been subject to aggravated circumstances.⁷ To support successful and timely reunification, CFSA engages in a multifaceted approach. Strategies include family engagement; case management; involvement with the Parent Engagement, Education, and Resource (PEER) support team (described below); shared parenting between the birth parent and the resource parent; regular, purposeful visits between parents and children and parents and social workers; and connection to community and other government agency services (e.g., Healthy Families Thriving Community Collaboratives, Department of Behavioral Health, Department of Human Services, Department on Disability Services). This comprehensive approach helps CFSA and the families it serves to partner together to address the issues that brought the child and family into the child welfare system. In FY 2021, there were 125 (38 percent) children who exited care to reunification.⁸

As noted, when children are in foster care, CFSA promotes and encourages the practice of shared parenting, which involves an ongoing, active, and supportive relationship between birth and resource families. Shared parenting is a teamed approach for both sets of families, emphasizing 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, facilitated “Icebreaker” meetings between birth and resource parents, family team meetings, case planning meetings, parent-child visits, parenting instruction programs and family events.⁹ Additionally, with its emphasis on placing children with kin as resource parents, CFSA is often able to leverage relationships between birth and resource parents to further promote shared parenting goals.

Permanency-Focused Teaming

CFSA’s permanency-focused teaming is an ongoing process. These partnerships include regularly scheduled team meetings that identify distinct purposes, decision points and participants.

Removal Family Team Meeting (FTM)

Held within 72-hours of a child’s separation from the family or caregiver, the Removal FTM includes family members and any identified supports (e.g., friends and clergy), caregivers, resource

⁷ D.C. Code § 4-1301.09a. (2001). The Agency is not required to make reasonable efforts to preserve and reunite the family in cases involving 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.

⁸ Source: FACES.NET CMT367

⁹ Icebreakers are CFSA-facilitated meetings that typically occur 7 to 10 days after a child has been separated from the home. Icebreakers launch the shared parenting experience by providing a structured opportunity for the birth and resource families to get to know each other, discuss the child’s needs and preferences, and make a communication plan for the coming weeks and months.

parents, service providers, and the GAL. The meeting introduces the family to the Agency, clarifies the reasons for the child's separation, and develops an initial plan for securing resources and interventions to support the family. In FY 2021, 123 Removal FTMs occurred.

Team Meetings

Led by the social worker, team meetings involve the families and their support systems, providers, and attorneys as needed. Social workers schedule the meetings at regular intervals, based on the family's needs and level of engagement in services. The meetings support permanency planning and concurrent planning from the beginning of the foster care case.

In addition to team meetings, another primary mechanism to review the quality of the case plan occurs during weekly supervision between social workers and supervisory social workers (SSWs). As well, weekly meetings between SSWs and program managers provide opportunities to discuss cases that present challenges or may require additional supervisory support to meet permanency goal needs. Even further up the supervisory chain, program managers meet bi-weekly with their program administrator to review and troubleshoot cases facing significant barriers. To address cases with issues that cross program areas, Permanency Administration program managers convene bi-weekly Hot Button meetings with representatives across CFSA administrations, including the Office of Well-Being (for educational, medical and mental health needs); the Placement Unit; and the Office of Youth Empowerment.

Permanency FTM

The Permanency FTM is a discretionary meeting that occurs only if the social worker determines that planning with families and team members has not sufficiently progressed toward the permanency goal. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting of necessary team members, including birth families and social workers. The Permanency FTM may also include other relatives, resource parents, attorneys, advocates, and subject matter experts. Meeting topics may include assessment reviews, case plan objectives, and the identification of useful resources. In cases where the timeframe for achieving reunification is approaching, these meetings are also used to re-explore kin, this time in the context of adoption and guardianship. In FY 2021, seven Permanency FTMs occurred.

Permanency Goal Review Meeting (PGRM)

The PGRM is a multi-disciplinary team meeting that emphasizes the importance of progress toward the identified permanency goal and all team members having clear roles as related to permanency achievement. PGRM representation includes the Office of the Attorney General alongside the child or youth's case-carrying team. The Deputy Director of Program Operations participates in all meeting. Participants review and monitor progress towards permanency and identify targeted interventions aimed at expediting this progress. At each meeting, next steps are

clearly defined and entered into the Permanency Tracker (described below in the Permanency Planning section). At subsequent meetings, the team reviews the next steps and assesses progress toward achieving them. PGRMs are an opportunity to ensure 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 approaching, meeting, or exceeding federally recommended permanency timelines, i.e., at 9, 12 and 15 months for reunification cases; 15, 18 and 21 months for guardianship cases; and 21, 24 and 27 months for adoption cases. Additionally, the Permanency Administration convenes a “100-Day PGRM” for all children approximately 100 days after their separation from the home. For all children in protective supervision, the Permanency Administration schedules a PGRM at least 100 days after their return to the home. The 100-Day PGRMs emphasize strategies and supports to promote or preserve reunification with the birth family, and typically include PEERs, FTM specialists, and any other appropriate parties that may be assigned to a case, such as a substance use disorder (SUD) counselor who can provide updates on progress and available supports. Outside of the above-cited timeframes, the Permanency Administration schedules a PGRM as needed. Across CFSA and all private agency providers, a total of 706 reviews took place in FY 2021, with 430 unique children receiving at least one PGRM.

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

The PEER Unit is an in-house resource of support specialists with direct child welfare experience, i.e., birth parents who either took steps to prevent the removal of their children or who successfully reunified with their children.¹⁰ Each PEER support specialist advises, engages, and supports birth parents whose children have been separated from the home. The unit includes a supervisor and five PEER support specialists. Based on their personal experiences as well as additional training through CFSA’s Child Welfare Training Academy, PEER specialists uniquely serve as advocates, mentors, and supporters for CFSA-involved parents. PEER specialists also provide parents with one-on-one support for achieving reunification with their children. In FY 2021, a total of 85 birth parents were connected with a PEER specialist. The average PEER specialist managed a caseload of 18 parents, establishing two new connections per month.¹¹

During the height of the pandemic, the PEER Unit experienced challenges with maintaining the otherwise expected level of engagement necessary to birth parents separated from their children. Without sufficient engagement, PEER specialists experienced difficulty maintaining the level of connection required to authentically help guide and mentor families on their individual paths to reunification with their children. However, when the public health emergency order lifted, fewer

¹⁰ The PEER Unit expects to hire two additional PEERS by January 2022.

¹¹ Total of birth parents engaged is down from 209, caseload count is down from 42.

birth parents opted out of this voluntary program and the PEER Unit began experiencing a hoped-for increase in birth parent engagement. Moreover, the Agency anticipates a further increase in face-to-face engagement with the addition of one new PEER specialist in September 2021, and the anticipated hiring of two more PEER specialists in early FY 2022. This increased engagement and connection includes helping parents access mental health providers and substance abuse treatment. Another focus for the PEER Unit specifically includes engagement of fathers. To achieve this goal, the PEER Unit will soon launch "The Dad Lab" to support engagement and interventions unique to fathers' needs. Finally, the PEER specialists are committed to tailored interventions for any parent who may be otherwise difficult to engage, most notably those who have teenagers or children who present with behaviors that challenge their parents' capacity to manage their children's actions.

In FY 2020, the PEER Unit responded to the social distancing restrictions of the public health emergency by transitioning from the in-person *Birth Parent Cafés* to a bi-weekly online parent support group called *Parents Talk*. These interactive sessions, which continued throughout FY 2021, have given parents an opportunity to discuss topics related to parenting and CFSA involvement. The sessions also allow the PEER specialists to highlight the importance of self-care, mental health, and stress management. In 2021, session topics have included how to build bridges between parents and social workers, as well as between birth and resource parents. In addition to the support group activities, the PEER Unit has engaged families and elevated the potential for authentically intentional parent-child visitation, providing such resources as books, toys, and virtual and in-person games.

Family Treatment Court (FTC)

The District's FTC, a voluntary program, promotes timely family reunification for parents with a diagnosed SUD by offering them the opportunity to participate in a court-supervised comprehensive service program. In addition to the judge, FTC team members include the FTC coordinator, recovery specialist, assistant attorney general, social worker, and treatment providers. The FTC program provides residential and outpatient treatment options, as well as court appearances on a weekly, bi-weekly, or monthly basis depending on the individual's circumstances and progress toward identified SUD goals. When parents do make progress in meeting their goals, Court attendance requirements tend to decrease.

All FTC participants must report as scheduled for group hearings to meet with the FTC judge and undergo random drug testing. To support the participants' sobriety and clean drug test results, FTC's program provides incentives, based on the achievement of program milestones. Milestones may include increments of time where clean drug tests indicate sobriety (e.g., 30, 60, 90 days); completion of substance use treatment; reunification with a child or children; completion of a

program to advance stability (education, parenting skills, employment readiness, etc.); demonstration of stable housing; and successful completion of the full FTC program.

In FY 2021, 34 children of the 195 entries and 53 re-entries into foster care had substance use impacting parenting as one of the reasons for separating the child from parents or caregivers.¹² (See Table 6 in the *Statistical Analysis of Cases Section*). Among these cases, there were 24 families enrolled in FTC, 22 of whom included a parent who entered a substance abuse program. Of the parents who did enter programs, seven completed treatment, one was unsuccessfully discharged, and nine were still active at the time of this report. The status of the remaining five is unknown due to closure of their FTC case prior to treatment program discharge. In FY 2021, six parents were reunited with their children and had their FTC case successfully closed. Three parents had their children returned to their care under protective supervision.¹³

Due to the COVID-19 public health emergency, FTC continues to conduct weekly virtual case review staffings, entry hearings, group hearings, and individual hearings. Random drug testing, which was temporarily conducted at a CFSA-contracted facility, has now resumed at the Pretrial Services Agency. FTC's recovery specialists are presently conducting both virtual and face-to-face visits with families in their homes and in the community.

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

CFSA operates the District's Hotline for reporting child abuse and neglect 24 hours a day, 7 days a week. District regulations and CFSA policy require Child Protective Services (CPS) investigative social workers to commence investigations within 2 hours of an accepted report when a child's health or safety is in immediate danger. CPS investigates all other cases within 24 hours. Hotline workers continue to determine the appropriate response either for an Information and Referral (I&R) entry or a CPS-Investigation (CPS-I) entry, depending on the reported allegations.¹⁴ In FY 2020, CFSA updated the Investigations Procedural Operations Manual (POM) and the Hotline POM to reflect updated practices that support the work of CPS staff.

¹² Source: FACES.NET PLC 155 and Tableau

¹³ Protective supervision is a legal status created by court order in which a child is permitted to remain in or return to the birth family home under Agency supervision. The court typically orders protective supervision when case closure is pending due to reunification with the birth family.

¹⁴ I&Rs are calls that do not rise to the level of child abuse or neglect. Depending on the reason for the call, the Hotline worker may provide the caller with contact information for other District agencies, organizations, or service providers that can appropriately address the issue or concern.

Whenever CPS initiates an investigation, the assigned CPS investigative social worker attempts to contact the family. Once face-to-face contact is made, the investigative social worker conducts a comprehensive risk and safety assessment as part of the investigation. If the child is not in imminent danger (i.e., does not need to be separated from the family), CFSA may refer the family to one of five community-based Collaboratives that provide supportive services and resources to address the family's unique needs and goals.¹⁵ If the risk for future neglect is high, the investigative social worker develops a safety plan in partnership with the family and opens a case with the In-Home Administration. The investigative social worker may also make a referral for the family to have an At-Risk FTM.¹⁶

Depending on the Hotline report, CFSA's Hotline RED Team (review, evaluate and direct) functions in a consultative decision-making capacity for the Hotline, as needed, for the following types of Hotline reports:

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

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

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

Once the Hotline RED Team receives a referral, the team focuses on chronic patterns and case history. If there are concerns regarding the clinical decisions about the response to the report, a CPS program manager or program administrator may elevate the concern for a final clinical decision by the deputy director of Entry Services whether to accept the referral for investigation.

In response to the public health emergency, CFSA expedited the modernization of the District's CPS Hotline technology used to receive reports of abuse and neglect. The phone system and backend applications (Avaya and NICE) were implemented over 15 years ago using District standard technology operated by the Office of Chief Technology Officer (OCTO). That system required that staff be on-site. In 2019, OCTO introduced the option of using AWS Connect as a call

¹⁵ Healthy Families/Thriving Community Collaboratives.

¹⁶ The Agency may attempt to convene an At-Risk FTM based on a clinical determination that a child is at risk of separation from the family. The At-Risk FTM is convened when a custodial parent or legal guardian agrees to participate, or when adequate family support is identified for participation. The meeting involves an identification of underlying risk factors, as well as an exploration of strategies and resources to prevent removal.

center solution for all District agencies. CFSA was exploring this option when the COVID-19 public health emergency arrived in the U.S. To reduce risk of infection in the offices, CFSA quickly converted the phone system to AWS Connect. The transition, which took less than 2 weeks, allowed staff to work from home.

The CPS Hotline continues to function 24 hours a day, 7 days a week. Staff working remotely until July 12, 2021 have returned to CFSA headquarters on a hybrid schedule, i.e., in the office 2 or 3 days per week, and working remotely for the remaining days of their tour of duty. Hotline staff continue to complete initial COVID-19 screenings. CPS investigative social workers continue to conduct in-person investigations for allegations of abuse and neglect while also conducting COVID-19 screening protocols to reduce exposure.

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

CFSA continues to focus on preventing children and youth from entering foster care, based on continuous quality improvement efforts and ongoing modifications to practice. For those children who must enter foster care due to imminent safety risk, CFSA continues to provide necessary services to support reunification. CFSA also continues its multi-faceted, 20-year plus partnership with the District's five neighborhood-based Healthy Families/Thriving Communities Collaboratives (Collaboratives). Most recently, community-based services now include Family First prevention services (discussed in depth later in this report). The following five Collaboratives provide the District's eight Wards with various activities within the prevention and intervention continuum:

- Collaborative Solutions for Communities (CSC) (Wards 1, 2 and 3)
- East River Family Strengthening Collaborative (ERFSC) (Ward 7)
- Edgewood/Brookland Family Support Collaborative (EBFSC) (Wards 5 and 6)
- Far Southeast Family Strengthening Collaborative (FSFSC) (Ward 8)
- Georgia Avenue Family Support Collaborative (GAFSC) (Ward 4)

In addition to preventive services, the Collaboratives provide an array of essential core services for families living in District neighborhoods with high representation of contact with the child welfare system. Such services include case management, information resource, referrals and linkage, as well as specialized services such as parent education and supportive programs to meet the needs of both CFSA-involved and non-CFSA-involved children, youth and families.

Front Yard – Families Not Known to CFSA

The District has maintained its prevention approach to serving non-CFSA-involved families that may still be facing challenges that put them at risk of Agency intervention, e.g., young homeless families. Although such families are not connected to CFSA as a result of abuse or neglect

allegations, they are still eligible to receive services from one of the Collaboratives serving their neighborhood.

As part of the broader child welfare system, the Collaboratives accept walk-ins and referrals from public agencies, community-based organizations, and the school system. The Collaboratives also take the lead on connecting families to District and community resources such as housing, employment and mental health services. The number of front yard family referrals made to the five Collaboratives for FY 2021 was 204.

Family First Prevention Services

In 2019, CFSA launched its Title IV-E Five-Year Family First Prevention Plan to increase the Collaboratives' community-based preventative services that help keep children safe with their families and out of foster care. The Collaboratives further provide families with evidence-based services that promote reunification with the birth family when a child's separation from the home is necessary. The District's Department of Health, Department of Behavioral Health, and Department of Human Services, as well as community providers such as Community Connections, Mary's Center, MBI Health Services, LLC. (MBI), and Hillcrest Children and Family Center each offer evidence-based practice services to support family preservation and reunification through parenting and home visiting programs, mental health treatment, and substance abuse treatment. Additionally, CFSA staff received training on Motivational Interviewing (MI) as a case management model. Moreover, the Agency implemented new information system applications to develop child-specific prevention plans, facilitate service referrals, and allow Agency partners to electronically access and manage case transfers and referrals.

From September 2019 to November 2021, the Agency provided MI training for 442 CFSA and Collaborative direct service staff and personnel. Ninety-one CFSA and Collaborative supervisory staff received training on how to assess for fidelity in MI. In FY 2021 alone, the Agency provided MI training for 141 CFSA and Collaborative direct service staff and personnel. Thirty-seven CFSA and Collaborative supervisory staff received training on how to assess for fidelity in MI.

Families First DC

The Families First DC initiative is an up-stream, community-driven, family-strengthening model that utilizes a holistic family-centered approach to prevention and, as warranted, mitigation of community risks to maltreatment, crime and violence. After a qualitative and quantitative analysis of disparities across Wards, the District identified 10 neighborhood-based Family Success Center locations in Wards 7 and 8. The District's 2019 analysis included current data on the number of child abuse and neglect referrals for those communities, as well current rates of crime and violence, the subsequent need for crime and violence prevention in those neighborhoods, and the communities' potential for healthy outcomes.

Since October 2020, the following 10 Family Success Centers have been operating in Wards 7 and 8. Each Center reinforces CFSA’s long-standing prevention and early intervention work by empowering communities, integrating services and focusing on primary prevention. Between October 2020 and August 2021, the Family Success Centers have served over 12,000 District families.

WARD 7 Neighborhoods	Family Success Center Grantee
1. Mayfair/Paradise	North Capital Collaborative (Project Uplift)
2. Stoddart Terrace/37 th Street, SE	Life Deeds
3. Benning Road & Minnesota Ave	East River Family Strengthening Collaborative
4. Benning Terrace/Benning Park	East River Family Strengthening Collaborative
5. Clay Terrace	Sasha Bruce
WARD 8 Neighborhoods	Family Success Center Grantees
1. Woodland Terrace	Smart from the Start
2. Anacostia	Martha’s Table
3. Congress Heights	Far Southeast Family Strengthening Collaborative
4. Washington Highlands ¹⁷	A Wider Circle
5. Bellevue	Community of Hope

In an August 2021 evaluation, CFSA’s Community Partnerships Administration reported that the Family Success Centers received 6,074 service requests between March and August 2021. Of this number, the centers provided 5,876 services. Approximately one third of the services involved food or food-voucher distribution. Additional service areas included family enrichment, youth recreation, parent and child interactions, and adult medical health. In an August 2021 customer satisfaction survey, the Family Success Centers received a Net Promoter Score (NPS) of 85.¹⁸

Front Porch – Families Known to CFSA with No Open Case

CFSA also partners with the Collaboratives to provide supportive interventions to families who have been the subject of an investigation but do not present safety or risk levels sufficient to open

¹⁷ Although there are 10 identified Family Success Centers (FSCs), only nine are currently operating since the Washington Highlands FSC is up for rebid and the request for applications has been reissued. The Agency is also expanding the FSC count to Ward 5’s Carver-Langston neighborhood. Both sites expect to launch by the fourth quarter of FY 2022.

¹⁸ NPS ranges from -100 to +100, based on responses to the question, “How likely is the customer going to recommend a service, product or organization to a friend or colleague?” Any NPS score over 70 is considered “excellent.”

a child welfare case. The number of referrals made to the five Collaboratives for front porch families in FY 2021 was 665.

Assessments Used to Determine Needs - Functional Assessments

Functional assessments incorporate a collaborative process between the social worker and the family member, whether a parent or a child. The process includes social worker observations, motivational interviews, intentional listening to family histories, and analyses of individual skill sets and behaviors as part of daily routines and settings. CFSA uses functional assessments to inform case planning, gauge child and family progress toward identified goals, increase the parents' protective capacity, and reduce safety concerns for children. In addition to identifying and addressing the issues that brought the family to CFSA's attention, these assessments can identify underlying issues. To assess children, social workers use the Child and Adolescent Functional Assessment Scale (CAFAS) or the Pre-school and Early Childhood Functional Assessment Scale (PECFAS). Both tools determine baseline levels of functioning across eight life domains. For parents, the Caregiver Strengths and Barriers Assessment (CSBA) helps determine parents' service needs and protective capacity. Social workers merge the results of these functional assessments with information obtained from the family and other team members. The combined information drives the social worker's overall clinical assessment, which forms the basis for the service plan. CFSA provides or refers families for services in the following areas:

- Mental health
- Substance use
- Housing
- Domestic violence services
- Parenting skills
- Education
- Employment
- Money management
- Transportation

Mental Health Unit

In 2018, CFSA implemented the Mental Health redesign to provide in-house mental health services to children entering or re-entering foster care. In so doing, the Agency has been able to successfully expedite and improve child access to mental health treatment. Under the purview of CFSA's Office of Well Being (OWB), there are now four dedicated, licensed clinical therapists on site to screen, assess, diagnose, and provide short-term mental health treatment to the children. When schedules permit, the therapists may also work with families receiving in-home versus foster care services.

Children receiving mental health services in the community continue their engagement with their assigned community mental or behavioral health providers. The OWB Mental Health Unit also includes a psychiatric mental health nurse practitioner (PMHNP) in addition to the licensed mental health therapists. The role of the PMHNP is to provide initial screenings, to conduct mental health evaluations, to create initial therapeutic treatment plans, and when indicated, to prescribe psychotropic medications. Based on the PMHNP's recommendations, OWB's mental health therapists provide tailored therapy interventions, including up to 12 months of short-term therapy, development of ongoing treatment plans, and facilitation of referrals for long-term therapy support, as needed. The in-house therapists are trained and able to provide the following therapy interventions:

- Trauma Systems Therapy (TST)
- Family Therapy
- Child Centered Play Therapy
- Grief and Loss Therapy
- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Traditional Integrative Approach

In FY 2021, the average length of time from a child's separation from the parent or caregiver to a mental health evaluation was 16 days. The average time from evaluation to the initial appointment was 15 days.¹⁹

In FY 2021, OWB's Mental Health Unit provided 74 children with mental health evaluations, referred 55 children for longer-term therapy, and engaged 46 children in short-term therapy. Of the children who engaged in short-term therapy, 26 received therapy with an OWB therapist and 20 received therapy from a CFSA-referred core service agency (CSA) or local school. For those children and youth who needed longer-term mental health treatment, or a specialized modality (e.g., dialectical behavior therapy), CFSA contracts with MBI, a Department of Behavioral Health CSA that serves up to 150 children and youth, and up to 75 birth parents. MBI provides the following specialized mental health interventions:²⁰

- Diagnostic assessments
- Psychiatric evaluations
- Medication management
- Individual and family therapy

¹⁹ Pre Mental Health Redesign youth were waiting to be evaluated and connected for up from at least 60 days and sometimes up to 120 days.

²⁰ Most therapy slots outlined in the contract are for youth whose therapeutic services are funded through Medicaid. Specialty services have a limited number of slots funded by CFSA.

- Community support services
- Specialized therapies

Substance Use Support

The Office of Well Being facilitates interventions for substance use treatment and recovery with community providers, oversees cases involved with the Family Treatment Court (described earlier) and facilitates the in-house Project Connect program. This program works with high-risk families affected by parental substance abuse, in addition to mental health issues and domestic violence. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery.

CFSA's Project Connect team consists of four resource development specialists, a Substance Use Disorder(SUD) assessor, parent educator, registered nurse, and SUD community service providers. The Project Connect model serves to leverage the SUD Unit's ability to streamline client engagement and assessments.

In FY 2021, the Project Connect team served 48 parents representing 100 children. Of this number, 32 parents had their case closed in FY 2021; 16 parents remained active in the program. Of the 32 parents whose cases closed, 14 families receiving in-home services and two families (three parents) receiving out-of-home services remained intact and had their cases closed. Four parents completed their individual recovery plan goals and successfully completed Project Connect prior to their CFSA case closing. There were three parents whose children's permanency goals changed to adoption or guardianship. The program discharged six participants for lack of engagement for three weeks. One parent was unable to complete the program due to incarceration and one parent switched to Family Treatment Court (described earlier).

Housing Strategies

In conjunction with other District agencies, including the District's Department of Human Services and the District of Columbia Housing Authority (DCHA), CFSA supports families' housing needs by exploring available city-wide resources and housing services.

Once external options have been exhausted, CFSA employs supportive internal strategies. The Community Partnerships (CP) Administration manages the following three housing support programs designed to assist youth and families experiencing housing instability:

- Rapid Housing Assistance Program (RHAP) – RHAP provides short-term rental assistance to families and older youth. The program helps prevent children from entering foster care and assists families when housing is the only barrier to permanency. RHAP further assists older

youth transitioning from foster care, as well as former foster youth, to establish stabilized housing post foster care. As of FY 2021 to date, RHAP has served 28 families and one youth.

- Family Unification Program (FUP) – FUP provides Section 8 housing vouchers through the DCHA Housing Choice Vouchers program. These FUP vouchers provide permanent housing to CFSA-involved families where housing is a barrier to permanency or family stabilization. The FUP vouchers also provide semi-permanent housing to youth aging out from foster care as well as youth between the ages of 18-24 who are classified as homeless. The vouchers do not exceed 36 months. As of FY 2021, FUP vouchers provided housing assistance for 14 families and two youth.
- Family Flexible Funds (“Flex Funds”) - The Flex Funds program provides emergency financial assistance to help support reunification efforts when families are receiving out-of-home services, and to help support family stabilization efforts when families are receiving in-home services. Flex Funds also help to prevent children from coming into care. The funds are reserved and readily available to meet the urgent service needs of families and to provide concrete social support to families living in multi-generational homes. Flex funds are accessible both to CFSA-involved families and families working with Collaboratives.

CFSA has seen a steady use of Flex Funds in the following areas since the start of the COVID-19 public health emergency up to mid-year FY 2021: housing supports, utility payments, furniture, and food. Across CFSA administrations, a spike in the use of Flex Fund spending by Child Protective Services (CPS) occurred, while the others remain relatively steady and consistent with FY 2020-FY 2021 spending. Total Flex Fund usage in FY 2021 ranged from \$3245 to \$60,406 with the average award amount ranging from \$1349 to \$3,973. The In-Home Administration served 33 children through the use of Flex Funds while CFSA’s Permanency Administration served 17 children through Flex Funds. CPS served 16 children and the Office of Youth Empowerment served three youth. In terms of actual dollars, the Kinship Unit serving 23 children had the highest total usage (\$60,406) in FY 2021 with an average award amount of \$3,973.

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.

CFSA’s first priority is always to reunite children with their birth families. When reunification is not possible, CFSA recommends a safe and stable, family-based alternative permanency goal.

Permanency Goal Review Meeting (PGRM)

As described earlier, the PGRM is an intensive, multi-disciplinary case review process used to assess the status and viability of different permanency options. With the exception of the 100-Day PGRM, which focuses on strategies to return the child to the birth family, these reviews involve cases where CFSA’s Permanency Administration’s exhaustive efforts to support reunification have been met with immovable barriers. Once determining that reunification is no longer a viable permanency option, Permanency Administration social workers explore the available adoptive and

guardianship resources, such as the child’s relatives or current resource parents. In addition, the PGRM may incorporate discussions based on the Agency’s permanency tracker to support informed dialogues about case progress and barriers.

Permanency Tracker

CFSA utilizes the permanency tracker to improve empirically based decision-making regarding the timely achievement of all three primary permanency goals: reunification, adoption and guardianship. The permanency tracker is a shared database that aggregates key FACES-held permanency data with data not entered in (or not readily available through) FACES.NET, e.g., information regarding *Ta.L.* evidentiary hearings, progress toward guardianship, or the status of a subsidy negotiation.²¹ A Permanency Administration supervisor or designated staff member enters the non-FACES data into the permanency tracker on a monthly basis (at a minimum).

The permanency tracker is an effective tool for assessing both child-specific and cross-caseload progress towards permanency. As part of the Permanency Administration’s continuous quality improvement efforts, the permanency tracker data are also reviewed during supervision between social workers and supervisors, supervisors and program managers, and program managers and program administrators.

Adoption Resources

In October 2021, CFSA’s Permanency Administration began a new Adoption unit with social workers who have expertise in adoptions. The unit will focus on streamlining the adoption process toward timely finalization and ensuring the Agency responds to all adoption-related matters in a unified and systematic matter. Specifically, the unit will assist adoptive parents by facilitating access to subsidies, post-adoption resources, and navigation of the legal process. Although primarily assigned to children whose adoptive parents have already filed an adoption petition, the social workers also work with children who have had an adoption goal for more than 12 months and for whom an adoption petition is yet to be filed. In these cases, the adoption social workers, in collaboration with the Agency’s recruitment unit, focus their efforts toward exploration of potential adoption resources and, if necessary, broader recruitment.

For children or sibling groups with a goal of adoption but no pre-adoptive placement home, CFSA assigns an adoption recruiter. The recruiter develops individualized recruitment plans, in addition to 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 explore local and out-of-state family members or other supportive individuals. In addition to

²¹ As a result of the DC Court of Appeals 2016 decision, *In re Ta.L.*, the Family Court must provide an evidentiary hearing when requested by parents in child abuse and neglect proceedings involving a proposed goal change from reunification to adoption.

connections through the biological family, the recruiter explores the foster family as an adoptive resource. Many resource parents decide to become adoptive parents when a child or sibling group in their home has a goal change from reunification to adoption. To streamline the process, all District resource parents are dually licensed for foster care and adoption.

When the Agency cannot identify a viable kin or licensed resource parent, recruiters utilize broader media. Resources include local and national adoption websites; the Heart Gallery, a travelling exhibit that displays professional quality photographs of waiting children; and adoption exchanges, which connect children awaiting adoption with prospective parents.

On September 30, 2021, there were 155 children in foster care with the goal of adoption. Just under half of those children (48 percent, n=74) were placed in a pre-adoptive home. Fifty-two percent (n=81) were not yet placed in a pre-adoptive home.²² In FY 2021, there were a total of 112 adoptions finalized.²³

Alternative Planned Permanent Living Arrangement (APPLA)

CFSA's preferred permanency goals for children and youth include reunification with the birth parent, or adoption, guardianship, and legal custody with a relative. If relatives are not available, the Agency will seek out a suitable and committed non-relative caregiver. When the Agency has explored and eliminated the above-mentioned goals as permanency options, the social worker can submit a request for a goal change to APPLA.²⁴ CFSA's deputy director for Program Operations must approve all APPLA requests. Once this happens, the youth's case management team adjusts the service framework to focus exclusively on the youth's successful transition from foster care to independent adulthood. CFSA's Office of Youth Empowerment (OYE) helps equip the youth with the skills, resources, and connections to achieve goals in the areas of education, career readiness, teen parenting, and financial literacy. As of September 30, 2021, there were 101 youth in care with a goal of APPLA, of which, 90 youth were age 18 and over.²⁵

Agency Governance

In FY 2021, CFSA developed companion documents to the *Permanency Practice* policy to make the guardianship and adoption practice guidance more useful and accessible to social workers. The *Achieving Guardianship* business process provides a succinct overview of guardianship practice,

²² Source: FACES.NET ADP070. Count of 155 includes children under the age of 18. An additional count of 2 (n=157) with the goal of adoption includes children 18 and older.

²³ Source: FACES.NET CMT367

²⁴ CFSA's policy on *Establishing a Goal of Alternative Planned Permanent Living Arrangement (APPLA)* requires a youth to be 16 years or older for approval by the Agency's director.

²⁵ Source: FACES.NET CMT366

including considerations and requirements for recommending guardianship, preparing the prospective guardian, preparing for and participating in the guardianship hearing or trial, understanding and obtaining a guardianship subsidy agreement, and ensuring successful finalization. The *Adoptions* business process similarly guides case managers through the processes of finding and preparing the pre-adoptive home, assisting prospective adoptive parents through the legal process, understanding and obtaining an adoption subsidy agreement, reporting to the court, preparing for trials, and finalizing the adoption.²⁶

Permanency *Lean* Events - Recommendations

Throughout FY 2021, CFSA partnered with the consulting firm, *Leanovations International*, to facilitate the exchange of innovative ideas across all CFSA administrations. The Permanency Administration participated in three different week-long “*Leans*”, each dedicated to streamlining, standardizing, and improving practices within different permanency service frameworks, i.e., reunification, guardianship and adoption. Participants included social workers, supervisors, administrators, executive team members, post-permanency specialists, subsidy specialists, kinship specialists, PEERs, attorneys from the Office of the Attorney General (OAG), CFSA-contracted private agency providers, and technology specialists from CFSA’s Child Information Systems Administration (CISA). The collaborative process yielded numerous recommendations, particularly in the area of information technology. Over the next two years, program staff will regularly partner with CISA specialists to develop, evaluate, and refine applications within CFSA’s primary information management tool, the Comprehensive Child Welfare Information System (CCWIS).²⁷ The recommended enhancements, detailed below, will ensure that all child welfare professionals will be able to access, input, and manage client information in an accurate, efficient and standardized manner.

The *Reunification Lean*, held in February 2021, focused on promoting a more expedient, smooth and successful reunification process. Key objectives included aligning practice steps within the first month of a child’s separation from the home, ensuring case managers have access to key information, bringing a clinical mindset to interactions with birth parents, improving teaming, and reducing administrative inefficiencies. The *Lean* participants generated the following recommendations:

- Enhance electronic notification processes.

²⁶ Current Adoptions business process is under review with the Office of the Attorney General.

²⁷ The CCWIS is a modern information tool that streamlines business processes and workflows, integrates with systems and data repositories, and presents an intuitive, secure, reliable and accurate user interface for child welfare practitioners and data analysts. Pursuant to federal requirements issued in 2015, the Agency has been preparing to move away from its prior system, the Statewide Automated Child Welfare Information System (SACWIS) and has begun a multi-year initiative to develop and implement the CCWIS based on feedback from technical experts, as well as internal and external stakeholders. The CCWIS will be referred to as STAAND, which represents the Agency’s ongoing effort to be *Stronger Together Against Abuse and Neglect in DC*. The completion goal date is FY 2024.

- Improve access to vital case information.
- Ensure prompt uploading of court information to the CCWIS.
- Develop mobile applications that link to the CCWIS.
- Allow for the uploading of case materials.
- Renovate the case planning tool, including the auto-populating fields, multiple window viewing capacity, and the elevation of data upon completion of the service plan.

Additional recommendations involved clarification of roles and responsibilities among case management team members, and further leveraging the support of PEER specialists, particularly regarding visitation.

The May 2021 *Guardianship Lean* similarly sought to align practice and ensure expedient, consistent and positive results. Participants explored ways to ensure full and accurate information exchange between CFSA, CFSA-contracted private agency providers, OAG, the Family Court, and ongoing service providers. In addition, the *Lean* focused on ways to improve the timeliness, content, and utility of guardianship reports. Participants proposed the following key recommendations:

- Develop an auto-populating template for guardianship reports.
- Establish a timeline for report submission.
- Channel communications through a single point of contact.
- Provide tip sheets to resource parents.
- Leverage the expertise of resource parent support workers in the subsidy application process.
- Ensure social workers provide vital documents and court orders to the Subsidy Unit.
- Develop a centralized and coordinated electronic notification system that is accessible to all parties.
- Store vital documents in the CCWIS.

During the June 2021 *Adoption Lean*, team members endeavored to find ways to speed up the adoption process, establish uniform practice, improve case documentation, manage staff workloads, and identify training needs. Participants proposed the following recommendations:

- Streamline the subsidy application and referral process by removing some steps that are not legally required.
- Remove certain managerial levels from the approval chain.
- Further automate the processes of reporting, notifications, petitioning, subsidy application, Interstate Compact on the Placement of Children application, re-licensing and post-permanency communication.

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

Resource Home and Congregate Care Facility Licensing

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

To be licensed as a prospective kinship caregiver, foster or adoptive parent, or 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 local police departments. Record checks also include annual Child Protection Register clearances for any adult age 18 and over residing in the home.²⁸ DCMR further requires background checks and clearances for all employees of group homes and youth residential facilities.²⁹

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

DC law requires the Family Court to hold initial review hearings within 6 months and permanency hearings within 12 months after every child's entry into foster care. Hearings must also occur at least every 6 months thereafter for as long as the child remains in an out-of-home placement.

According to the most recent data available from the Family Court's 2020 Annual Report, 90 percent of cases filed in 2019 had a permanency hearing, or the Family Court dismissed the case, within the required timeline.³⁰ In 2020, a permanency goal and a goal achievement date were set at 100 percent of permanency hearings. Judicial officers closed 291 post-disposition abuse and neglect cases over the course of the 2020 calendar year. Of these cases, the Family Court closed 94 percent because permanency was achieved. Of the cases in which permanency was not achieved, 6 percent (n=18) of youth either aged out of the system or the neglect case closed prior to the youth achieving permanency. These circumstances account for the lowest rate of youth aging out in the last 10 years.

²⁸ The Child Protective Register (CPR) is a confidential index of substantiated or inconclusive non-criminal findings for child abuse and neglect investigations in the District of Columbia.

²⁹ For children placed in resource homes and youth residential facilities in Maryland, the Code of Maryland Regulations (COMAR) provides licensing requirements.

³⁰The latest Family Court report: <https://www.dccourts.gov/about/organizational-performance/annual-reports>

Court Improvement Project (CIP)³¹

Since the fall of 2018, CFSA has been teaming with OAG and the Family Court to participate in a CIP data-sharing subcommittee that looks at permanency goal trends and barriers to timely achievement. In the first round of reviews, reported in October 2019, reviewers observed commonly identified clinical issues related to a child’s biological family, especially mental health, substance use, domestic violence, and incarceration. The most commonly observed court-related factors included permanency goal extensions, late goal changes, court personnel changes, and delays related to the newly introduced *Ta.L.* hearings.³² Common socioeconomic factors confronting birth families included employment and housing issues, as well as a reported inability to access services to address these issues. The second round of reviews, reported in January 2020, produced similar findings around the interrelated impact of certain family, clinical, systemic, and court-related factors impacting longer permanency timelines. In particular, cases with longer permanency timelines typically included evidence of one or more of the following clinical factors: parental behavioral health issues, parental substance use, multiple foster care placement disruptions, multiple social worker transfers, and unmet clinical service needs for the child or family. Court-specific issues, which were noted with less frequency in the second round, included personnel changes and hearing delays.

Concurrent with the most recent CIP data-review activities, CFSA has built a new data-gathering capacity with the Permanency Goal Review Meetings (PGRM), described earlier. For example, in about 50 percent of FY 2021 cases reviewed, the parent (or parents) had either mental health or substance abuse concerns; nearly 30 percent of cases showed significant parenting capacity issues; housing was a barrier in 13 percent of cases; and domestic violence was a barrier in 10 percent of cases. As of the fall of 2021, CFSA, OAG and the Family Court are taking steps to consolidate their jointly-conducted data review projects. Having seen similar results over two rounds of permanency timeline reviews, the CIP subcommittee wants to refocus its efforts toward increased involvement in the data gathering and analysis activities available through CFSA’s permanency tracker and the PGRM reports.

Permanency Mediation

In 2019, the Family Court implemented a new mediation program to address permanency delays. The new program allows any participant in a neglect case to refer their case for mediation prior to the first permanency hearing, or at any time CFSA recommends a goal change from reunification to adoption. In reporting on permanency mediation in October 2021, the Family Court indicated

³¹ The U.S. Department of Health and Human Services (Administration for Children and Families) created the state Court Improvement Program (CIP) for courts and child welfare agencies to conduct assessments of their foster care and adoption laws and judicial processes, and to develop and implement plans for system improvement.

³² See Footnote 21 for an explanation of the *Ta.L.* hearing.

that since January 2021, 10 participants in neglect cases requested mediation. In six of these cases, the parents consented to adoption. No consents were provided during or immediately following mediation. The average time to obtain consent was 51 days after mediation.

Child and Family Services Review³³ – Onsite Review Instrument

As the result of the 2016 federal Child and Family Services Review, CFSA completed 228 reviews (76 per year) using the onsite review instrument (OSRI) over a 3-year Performance Improvement Plan (PIP) period with a non-overlapping evaluation period. These PIP reviews included 50 annual out-of-home cases and 26 annual in-home cases, all of which received first and second level QA reviews. The CFSA PIP case reviews began in March 2018 and ended in July of 2021.

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 parent, kinship caregiver, legal guardian, as well as the child's therapist.

Pursuant to District statutes and guidelines, CFSA provides notification of and an opportunity to be heard in neglect proceedings for foster, pre-adoptive, legal guardian, or kinship caregivers and their respective attorneys. This requirement applies to all neglect proceedings, irrespective of how long the child has been in foster care or how long the resource parent or relative caregiver has cared for the child. Notifications include information on the date, time, and location of the court hearing. Notifications also include instructions for contacting the court clerk (if necessary) along with the contact numbers for the assigned social worker and supervisor.

In addition, District Code requires notification to all parties in a case when the Agency files a motion to terminate parental rights (TPR). The same notification procedures for neglect hearings apply to TPR hearings. This provision requires the presiding judge to issue a summons and a copy of the motion to the affected parent or other appropriate persons. As a general practice, TPR proceedings do not advance unless proper notice has been issued. Per FY 2021 data, the DC Family Court received 45 TPR filings, one of which was reopened and 44 were new filings. Of the 45 filings, 4 were withdrawn, 4 were dismissed and the remaining 37 filings are pending a decision.

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

³³The federal Children's Bureau conducts these periodic reviews of state child welfare systems in order to ensure conformity with federal child welfare requirements and to assist states in helping children and families achieve positive outcomes. After completion of a state's CFSR, the Children's Bureau may require the state child welfare agency to develop a Program Improvement Plan (PIP) to address areas in need of improvement. The Children's Bureau also offers state agencies the opportunity to conduct their own reviews using the federal onsite review instrument.

CFSA represents the District of Columbia in the Interstate Compact on the Placement of Children (ICPC).³⁴ As a member of the ICPC, CFSA advises potential out-of-state adoptive parents of their rights and responsibilities, including the responsibility for ensuring that their adopted child receives Medicaid insurance in the state in which the parent resides. When necessary, CFSA applies for Medicaid benefits on behalf of the child. As applicable, CFSA may apply to the state’s equivalent medical assistance program on behalf of the child. The coordination of medical services for the child is the responsibility of the adoptive parent and the Medicaid office (or equivalent) in the state of residence.

In FY 2021, the DC ICPC office received and approved requests for 86 children to be adopted outside of the District. Of these 86 children, CFSA placed 56 children in Maryland, 10 in Virginia, 6 in North Carolina, 3 in South Carolina, 2 in Florida, and 1 child each (n=9) in Pennsylvania, Indiana, Iowa, Georgia, New Jersey, Ohio, Oregon, Tennessee and West Virginia.

STATISTICAL ANALYSIS OF CASES

This section highlights entry, exit, permanency and disruption data for FY 2021. Data are disaggregated by fiscal year, age, legal status, permanency goals, months in care, and the primary reasons for entry and exit. The District continues to have a steady decline of its foster care population. The total number of children in foster care on September 30, 2021, was 614.

Table 1 below details the ages of children in care as of September 30, 2021. Children ages birth to 3 years old comprised 20 percent of the foster care population, while children ages 4-10 years old comprised 27 percent. There were no percentage changes between these two cohorts. Children ages 11-14 years old comprised 14 percent of the population . The only cohort with an observed end of fiscal year point-in-time increase over the past two fiscal years was youth ages 15-20 years old, which comprised 39 percent of the foster care population.

Age	# of Children	Age	# of Children	Age	# of Children
<1 Year	28	7	20	14	27
1	46	8	22	15	37
2	23	9	25	16	29
3	23	10	22	17	49
4	27	11	17	18	49

³⁴ ICPC guidelines establish uniform legal and administrative procedures governing the interstate placement of children.

Table 1: Children in Foster Care by Age Point in Time: End of FY 2021					
Age	# of Children	Age	# of Children	Age	# of Children
5	28	12	21	19	37
6	22	13	23	20+	39 ³⁵
Total Children= 614					

Source: *FACES.NET CMT366*

Of the 614 children in foster care at the end of FY 2021, 381 (62 percent) had a status of committed and 144 (24 percent) had a status of shelter care. The following definitions apply:

- **Commitment** – the Family Court commits a child at a disposition hearing following adjudication at a neglect trial or following a stipulation by the parent or caregiver. CFSA places these children in a foster home, therapeutic foster home, licensed kinship home, group home, or residential facility.
- **Shelter Care** – CFSA separates a child from a parent or caregiver and temporarily places the 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, pending the disposition hearing. These children are in CFSA’s custody and the Agency is fully responsible for their health and well-being.

The tables below detail the legal status and goal distribution of children in care as of FY 2021.

Table 2: Children in Foster Care by Legal Status Point-in-Time: End of FY 2021	
Legal Status	# of Children
Committed	381
Shelter Care	144
Administrative Hold*	88
Protective Supervision*	1
Total Children	614

*This point-in-time administrative hold data may not reflect the ongoing process of social workers changing the status of an administrative hold either to shelter care or commitment after the conclusion of an investigation and initial court hearing. CFSA’s In-Home Administration will continue to monitor any child with a legal status of conditional release and protective supervision until they transition out of foster care.

Source: *FACES.NET CMT366*

³⁵ Youth were able to remain in foster care beyond the age of 21 years old as a result of the Mayor’s Public Health Emergency Declaration. As of 9/30/2021, one youth age 21 remained in care.

**Table 3: Children in Foster Care by Goal
Point-in-Time: End of FY 2021**

Permanency Goal	# of Children
Reunification	280
Adoption	157
Alternative Planned, Permanent Living Arrangement (APPLA)	101
Guardianship	74
Legal Custody	2
Total Children	614

Source: *FACES.NET CMT366*

The total number of entries as of FY 2021 was 248. The largest group represented was children less than 1 year old, followed by children ages 1, 2, 5 and 15.

Table 4: FY 2021 Foster Care Entries by Month

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
<1 Year	4	6	3	2	2	2	4	7	4	4	6	1	45
1	2	1	0	0	2	2	3	0	2	0	3	2	17
2	0	2	3	1	2	1	1	2	0	0	1	2	15
3	0	0	2	0	2	1	2	0	0	2	2	3	14
4	0	2	1	0	0	2	0	0	1	1	1	1	9
5	2	0	2	3	0	2	1	2	0	2	0	1	15
6	1	2	2	0	0	1	0	0	1	1	2	2	12
7	1	0	0	2	1	0	2	1	0	0	1	1	9
8	1	0	2	0	0	3	3	0	1	0	0	1	11
9	1	0	2	2	3	0	0	2	0	1	1	0	12
10	1	0	1	3	0	1	1	1	1	0	1	1	11
11	2	0	0	1	2	1	1	0	1	0	1	1	10
12	1	0	1	2	1	0	1	1	0	1	0	2	10
13	4	0	0	2	2	2	0	1	0	0	0	1	12
14	2	0	1	2	0	2	1	1	1	0	2	0	12
15	0	1	0	2	1	0	2	4	2	0	1	2	15
16	1	1	0	3	2	0	0	1	0	0	0	0	8
17	0	1	2	0	1	1	1	0	1	1	3	0	11
Total	23	16	22	25	21	21	23	23	15	13	25	21	248*

Table 4: FY 2021 Foster Care Entries by Month

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
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* This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. The actual total is 252. There was one youth who entered at age 13 in October 2020 and then exited and re-entered (still age 13) twice within FY 2021 (12/2020 and 6/2021). A child at the age of 4 entered in January 2021, exited and then re-entered at age 5 in September 2021. Lastly, a youth entered at age 16 in January 2021, exited and re-entered in July 2021 at age 17.

Note: age is calculated as of the entry date.

Source: Tableau³⁶

Of the 248 entries, 29 percent had a legal status of commitment. The categories of shelter care and administrative holds accounted for 40 and 31 percent respectively.

Table 5: FY 2021 Foster Care Entries by Legal Status Month

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL*
Shelter Care	5	6	7	12	3	13	10	12	8	6	10	8	100
Administrative Hold	7	3	11	2	4	1	9	4	4	6	13	12	76
Commitment	11	7	4	10	14	7	4	7	3	1	2	1	71
Voluntary Placement	0	0	0	1	0	0	0	0	0	0	0	0	1
Total	23	16	22	25	21	21	23	23	15	13	25	21	248

* This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. The actual total is 252, based on the same data noted under Table 4 for age and entry or re-entry.

Source: Tableau

The most prevalent reason for the entry into foster care was neglect (n=186). Physical abuse was the second highest reason for entry into foster care (n=38), while the third highest entry reason was substance use impacting parenting (n=34). The same pattern was observed in FY 2019 and FY 2020.

Table 6: FY 2021 Primary Reason for Entry into Foster Care

Primary Reason	# of Entries*
Neglect (Alleged/Reported)	186
Physical Abuse (Alleged/Reported)	38
Drug Abuse (Parent)	34
Caretaker ILL/ Unable to Cope	13
Alcohol Abuse (Parent)	10

³⁶ Tableau is the current FACES.NET data visualization dashboard utilized by social workers, supervisors and program managers to observe the Agency's status on performance indicators.

Table 6: FY 2021 Primary Reason for Entry into Foster Care

Primary Reason	# of Entries*
Child's Behavior Problem	10
Sexual Abuse (Alleged/Reported)	8
Abandonment	6
Relinquishment	6
Voluntary**	2
Inadequate Housing	2
Death of Parent(s)	2
Incarceration of Parent(s)	2
Child's Disability	1

*Children may have multiple primary reasons for entering care. CFSA placed 248 unique children in FY 2021. There were 320 allegations in total.

** "Voluntary" describes the outlook of the parent or caregiver but is not a descriptor of the legal custody status of the child. These were not voluntary placement agreements in FY 2021. CFSA obtained court custody of all children in this category.

Source: Tableau

Pursuant to *the CFSA Establishment Act of 2001*, the District continues to look at the length of stay in foster care, focusing on children who have been in foster care for more than 24 months. At the end of FY 2021, the total number of children in foster care for 24 months or longer was 284 with subpopulation breakdowns illustrated in the table below. Thirty-six percent (n=101) of children in foster care for 24+ months had a goal of adoption. The second highest goal assignment was APPLA, comprising 30 percent (n=85). The third largest goal assignment was guardianship, comprising 20 percent (n=56).

Table 7: Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay Point-in-Time: End of FY 2021

Goal	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total
Adoption	26	32	10	33	101
APPLA	23	12	17	33	85
Guardianship	23	14	9	10	56
Reunification	37	1	1	3	42
Total Children	109 (38%)	59 (21%)	37 (13%)	79 (28%)	284

Source: FACES.NET CMT366

The age distribution for children in foster care for 24+ months varied in FY 2021. The highest concentration, however, was older children. Children ages 15-20 comprised 56 percent of this

population. Of note, 13 percent (n=38) of the total 284 were 20 years old; 66 percent of 20 year olds were in care for more than 48+ months.

Table 8: District Children Who Became Part of the 24+ Month Cohort in FY 2021 by Age and Length of Stay in Months					
Age in Years	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total Children
2	3	0	0	0	3
3	7	3	0	0	10
4	7	4	0	0	11
5	6	2	1	0	9
6	2	0	1	0	3
7	5	3	2	2	12
8	6	2	0	3	11
9	7	3	0	2	12
10	4	2	1	1	8
11	3	3	0	4	10
12	3	2	2	2	9
13	3	4	1	5	13
14	5	2	4	2	13
15	4	4	0	6	14
16	7	1	3	3	14
17	10	7	1	12	30
18	10	7	3	9	29
19	11	3	8	12	34
20	6	7	9	16	38
21	0	0	1	0	1
Total Children	109	59	37	79	284

Note: Age is calculated as of September 30, 2021. The reported legal status for the 284 children in foster care for 24+ months was 85 percent committed.

Source: *FACES.NET CMT366*

In FY 2021, there were 328 exits from foster care.³⁷ Of those exits, 11 percent had been in foster care between 0-6 months. Twenty-two percent of children had been in foster care for 13-24 months. The highest proportion of children had been in care 25+ months, comprising 57 percent of the population.

³⁷ The unique count is 327 versus the 328 on the public dashboard. The latter number provides the total of all exits versus the unique count of children due to one child exiting, re-entering and then exiting again within FY 2021.

Table 9: FY 2021 Exits from Foster Care by Length of Stay in Months and by Month of Exit

Months	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
< 1 Month	1	0	0	1	1	0	8	1	1	0	5	0	18
1-6 Months	5	3	3	1	3	4	10	2	4	0	1	1	37
7-12 Months	1	2	0	2	3	0	0	0	3	0	3	0	14
13-24 Months	6	12	8	4	5	8	1	7	2	6	3	9	71
25+ Months	17	18	19	17	23	9	19	13	16	12	16	9	188
Grand Total	30	35	30	25	35	21	38	23	26	18	28	19	328

Source: Tableau

Of the exits, children between the ages birth to 5 comprised 36 percent of the population and children aged 19+ comprised 15 percent of the population, the same as FY 2020. The highest proportion of the exit population in FY 2020 was between the ages of 1-5 years old and 6-12 years old, comprising 34 percent and 30 percent, respectively, of the total exit population. Children between the ages of 13-18 years old represented 20 percent of the total exit population.

Table 10: FY 2021 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	1	2	0	1	1	0	0	0	0	0	1	1	7
1-5	12	9	10	5	12	9	10	9	7	8	11	9	111
6-12	12	10	7	8	8	6	18	7	9	3	6	4	98
13-15	2	5	6	5	6	0	3	0	5	1	2	2	37
16-18	2	2	2	4	3	1	2	5	2	1	1	2	27
19+	1	7	5	2	5	5	5	2	3	5	7	1	48
Total	30	35	30	25	35	21	38	23	26	18	28	19	328

Source: Tableau

Table 11: FY 2021 Exits from Foster Care by Legal Status and by Month of Exit

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL
Commitment	20	25	22	19	28	10	20	12	20	15	22	12	225
Administrative Hold	4	5	4	5	3	3	11	6	3	0	5	2	51
Shelter Care	6	5	4	0	4	8	6	5	3	3	1	4	49
Voluntary Placement	0	0	0	0	0	0	1	0	0	0	0	0	1
Protective Supervision	0	0	0	0	0	0	0	0	0	0	0	1	1

Table 11: FY 2021 Exits from Foster Care by Legal Status and by Month of Exit

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL
Conditional Release (Parent)	0	0	0	1	0	0	0	0	0	0	0	0	1
Grand Total	30	35	30	25	35	21	38	23	26	18	28	19	328

*These data may not reflect the ongoing process of social workers having to change the status of administrative hold either to shelter care or commitment after the conclusion of an investigation and an initial Family Court hearing. The one child with the legal status of protective supervision who remain on this foster care exit report was likely monitored by the In-Home Administration until the case closed.

Source: Tableau

The total number of children who left care in FY 2021 was 328. Exit reasons for this population included reunification at 40 percent (same as FY 2020) and adoption at 34 percent (increased from 31 percent in FY 2020). The percent of the population that aged out comprised approximately 12 percent, which is a slight decrease from FY 2020.

Table 12: FY 2021 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	11	10	5	8	14	8	22	10	13	4	13	12	130
Adoption Finalized	15	13	10	10	12	9	8	8	9	7	5	6	112
Guardianship Finalized	3	4	10	5	5	1	2	4	1	3	2	0	40
Emancipated	1	7	4	2	4	3	4	1	2	4	7	1	40
Deceased	0	1	0	0	0	0	1	0	1	0	0	0	3
Placement/ Custody provided by another District agency	0	0	1	0	0	0	1	0	0	0	1	0	3
Total	30	35	30	25	35	21	38	23	26	18	28	19	328

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

Of the 328 exits in FY 2021, reunification and adoption goals were among the highest for children who exited foster care. As in FY 2020, 39 percent of children exiting foster care had a goal of reunification, while 33 percent had a goal of adoption, up from 31 percent in FY 2020. Fifty-seven percent (n=188) of children exiting the child welfare system had been in foster care 25+ months.

Table 13: FY 2021 Exits from Foster Care by Goal and by Month of Exit

Goal	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL
Reunification	11	11	6	8	13	8	23	10	13	3	11	11	128
Adoption	15	13	9	9	11	9	8	8	9	7	5	6	109
Guardianship	3	5	10	5	5	1	2	4	1	4	5	1	46
APPLA	1	6	4	2	4	3	3	1	3	3	6	1	37
No Goal ††	0	0	1	1	2	0	2	0	0	0	1	0	7
Legal Custody	0	0	0	0	0	0	0	0	0	1	0	0	1
Grand Total	30	35	30	25	35	21	38	23	26	18	28	19	328

Note: †† Data entry anomalies prevent the actual goals from being reflected. The seven recorded children with no goal had been in foster care between 13 and 25+ months. At the time of their exit from foster care, their goals were not reflected as “Court Approved” in FACES.NET, including adoption (n=4), guardianship (n=2) and aging out (n=1). Permanency goals for children in foster care for more than 180 days must be “Court Approved” to be reported as valid in FACES.NET.

Source: Tableau

Table 14: FY 2021 Exits from Foster Care by Permanency Goal and Length of Stay

Goal	< 1 Month	1 - 6 Months	7 - 12 Months	13 - 24 Months	25+ Months	Total
Reunification	18	37	12	35	26	128
Adoption	0	0	0	26	83	109
Guardianship	0	0	2	7	37	46
APPLA	0	0	0	0	37	37
No Goal ††	0	0	0	2	5	7
Legal Custody	0	0	0	1	0	1
Grand Total	18	37	14	71	188	328

Source: Tableau

Table 15 shows that CFSA reported a total of 98 placement disruptions in FY 2021.³⁸ The total number of unique children or youth disrupting from a placement was 79, and the universe of children and youth included in the placement count was 904. Of those totals, there were 7 disruptions (7 percent) from kinship foster homes and 76 disruptions (78 percent) from traditional

³⁸ Placement disruptions are defined by one or more of the following circumstances: (1) a provider is unwilling or unable to care for the child, (2) the provider cannot meet the child’s behavioral or medical needs, or (3) the provider’s contract ended, and the child moved from that placement as a result. In response to placement disruptions, CFSA provides the children with comprehensive and appropriate assessments and follow-up action plans within 30 days of re-placement to determine individual service and re-placement needs.

foster homes. A 7 percent decrease in total disruptions was observed between FY 2020 and FY 2021.

Table 15: FY 2021 Placement Disruptions by Placement Type			
Placement Type	Total Clients	Total Clients with Disruptions	Total Disruptions
Foster Homes (Kinship)	293	7	7
Foster Homes (OTI)	25	0	0
Foster Homes (Pre-Adoptive)	14	0	0
Foster Homes (Therapeutic)	3	1	2
Foster Homes (Traditional)	590	63	76
Group Settings (Developmentally Disabled/ Congregate Care)	3	0	0
Group Settings (Diagnostic and Emergency Care)	31	3	3
Group Settings (Group Homes)	83	6	7
Group Settings (Independent Living)	15	0	0
Group Settings (Residential Treatment)	33	0	0
Other (COVID-19 Placement/Under 21 (Non-Paid))	16	0	0
Other (Developmentally Disabled - Group/Family based setting - Innovative Life Solutions)	6	0	0
Other (Juvenile Foster Care (Non Paid))	1	0	0
Other (Not in Legal Placement)	83	3	3
Other (Specialized Group Home (Non-Paid))	1	0	0
Total	904	79	98

Note: “Total Clients” is a distinct count of clients in placement during the fiscal year. “Total Clients with Disruptions” is a unique count of clients who experienced a disruption. “Total Disruptions” account for clients with multiple disruption episodes.

Source: Special FACES.NET query

REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN FOSTER CARE

There is currently no numeric goal for the number of children in foster care. However, the *Four Pillars Strategic Framework – Pillar 1: The Front Door* specifies that children are only separated from their families when necessary to keep them safe. In line with that goal, there has been a trending decline in the foster care population. The foster care population first declined to less than 1,000 children in 2016. As of September 30, 2021, the total number of children in foster care was 614. Contributing to the overall decrease in the foster care population has been CFSA’s focus on prevention and community-based services, as well as a focus on increasing the number of families receiving in-home services and decreasing the number of older youth who age out of foster care.

EVALUATION OF SERVICES OFFERED

CFSA continues to contract with its community-based partners and to coordinate with internal and District partners to provide families with a range of services that promote safety, stability, and well-being. During FY 2021, the Collaboratives provided the following services to the applicable CFSA populations from all eight Wards of the District of Columbia:

- Case Management Supports
- Emergency Family Flex Funds (Flex Funds)
- Educational Workshops
- Whole Family Enrichment
- Motivational Interviewing
- Parent Education and Support Programs (PESP)

In FY 2020, there was no formal evaluation of the Collaboratives tied to CFSA's Collaborative contracts. There were, however, outcomes and indicators developed to assist with ensuring child safety, permanency and well-being, in addition to system accountability for the following Collaborative activities:

- The Collaborative shall link to and/or provide services to families within 30 days of the referral. Front Yard (FY) & Front Porch (FP)
- The Collaborative shall provide case management for no more than 180 days (6 months) to improve family functioning and maintain children safely in the home. (FY)
- The Collaborative shall provide case management services for no more than 120 days (4 months) to improve family functioning and to ensure that families maintain children safely in the home. (FP)
- Indicator: 90 percent of families will not have a substantiated repeat report during Collaborative involvement. (FY/FP)
- Indicator: 90 percent of families will not have a substantiated repeat report for up to 6 months post-case closure by the Collaborative. (FY/FP)
- Indicator: 85 percent of families will not have an entry into out-of-home care during Collaborative involvement. (FY/FP)
- Indicator: 85 percent of families will not have an entry into out-of-home care for up to 6 months post-case closure by the Collaborative. (FY/FP)

The above outcomes and indicators will be reported in FY 2022.

As referenced earlier, the Family First prevention plan provides an overview of current and new prevention services for eligible children and caregivers within the District to support family-strengthening. This prevention plan includes Collaborative services discussed in this section and earlier in this report. In addition, CFSA's Community Partnerships Evaluation Data Analytics Team

continues to refine and enhance the evaluation of the Family First Implementation using the Agency's continuous quality improvement framework.

Family Preservation Services

CFSA launched its Five-Year Family First Prevention Plan on October 1, 2019. The Agency's In-Home Administration continues to provide family preservation services that help to prevent separations of children from parents or caregivers, and to keep children safe at home. CFSA also offers a diverse array of services and resources through its partnerships with public and private agencies. The Agency will continue to leverage federal funding through Title IV-E Prevention Services delivered to families known to CFSA, along with local funding to support the Families First DC initiative (for upstream prevention for families not known to CFSA). Implementation for Families First DC is occurring through the 10 "Family Success Centers" strategically located in underserved areas of the District. The Collaboratives will also continue prevention and intervention services for families known and unknown to CFSA. The following family preservation services are ongoing:

- Family Unification Program (FUP) – Previously described in this report as a housing service, FUP provides Section 8 housing vouchers through the DCHA Housing Choice Vouchers Program. These FUP vouchers provide permanent housing to CFSA-involved families where housing is a barrier to permanency or family stabilization. The FUP vouchers also provide semi-permanent housing to youth aging out from foster care as well as youth between the ages of 18-24 who are classified as homeless.
- Rapid Housing Assistance Program (RHAP) – Also described earlier in this report, RHAP provides short-term rental assistance to families and older youth. The program helps prevent children from entering foster care and assists families when housing is the only barrier to permanency. RHAP further assists older youth transitioning from foster care, as well as former foster youth, to establish stabilized housing post foster care.
- Family Treatment Court (FTC) – As noted earlier, FTC is a court-supervised, voluntary residential substance abuse program for caregivers whose children are the subject of a child neglect case. The program promotes family reunification through comprehensive substance use treatment that includes screenings, assessments, integrated case plans and intensive case management to caregivers. The program includes residential treatment options, as well as outpatient and intensive outpatient treatment options

Community-Based Family Supports

CFSA's contractual partnership with the Collaboratives supports both prevention and intervention services for families known and unknown to CFSA. Support for known families includes preparation for reunification as well as post-reunification supports to prevent re-entry of children into foster care. The Collaborative services will continue in FY 2022, integrated into the *Family First* and *Families First DC* service framework (described in prior sections).

Time-Limited Family Reunification Services

As discussed earlier, the PEER Unit advises, engages, and supports birth parents whose children have been separated from the home. PEER specialists provide parents with one-on-one support towards reunification by serving as advocates, mentors, and supporter for birth parents.

The following key supports for reunification, which have been described earlier in this report, will continue in FY 2022:

- Rapid Housing Assistance Program
- Family Flexible “Flex” Funds
- Family Unification Program
- Family Treatment Court

Additionally, the Permanency Administration is increasingly leveraging activities and supports provided by the Collaboratives prior to case closure or a child’s return to the home under protective supervision.

Adoption Promotion and Support Services

CFSA promotes adoption through recruitment of prospective adoptive parents as well as provides supportive services to pre- and post-adoptive parents. The strategies for outreach to prospective adoptive parents are described in the earlier section, *Adoption Resources*. For each child with a goal of adoption, CFSA assigns an adoption recruiter who develops individualized recruitment plans. According to the needs of the unique child or sibling group, the recruiter utilizes existing resources and strategies to implement the plan.

CFSA’s supportive pre- and post-adoption and guardianship services include general information, trainings, resources and referrals. Prior to guardianship or adoption finalization, the assigned social worker notifies the family of available post-permanency services. In adoption cases where children present with diagnosed clinical needs, the Agency ensures service delivery through the Family Works Together program, administered by Adoptions Together, Inc. The Family Works Together program provides individual therapy, family therapy, training for social workers and families, and support groups for adoption cases.

EVALUATION OF AGENCY PERFORMANCE

CFSA uses a variety of ways to measure performance outcomes. The information in the *Statistical Analysis of Cases* section above, as well as the following descriptions of the *LaShawn* Exit and Sustainability Plan benchmarks, Four Pillars Framework, Public Dashboard, Quality Service Reviews, and Child and Family Services Reviews allow the Agency to evaluate performance across several program areas.

CFSA has met all the requirements of DC ASFA, as outlined at the beginning of this report.

LaShawn Exit and Sustainability Plan

The Center for the Study of Social Policy (CSSP) was CFSA's former court-appointed monitor.³⁹ As monitor, CSSP independently assessed the District's performance toward the outcomes and exit standards set by the 2010 *LaShawn* Implementation and Exit Plan (IEP) in accordance with the 1994 *LaShawn* Modified Final Order. CSSP identified a total of 85 benchmarks for Agency compliance. In June 2019, CFSA proposed and negotiated the *LaShawn* Exit and Sustainability Plan to replace the IEP, based CFSA's maintenance of over 60 benchmarks over several years. By October 2019, CSSP agreed that only 24 benchmarks required monitoring. By June 2020, CFSA had presented sufficient progress to the court such that all parties were able to negotiate a preliminary settlement agreement to exit *LaShawn*, which was approved in August 2020. On June 1, 2021, a Fairness Hearing was held to end court oversight. CFSA is now in a contractual period during which CFSA will meet additional commitments as outlined in the August 2020 settlement agreement and subsequent addendum to the settlement agreement⁴⁰.

Four Pillars Scorecard

Prior to January 2021, CFSA had utilized a quarterly *Four Pillars Scorecard* to measure benchmarks related to the Agency's *Four Pillars Strategic Framework*. This evaluative tool included child and youth outcome measures across the District's child welfare continuum. It also included key measures from the *LaShawn A. v. Bowser*⁴¹ Exit and Sustainability Plan, some of which aligned with federal child welfare national standards. See Appendix B.

Four Pillars Measurement Framework

In January 2021, after consultation and collaboration with CSSP, CFSA implemented Phase 1 of the *Four Pillars Performance Framework*, which is a combination of performance measures from the *LaShawn v. Bowser* lawsuit and the former evaluation tool, the *Four Pillars Scorecard*. CFSA will complete two public reports covering performance during January-June 2021 and July-December 2021.

Public Dashboard

³⁹ The American Civil Liberties Union (later Children's Rights, Inc.) filed the *LaShawn A. v. Barry* lawsuit in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. As a result of the lawsuit, the court assigned CSSP as the Agency's court-appointed monitor.

⁴⁰ https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/release_content/attachments/Addendum%20to%20Settlement%20Agreement.pdf

⁴¹ The original 1989 lawsuit, *LaShawn A. v. Barry*, adapted to each new mayoral administration, hence *LaShawn A. v. Bowser* for the most recent term.

In 2020, CFSA launched a public-facing dashboard to improve data transparency for the general public.⁴² The public dashboard is updated after the end of every fiscal quarter and includes the following CPS and permanency data points:

- Total number of children served in foster care and in the home
- Demographics of children in foster care
- Placement types for children
- Initial entries and re-entries into foster care
- Hotline calls by referral type
- 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 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 efforts, the Quality Service Review (QSR) process involves a qualitative method of gathering data. In addition, the QSR Unit provides feedback to CFSA's program areas (In-Home, Permanency and Youth Empowerment). 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 welfare system.

Overall, the QSR process helps the Agency identify individual, family, and system strengths, as well as identifying areas for improvement. In so doing, the process reinforces effective practice and informs positive change by providing real-time assessments and feedback on case practice and system performance. Although in CY 2021, CFSA reviewed a total of 143 cases using the QSR process, the final count may change after data review and finalization.

In calendar year (CY) 2020, the QSR Unit reviewed 123 cases. Of these 123 cases, CFSA social workers were case managing 30 (24 percent) cases where children were living in foster care (kinship caregivers as well as non-relative caregivers). CFSA's Office of Youth Empowerment case managed 14 (12 percent) foster care cases, while CFSA's contracted private agencies case managed 37 (30 percent) foster care cases. CFSA also case managed an additional 42 (34 percent) cases for families receiving services in their own homes.

⁴² <https://cfsadashboard.dc.gov/>

Ninety-two percent of all cases had an overall acceptable rating for practice performance. Eighty-six percent of all cases had an overall acceptable rating for child and family status. The table below describes the Agency’s Top four practice strengths and areas in need of improvement as identified in the CY 2020 Annual QSR Report.⁴³

Practice Areas of Strength	Practice Areas in Need of Improvement
<p>Engagement of Parents CFSA provided culturally competent, outreach efforts to find and engage birth parents in the case planning process. The Agency ensured accommodations for birth parents’ schedules and adjusted parents’ needs for virtual attendance at case planning meetings, based on the pandemic.</p>	<p>Assessment of Fathers CFSA needs to expand upon and maximize the successful engagement ratings to appropriately assess fathers’ functioning and support systems. The Agency also needs to increase the big picture understanding of a father’s bio-psycho-social strengths, risks and underlying needs.</p>
<p>Teaming (Formation, Functioning, Coordination) All of the people with appropriate skills and knowledge have formed an excellent working team. Team members function as a unified team with excellent working relationships with the child and family. There is evidence of excellent leadership and effective coordination for service organization and integration.</p>	<p>Managing Chronic Health Concerns The team needs to address and ensure a consistent level of care coordination, including any potential medication conflicts. Teaming with specialized health care providers and a substantially adequate level of health care management are required.</p>
<p>Planning Interventions Social workers and service providers overall are ensuring that children reach meaningful, measurable, and achievable life outcomes (safety, permanency, well-being, education, etc.) Planning includes well-reasoned, agreed-upon goals and intervention strategies that relate to the planned goals and outcomes so families are successful after they exit the system.</p>	<p>Planning Interventions for Others This sample size was quite small (Table 6) with one of three receiving an unacceptable rating. Due to the small sample size, the ratings may appear to be more impactful. CFSA needs to be aware that even with a small sample size, the indicator should be provided equal attention as that given to the overall population.</p>
<p>Supports and Services The combination of formal and informal supports and services fit the child and the family’s situation. The delivery of interventions is effective and demonstrates help to the family to achieve sustained permanency.</p>	<p>Supports and Services for Others CFSA needs to focus equal attention on the supports and services to “others,” regardless of the sample size.</p>

⁴³ The 2020 Annual QSR Report is available on the CFSA website at <https://cfsa.dc.gov/publication/2020-annual-quality-service-review-report-qsr>. The 2021 Annual QSR Report will be publicly available in May 2022.

NEXT STEPS FOR ADDITIONAL LEGISLATION OR SERVICES

CFSA will take actions necessary to conform to changes in best practice, as well as any changes to federal and local law that support Agency efforts to keep families together and to enhance service delivery to children in foster care. The following actions will be taken in FY 2022:

Law/Regulation	Action	Purpose/Justification
<i>29 DCMR, Chapter 60 – Foster Homes</i>	Amend Regulations	<i>The Agency plans a comprehensive update of the regulations to conform to changes (e.g. terminology, language, and definitions) in local and federal law and to address changes in practice.</i>
<i>29 DCMR, Chapter 62 – Licensing of Youth Shelters, Runaway Shelters, Emergency Care Facilities, and Youth Group Homes</i>	Amend Regulations	<i>The Agency plans to update the regulations to clarify staff-to-child ratios during waking and sleeping hours; and Expand insurance types to include Cyber Security and Sexual Molestation and modify coverage amounts.</i>
<i>Grandparent and Close Relative Caregivers Amendment Act of 2021</i>	Amend Law	<p><i>The District’s public emergency law allowed CFSA the authority to waive the six-month residency requirement for the Grandparent Caregivers Program and the Close Relative Caregivers Pilot Program to ensure that in a child’s best interest there are no unnecessary delays to providing subsidies to caregivers to support the related child in the caregiver’s home during the public health emergency.</i></p> <p><i>For both programs, CFSA proposed two amendments to the legislation for DC Council consideration: 1) to permanently remove the six-month residency requirement, and 2) to no longer disqualify caregivers from the program, if the child’s adult parent, who has a medically verifiable disability that prevents them from caring for the child, is living with the caregiver.</i></p>

COMMENTS AND RECOMMENDATIONS SUBMITTED BY THE DISTRICT OF COLUMBIA MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)

DC MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)

December 19, 2021

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) counsels the Mayor of the District of Columbia on child abuse and neglect. The collaborative advisory body addresses prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, adoption, and related child welfare 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 CFSA Director and staff and disseminates information to DC agencies and the public. Annually, the DC Mayor, MACCAN and CFSA recognize April as child abuse prevention month to highlight the importance of child abuse prevention in DC and honor the families, communities, and staff who support them. This year, a well-attended virtual town hall focused on the needs of families in the community. Panels of community members, representatives of community-based organizations, and the current Director of CFSA discussed strategies to engage families for child abuse prevention, treatment, and family strengthening.

In June of 2021, the Mayor proudly announced the end of court oversight and monitoring in *LaShawn A. v. Bowser*, a 31-year-old class action lawsuit filed in 1989 on behalf of children who relied on the District's foster care system. CFSA has been in receivership during the tenure of six mayors. The settlement agreed upon by all parties recognized the marked improvement for the needs of children in foster care with prevention services, reduced caseloads, increased staffing, time-sensitive response for investigations, and a revamped organization and reporting infrastructure. MACCAN will continue to monitor the improvements from the La Shawn case. For example, the implementation of the surplus of foster care beds as part of La Shawn Settlement Agreement. CFSA is prepared to maintain its successful achievements through self-report, monitoring, and quality metrics and is recognized for the hard work to achieve this milestone. CFSA has transitioned from judicial oversight of its operations after three decades with outstanding leadership and organizational efforts and a strong interim director. Representatives of MACCAN participate in collaborative child welfare planning workgroups, including the Family First Prevention Work Group Meeting.

Overall, the FY 2021 report was a thorough and excellent summary of the data and program activities of CFSA, and we highlight a few areas for additional discussion.

Prevention. CFSA's key framework starts at the "Front Yard" when children benefit from

primary prevention and are not known to CFSA but at risk for involvement. As part of the second year of the Five-Year Family First Prevention Plan, CFSA mobilized "Family Success Centers" or "Collaboratives" in underserved areas of the District for upstream prevention with families not known to CFSA leveraging federal prevention funds. MACCAN applauds these community-based prevention approaches. The Collaboratives have an essential role in providing support for families in the community. There was no formal evaluation of the Collaboratives in 2020. Outcomes and indicators were developed to ensure child safety, but no quantitative or qualitative data. MACCAN has invited the Collaboratives to partner with the advisory committee and attend the quarterly meetings to provide updates. We look forward to learning more about the Collaboratives and their ongoing efforts to implement Family First.

Other important funding for prevention is through Community Based Child Abuse Prevention (CBCAP) which has supported the Collaboratives and many Community-Based Organizations, including those with representation on MACCAN for prevention.

Court. Due to COVID, virtual hearings were the norm since March 2020. MACCAN suggests that CFSA explain those processes and their impact. An evaluation of virtual and hybrid virtual and in-person hearings and services is helpful to improve court processes, such as efficiencies or negatives for families and other interested parties, court date scheduling, and court-mandated treatment and services. For example, Family Treatment Court (FTC) has recovery specialists who conduct both virtual and face-to-face visits with families in their homes and the community. Clarification on what “unknown” cases mean when describing data is needed when describing data on court cases and across the report.

MACCAN also suggests that concepts are defined and separated for the lay reader. For example, reunification includes support services provided to the family to facilitate reunification, while permanent placement involves children placed outside of the family. There are also updated procedures and data due to COVID procedures within the courts. As staff have pivoted, virtual hearings and meetings have allowed family court to continue so that children and families do not experience long delays.

Youth in Transition. MACCAN noted the additional efforts of CFSA’s Office of Youth Empowerment (OYE) to assist youth transitioning out of care, and when emergency extension of their benefits due to COVID expired in September 2021. While youth benefit from funds, additional programs with incentives for financial planning and skills are needed. Members of MACCAN expressed concerns about youth in transition and their life skills to handle finances and life skills as they leave care. Behavioral competencies could strengthen the youths’ preparation for the work environment and coping with life challenges. Follow-up studies on youth leaving care could identify strengths and weaknesses of current programs and focus the resources of CFSA. COVID may present unique and challenging options for Youth Transition planning that required new approaches.

Education. The data on the children in care was disappointing highlighting a need for continued focused attention. National data suggests children entering the child welfare system are at heightened risk for developmental and educational issues and should receive comprehensive

assessments and support services for early intervention. Trauma and school change may also impact educational progress, contributing to educational attainment. Stronger collaborations with Department of Education to facilitate identification of learning differences and identifying education supports is warranted, particularly early child education. Youth transitioning will continue to need support for college entry and career advancement in the evolving job environment.

Data. We applaud CFSA for its transparency in reporting data. However, MACCAN would like data organized with former years to understand trends of children in care. Any concerns due to COVID may be understood by examining the data trends as well as qualitative data. Also, it is helpful to look at data within context, particularly when an indicator is not meeting the target (e.g., dental evaluations less than 75% of target). The Quality Service Review by CFSA indicated several areas for improvement including involvement of fathers and supports and services. MACCAN looks forward to plans and progress on these areas over the next year. Overall, the data tables were comprehensive and a valuable component to organize the report.

COVID-19. The authority from District's public emergency law allowed CFSA to innovate and expedite processes that benefit children and families. For example, virtual meetings, family visits, hearings, and treatment without travel, transportation, and leave from work required. The six-month residency requirement was waived for the Grandparent Caregivers Program and the Close Relative Caregivers Pilot Program to prevent delays to providing subsidies to caregivers during the public health emergency and is a recommendation by CFSA for DC Council to be permanent. MACCAN encourages CFSA to continue to evaluate the potential for technology and change to improve their administrative processes for efficiencies and quality of services. MACCAN previously recommended that lessons learned from the current pandemic should be part of an ongoing risk management plan for future public health emergencies due to disease, weather, safety, etc. More information on risk management and technology updates would be useful as we continue to have hybrid environments. CFSA has an essential role in community engagement to combat misinformation and continue public health outreach and safety measures.

Diversity, Equity, and Inclusion. As CFSA serves and includes the increasing diverse population, diversity, equity, and inclusion plans should be part of the planned legislative and program planning updates.

In summary, CFSA continues to champion strong families in partnership with the community. MACCAN applauds CFSA for using evidence-based programs and community-based initiatives, as highlighted in this report. We look forward to working together as an advisory body during the next year to improve the lives of children and families living in DC.

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.

APPENDIX B: FOUR PILLARS SCORECARD

D.C. Child and Family Services Agency



Four Pillars Scorecard FY2020 Annual

Fewer entries into foster care. Stronger child and family functioning. More placement stability. Shorter time to permanence.

Performance Status: ■ 100% or more of target ■ 75-99% of target ■ Less than 75% of target

Front Yard/Front Porch/Front Door							
Outcome: Families stay together safely.							
Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual
Increase timely initiation of investigations*	91%	95%	95%	93%	93%	92%	94%
Increase children who remain with family after engagement with the Collaboratives ¹	99%	95%	Annual Measure				99%
Reduce length of time in In-Home	7	9	8	9	8	8	8
Reduce new reports while in In-Home ²	19%	15%	5%	5%	6%	4%	21%
Reduce foster care entries from In-Home*	145	165	21	11	20	11	63
Reduce new entries into foster care*	307	330	51	34	54	33	172
Reduce re-entries into foster care	78	80	Annual Measure				45

Temporary Safe Haven							
Outcome: Children and youth are placed with families whenever possible.							
Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual
Increase placements with relatives (kin)*	28%	35%	28%	31%	30%	28%	29%
Increase placements in family foster homes*	82%	85%	81%	79%	80%	78%	80%
Increase licensed foster homes in the District	226	250	225	214	217	208	208
Outcome: Planning for permanence begins the day a child enters care.							
Increase children with one placement in the past 12 months	47%	50%	45%	46%	48%	50%	50%
Increase engagement with birth families	89%	85%	Annual Measure				91%
Increase parent-child visits	83%	85%	75%	76%	76%	77%	76%
Increase birth family use of needed services and supports	89%	85%	Annual Measure				85%

¹ Indicator language changed from FY18 which previously accounted for children entering foster care after Collaborative engagement.

² The annual methodology for this indicator is the number of families who had a new substantiated report during their In-Home case in the fiscal year and their In-Home case remained open as of the last day of the fiscal year.

Well Being

Outcome: Children and youth in foster care maintain good physical and emotional health.

Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual	
Increase timely medical evaluations for children/youth following placement	92%	93%	91%	95%	92%	90%	92%	■
Increase timely dental evaluations for children/youth following placement	57%	60%	53%	43%	13%	29%	36%	■
Increase children/youth who receive needed behavioral health services	76%	81%	Annual Measure				91%	■
Reduce births to youth in foster care	15%	16%	12%	13%	13%	12%	13%	■

Outcome: Children and youth in foster care get an appropriate education and meet expected milestones.

Increase children ages birth-5 in foster care who get a timely developmental screening*	92%	90%	94%	88%	89%	89%	91%	■
Increase youth in foster care who graduate from high school*	73%	70%	Annual Measure				69%	■

Outcome: Youth in foster care pursue activities that support their positive transition to adulthood.

Increase youth who have employment or internship experience ³	46%	55%	Annual Measure				64%	■
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Exit to Permanence

Outcome: Children and youth leave the child welfare system quickly and safely.

Indicator	FY19 Annual	FY20 Target	FY20/Q1	FY20/Q2	FY20/Q3	FY20/Q4	FY20 Annual	
Reduce time to reunification	14	13	12	15	15	11	13	■
Reduce time to guardianship	36	34	48	28	30	44	35	■
Reduce time to adoption	38	32	30	34	35	47	35	■
Reduce youth who age out of foster care	13%	15%	12%	18%	8%	5%	11%	■

Outcome: Youth actively prepare for adulthood.

Increase youth engagement in after-care programming*	96%	95%	Annual Measure				96%	■
Increase youth graduating from college*	11%	20%	Annual Measure				11%	■
Increase youth enrolled in/completing vocational training or a certification program*	80%	70%	67%	100%	100%	75%	71%	■
Increase re-engagement of older youth in educational/career services	75%	70%	Annual Measure				77%	■
Increase youth who exit care with stable housing	94%	88%	78%	100%	100%	100%	93%	■

* Key Performance Indicators for the Mayor's Plan FY20



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³ The methodology changed in 2020 for this indicator to only include the full sample of youth 18 years and older.

APPENDIX C: COVID-19 UPDATES

Due to the COVID-19 pandemic, CFSA continues to adjust policies and practices to reflect the most current guidance from the Executive Office of the Mayor, the District of Columbia Department of Human Resources, DC Health, and the Centers for Disease Control and Prevention.

After over a year of adapted operations, where public health risks significantly impacted in-person family visitation, resource parents and kin caregivers were supported virtually, and most Agency staff worked remotely, CFSA has been gradually transitioning back to a more normalized operating status.

Starting in June 2021, CFSA formally restored in-person visitation requirements across all clinical functions. The Agency issued visitation guidance to all front line staff and supervisors, birth families, and resource parents. The guidance established the timeframes for resuming in-person visits, discussed safety measures, and illustrated circumstances in which in-person contact may not be appropriate or may warrant further discussion. At this time, all child, birth family, and resource home visits are occurring in-person, except in cases where medical risks are present, parties are under quarantine, or a family refuses entry into the home. In cases where a resource parent refuses entry into the home, and such refusal impedes Agency efforts toward permanency, placement changes may occur. To ensure staff safety, CFSA provides protective equipment, including gloves, hand sanitizer, masks, disinfecting wipes, and no-contact digital thermometers for workers and clients as needed.

In addition to the direct service professionals, the rest of the CFSA workforce has gradually returned to the office, either fulltime or in a hybrid capacity. Beginning in August 2021, CFSA leadership directed staff to report to the Agency two-to-three days per week with strict safety guidelines in place. Among these guidelines were mask requirements, physical distancing requirements, a work schedule that prevented employees in adjacent work stations from being in the office at the same time, an electronic self-health-report that employees must complete upon entering the CFSA building, and the continuation of virtual meetings. As of September 2021, all Agency employees are required to be vaccinated or submit to weekly COVID testing. As of November 2021, social workers and nurses must be vaccinated unless they have an exemption that is recognized by the District's Department of Human Resources. CFSA has rigorously enforced these requirements through regular e-mail announcements, monthly "return-to-the-workplace" meetings, large signs and sanitizing materials throughout the Agency building. Also in November 2021, the Agency returned to a regular work schedule in which the majority of non-direct-service employees are teleworking two days per week. All safety measures remain in place, with the exception of the enforcement of social distancing (i.e., colleagues in adjacent work stations).

Due to the prevalence of the Omicron variant of the COVID-19 virus, CFSA returned to a partial telework status on December 22, 2021 through January 31, 2022 pursuant to Mayor's Order 2021-147. The Agency's operating status is consistent with the time period from March 2020 and August 2021 as described above.