

Annual Public Report - FY2022

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 safely returned home to their parents.

The APR also provides the following information on the District’s child welfare system during the District’s 2022 fiscal year (FY) (October 1, 2021 – September 30, 2022):

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

At the end of FY 2022, the total number of children in foster care was 537.³

Requirements of DC ASFA

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

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 Clinical Case Management and Support Administration (CCMS) and private agency partners assume case management of children who enter the District of Columbia's foster care system.⁴ Per CFSA policy, case management includes partnering with families to develop formal written case plans within 30 days of opening a case.⁵ The documented case plan serves as the blueprint for planning the child's safe return to the home of origin. The service plan is a subsection of the case plan. Social workers identify family-specific community-based services and interventions through informal and formal assessment tools. The Family Court may also order services to support a family's capacity to sustain proper care of a child after case closure.⁶ Social workers document these services in the case plan, along with established timeframes and desired outcomes to ensure a child's safe return home to the family. When a child's permanency goal is no longer reunification, the case plan documents a path toward permanent placement with a stable, supportive, and committed relative or non-relative caregiver through adoption, guardianship or legal custody.⁷

CFSA's best practice standards require a team effort to achieve a successful case planning outcome. Case-planning participants include birth parents, the age-appropriate child, foster parents, and other service providers. Reviews of the service plan occur every 90 days to ensure that service outcomes are meeting the child's and the family's needs. The family team reviews and updates the overall case plan every six months.⁸

As of the end of FY 2022, 92 percent (n=489) of foster care cases had a documented current case plan. Six percent (n=33) had an expired case plan, and 2 percent (n=17) had no case plan.⁹

⁴ CCMS is CFSA's former Permanency Administration, currently under the purview of the Office of Out-of-Home Support (formerly the Office of Program Operations). In 2022, CFSA incorporated these title changes to more accurately reflect the goals and responsibilities of the Agency's foster care practice. For case management of children placed in Maryland, CFSA contracts with the National Center for Children and Families. To provide case management for unaccompanied refugee minors, CFSA contracts with Lutheran Social Services. For case management of Spanish-speaking children and families, CFSA contracts with the Latin American Youth Center.

⁵ Unless otherwise indicated, all references to required practices apply both to CFSA and to contracted private agency social workers.

⁶ District of Columbia Superior Court, Family Court Operations Division

⁷ CFSA's case planning practice prioritizes the goal of safely returning children home to their birth family. Only after exhausting efforts to support safe and stable returns to the home will CFSA explore permanency through adoption, guardianship, or if necessary, an alternative planned permanent living arrangement (APPLA).

⁸ For more information about case plans and the case planning process, see CFSA's policy [Permanency Practice](#).

⁹ Source: FACES.NET Management Report CMT163. Data exclude children in foster care for less than or equal to 30 days.

Permanency Hearings

During permanency hearings, CFSA social workers, attorneys for all parties, and Family Court judges review and discuss case plan details and progress. A standardized court order template helps ensure that judges consistently and uniformly apply ASFA's legal requirements, including documentation of the establishment of permanency goals within the ASFA timeframes (described later in this report). Family Court judges must also inquire as to whether the Agency has made reasonable efforts to achieve the stated permanency goal within ASFA guidelines.¹⁰ If reasonable efforts are not found, the judge must document the Agency's identified barriers. These barriers are identified in the Family Court's permanency hearing reports.

Initial and case review hearings continue to be held remotely in most cases. Judges may determine on a case-by-case basis whether to require in-person or hybrid court activities. Trials and evidentiary hearings are generally held in person, but if a party shows good cause, the judge may permit remote participation. Even when parties participate remotely, judges and clerks are usually physically present in the courtroom.

Youth Transition Planning (YTP)

For youth ages 14 and older, CFSA develops a Youth Transition Plan (YTP) to prepare and pave the way for a successful transition to independent adulthood. For youth aged 14 to 19, the transition planning team reviews the YTP every 6 months. For youth remaining in care as of age 20, the team reviews the YTP every 3 months until the youth turn 21. Planning domains for the YTP include life skills, health, finances, education, employment, housing, transportation, social integration, sexual health, and family planning (as applicable). CFSA encourages youth to lead their own YTP meetings, and in cases where that is not possible the social worker takes the lead. 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 and aftercare specialists.

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

When safety concerns require CFSA to separate children from their families, the Agency's first priority is to return the child home to the family as soon as safely possible, unless the Family Court determines that the child has been subject to aggravated circumstances.¹¹ To support a successful, safe, and timely return of the child to the home, CFSA engages in a multifaceted approach. Strategies include family engagement; shared parenting between the birth parent and the resource parent; regular, purposeful

¹⁰ In determining reasonable efforts, Family Court judges consider whether the Agency has diligently worked to secure timely, appropriate, and relevant services to the family, as well as documentation of outcomes for Agency interventions. More information is available in the District of Columbia Courts' [Rules Governing Neglect and Abuse Proceedings](#).

¹¹ Aggravated circumstances include cruelty, abandonment, torture, chronic abuse, or sexual abuse; murder, attempted murder, or voluntary manslaughter of a child or household member; or assault constituting a felony against the child, sibling, or another child (D.C. Code § 4-1301.09a, 2001).

visits between parents and children and between parents and social workers; involvement with the Parent Engagement, Education, and Resource (PEER) staff member (described below); support by the case management team; and connection to community and other government agency services (e.g., Healthy Families/Thriving Communities Collaboratives, Department of Behavioral Health, Department of Human Services, and Department on Disability Services). This comprehensive approach helps CFSA and the families it serves to address together the issues that brought the child and family to CFSA's attention. Of the 283 children who exited foster care in FY 2022, 37 percent (n=105) of the children in foster care returned safely home.¹²

When children are in foster care, CFSA promotes and encourages the practice of shared parenting, which involves an initial, facilitated icebreaker meeting to support ongoing, active, and supportive relationships between birth and resource families.¹³ Shared parenting emphasizes a teamed approach that highlights listening, sharing information, learning, collaborating, and making joint decisions that provide consistency for the child's overall well-being. CFSA integrates shared parenting concepts into a variety of interconnected case planning steps and activities, including resource parent training, birth parent orientation, family team meetings, case planning meetings, parent-child visits, parenting instruction programs, and family events. Additionally, with its emphasis on placing children with kinship resource parents, CFSA can often leverage existing relationships between birth and resource parents to further promote shared parenting goals.

Permanency-Focused Teaming

CFSA's permanency-focused teaming is an ongoing process. These partnerships include regularly scheduled team meetings that identify distinct purposes, decision points, and participants to further the efficacy of safe case closure.

Separation Family Team Meeting (FTM)¹⁴

The Separation Family Team Meeting (FTM) is held within 72-hours of a child's separation from their family or caregiver, and it includes family members or caregivers, resource parents, service providers, the GAL, and any identified supports (e.g., friends and clergy). The meeting serves to introduce the Agency to the family, clarify the reasons for the child's separation from the home, and develop an initial plan for securing resources and interventions to support the family. In FY 2022, 101 Separation FTMs occurred.

¹² Source: FACES.NET CMT367. Thirty-five percent of the children exited foster care to adoption; 8 percent to guardianship; 14 percent aged out of foster care; and 3 percent of the children returned to the care of relatives. One child transferred to another agency and three children and there were three child fatalities.

¹³ 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.

¹⁴ Formerly called the Removal FTM

Team Meetings

Led by the social worker, team meetings involve the families and their support systems, including service providers and attorneys. Social workers schedule the meetings at regular intervals, based on the family's needs and level of engagement in services. The meetings support planning for the child's permanent and safe return to the home, as well as concurrent planning from the onset of the foster care case.

In addition to team meetings, weekly clinical supervision between the social worker and the supervisory social worker (SSW) provides an opportunity to review the quality of the case plan and the progress toward meeting the case plan goals. Moreover, there are weekly meetings between the SSWs and the program managers to review cases that present challenges as well as cases that may require additional supervisory support. Continuing up the supervisory chain, program managers meet bi-weekly with their program administrator to discuss and troubleshoot cases, particularly those cases with significant barriers towards progress. To address cases with issues that cross program areas, CCMS program managers convene bi-weekly "Hot Button" meetings. Hot Button meetings include representatives across CFSA administrations, including the Placement Unit for placement-related issues, the Office of Youth Empowerment for youth-specific concerns, and the Office of Well-Being for educational, medical, and mental health needs.

Permanency FTM

The Permanency FTM is a discretionary meeting that occurs if a social worker determines that planning with families and team members has not sufficiently progressed toward case closure, and group dynamics support the need for a meeting facilitated by an individual outside of the specific case team. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting with necessary team members. In addition to the social worker and the birth family, participants in a Permanency FTM may include extended family members, resource parents, attorneys, child and family advocates, and subject matter experts. Meeting topics commonly include assessment results, case plan objectives, and the identification of useful resources. In cases where the target date for achieving the identified case plan goals is approaching, these meetings are frequently used to re-explore kinship and non-kin permanency options, as applicable, for adoption and guardianship. In FY 2022, 14 Permanency FTMs occurred.

Permanency Goal Review Meeting (PGRM)

During the multi-disciplinary Permanency Goal Review Meeting (PGRM), participants review a child's progress toward a safe, stable, and permanent return to the home, or to adoption or guardianship when a return home is not possible. PGRM participants include the case management team (social worker, supervisor, program manager and administrator), Office of the Attorney General (OAG) representative, and the Deputy Director for the Office of Out-of-Home Support. Additionally, barriers to permanency are elevated during this meeting for the team to make recommendations targeted to alleviate those barriers. In cases where minimal progress is being made despite all of the Agency's

efforts, the team maps out next steps to change the permanency goal. The next steps are entered into the Permanency Tracker (described later in this report) and evaluated during subsequent PGRMs and in clinical supervision. PGRMs promote consistency of practice across CFSA and its partner agencies, while also providing social workers with individualized feedback and support.

At a minimum, PGRMs occur for all cases at 9 months in care, and then every 90 days thereafter through case closure or goal change to Alternative Planned Permanent Living Arrangement (APPLA). Additionally, CCMS convenes a PGRM for all children approximately 100 days after their separation from the home. For all children in protective supervision, CCMS schedules a PGRM at least 100 days after their return to the home.¹⁵ These “100-Day PGRMs” focus on strategies and supports that promote or preserve reunification with the birth family. Participants typically include PEERs (described below), FTM specialists, and any other appropriate individuals who may be assigned to a case, such as a substance use disorder counselor who can provide updates on progress and available supports. In FY 2022, the Agency completed 1,185 PGRMs on individual children.¹⁶

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

The PEER Unit is an in-house resource of support specialists who have lived experience with the child welfare system, i.e., birth parents who took steps to prevent the separation of their children from their home or whose children successfully returned home. Each PEER engages and supports the assigned birth parent whose child or children have been separated from the home. The PEER Unit includes a supervisor and six PEER support specialists, each with an average caseload of 15 families. Based on their personal experiences, as well as additional training through CFSA’s Child Welfare Training Academy, PEERs serve as unique advocates, mentors, and supporters for birth parents. In FY 2022, PEERs supported 110 foster care cases, serving a total of 131 birth parents.

Through the incorporation of the theoretical and practice model, *The Five Stages of Change*, the PEER Unit tailors the interventions along the continuum of a birth parent’s involvement in the life of a case.¹⁷ While the model is predicated upon a gradual reduction from intensive to moderate engagement, PEER specialists draw from their own experiences to determine how to meet each parent where they are. For example, it may take several months to establish a trusting relationship before a parent is ready to discuss the need for change. In other cases, PEERs may need to first help parents achieve stability in such areas as housing, employment, or finances before meaningful discussions of change can occur.

¹⁵ 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 family members addressing the concerns that brought the case to CFSA’s attention.

¹⁶ The total does not apply to unique children, as some children within this count had more than one PGRM.

¹⁷ The Five Stages of Change include pre-contemplation (unaware of the problem), contemplation (aware of the problem and of the desired behavior change), preparation (intends to take action), action (practices the desired behavior, with possible setbacks), and maintenance (works to sustain the behavior change).

The bi-weekly PEER-supported parent discussion group, *Parents Talk*, includes interactive online sessions where birth parents consider topics related to parenting and CFSA involvement. In 2022, topics included self-care and wellness, assertive vs. aggressive communication, letting go, building bridges, positive vs. negative relationships, stages of change, the benefits of therapy, defense mechanisms, financial wellness, and how culture impacts parenting. In the fall of 2022, the PEER Unit launched *The Dad Lab*, a 12-week program to support the engagement of fathers and to promote the meaningful involvement of fathers in the lives of their children. Key topics covered include dealing with the past, learning how to co-parent, building a positive legacy, human growth and development, the role of the father, and the impact of fatherlessness.

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

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

CFSA operates the District’s Child Abuse and Neglect Hotline 24 hours a day, 7 days a week. Hotline workers use the Structured Decision Making (SDM™) tool to determine the appropriate response to each call received, either for an Information and Referral (I&R) entry or a Child Protective Services Investigation (CPS-I) entry, depending on the reported allegations. When the SDM tool indicates a CPS-I response, District regulations and CFSA policy require the CPS investigative social workers to initiate the investigation within two hours of an accepted report if the child’s health or safety is in immediate danger. CPS investigates all other cases within 24 hours.¹⁸

Some reports may require a Hotline RED (Review, Evaluate, Direct) Team review. RED Teams function in a consultative decision-making capacity for the Hotline. The team reviews the information contained in the report and utilizes the consultative framework for making a final screening decision, particularly when there are complex facts associated with the referral.

CFSA is required to assess for safety of all children within 24 hours of the call to Hotline. Once assigned, the CPS investigative social worker conducts a comprehensive safety assessment of the child (or children) to determine any immediate needs. Once the child is determined to be safe, the CPS social worker proceeds to conduct interviews with the alleged maltreater, caregivers, and siblings. During the investigation, the CPS social worker also researches and contacts medical and educational sources. The investigative social worker may also make a referral for the family to have an At-Risk FTM. If a child is found to be in imminent danger at any time during an investigation, a consultation for separation is held with the CPS program administrator.

¹⁸ Hotline staff continue to complete initial COVID-19 screenings when a report is made. In addition, CPS investigative social workers continue to follow safety precautions to reduce exposure when conducting in-person investigations.

Depending on the disposition of the investigation and risk level, the CPS social worker may open an in-home case within CFSA to provide services for the family. CFSA may also refer the family to one of five neighborhood-based Healthy Families/Thriving Community Collaboratives, which provide an array of supportive services and resources that can help to address a family's unique needs and goals.

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

CFSA has historically embraced upstream prevention and family preservation services as the fundamental framework for ameliorating identified problems. To this end, the Agency continues to find ways to ensure that families are served and supported through a safe and sustainable community-based infrastructure. When it does become necessary to separate a child from the home, the Agency and its community partners render essential case management services and referrals to help children return home as quickly and safely as possible.

The District's Child and Family Well-Being System

Keeping DC Families Together

In the fall of 2022, CFSA unveiled *Keeping DC Families Together*, a new strategic focus for Fiscal Year 2023 that will continue to enhance and broaden the Agency's family preservation efforts and the District's community-based service infrastructure. The Agency will continue to work toward helping families in need of support, families that have been reported for abuse or neglect, families involved in a foster care case, and the family that comprises the CFSA workforce. Recognizing that each family defines itself differently, *Keeping DC Families Together* will continue the use of a family-led and agency-supported approach, leveraging the perspective of individuals with lived experience to drive discussions about the nature, scope, and delivery of services. While developed to identify and address individual needs, *Keeping DC Families Together* also advances the District's vision for a transition from a child welfare system (synonymous with Agency intervention) to a child and family well-being system in which all agencies, organizations and community members share responsibility for supporting and nurturing children and families in their communities through a unified, equitable, and prevention-focused approach.

Thriving Families, Safer Children (TFSC)

CFSA's commitment to meaningful engagement with community members who have lived experience continues to manifest in the Thriving Families, Safer Children (TFSC) steering committee, which is shepherding the District's transformation to a child and family well-being system. Birth parents and caregivers lend their voices, facilitate subcommittee meetings alongside CFSA leadership, and drive strategic planning to actively design a supportive community-driven child and family well-being framework. With the goal of establishing an environment wherein families can reach out for support without fear of stigma or child welfare involvement, the *Warmline and Community Response* subcommittee is developing tools, standards, and protocols for affecting a prompt, safe, and

supportive avenue for families to access services and resources to meet emergent needs without the unnecessary trauma caused by CPS interaction. The *Diversity, Equity, Inclusion, and Belonging* subcommittee is ensuring that everyone’s voice is included in the development of a supportive community-based model, that there is a shared understanding of “lived experience,” and that equity concepts are not only applied to race and culture, but to a broad variety of backgrounds, circumstances, and conditions. The *Impact and Evaluation* subcommittee is emphasizing the use of existing data and community/government infrastructure as a basis for defining well-being and evaluating based on input from a diverse array of community members.

Family First Prevention Services / Families First DC

In 2019, CFSA launched its Title IV-E Five-Year Family First Prevention Plan to increase community-based preventative services that help keep children safe at home with their families and out of the foster care system. Sister agencies and community providers continue to partner with CFSA to offer evidence-based services to support and preserve DC families. Partners include the District’s Departments of Health, Behavioral Health, and Human Services, as well as community providers such as East River Family Strengthening Collaborative, Community Connections, Mary’s Center, MBI Health Services, LLC., and Hillcrest Children and Family Center. Each of these agencies and providers assist families through a variety of services, including parenting and home visiting programs, mental health treatment, and substance abuse treatment.

The District continues to implement *Families First DC*, an upstream, community-driven, family-strengthening model that utilizes a holistic family-centered approach to prevention and, as warranted, mitigation of community risks of maltreatment, crime, and violence. Operating from neighborhoods that historically experience disproportionate levels of child welfare involvement, there are currently 11 [Family Success Centers \(FSC\)](#). Each FSC serves as a supportive community touchpoint that empowers families, integrates services, and focuses on primary prevention. In FY 2022, the newest center was established in Ward 5 based on increasing evidence of risk factors in certain neighborhoods.

WARD 5 Neighborhoods	Family Success Center Grantee
Carver/Langston	Smart from the Start
WARD 7 Neighborhoods	Family Success Center
Mayfair/Paradise	North Capital Collaborative (Project Uplift)
Stoddart Terrace/37 th Street, SE	Life Deeds
Benning Road & Minnesota Ave	East River Family Strengthening Collaborative
Benning Terrace/Benning Park	East River Family Strengthening Collaborative
Clay Terrace	Sasha Bruce
WARD 8 Neighborhoods	Family Success Center
Woodland Terrace	Smart from the Start

Anacostia	Martha's Table
Congress Heights	Far Southeast Family Strengthening Collaborative
Washington Highlands	A Wider Circle
Bellevue	Community of Hope

Based on an internal study conducted by CFSA's Office of Community Partnerships (CP) in September 2022, the most requested services from the network of FSCs have been in the areas of food provision and whole family enrichment activities, such as holiday events and celebrations. Other requested services involve housing, youth recreation, parenting support, mental health, clothing, public benefits, and employment. While data tools to analyze FSC utilization and outcomes are still being developed, CP was able to report that the total number of families served each month in FY 2022 ranged from 1,000 to 2,800.

Community-Based Child Abuse and Prevention

CFSA is the designated lead agency for the Community-Based Child Abuse and Prevention (CBCAP) grant in the District of Columbia. CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities, particularly in partnership with the DC Children's Trust Fund.¹⁹ The CBCAP providers in FY 2022 included the Healthy Families/Thriving Communities Collaboratives (described below) which offer classes in parenting and home visitation programs; Mary's Center, a community health center that offers home visitation and a fatherhood attachment program; and the District's Department of Behavioral Health, which provides functional family therapy. In FY 2022, the CBCAP providers served approximately 350 families, just over 300 of which were newly accepted.

The Healthy Families/Thriving Communities Collaboratives

CFSA continues its multi-faceted, 20-year plus partnership with the District's neighborhood-based Healthy Families/Thriving Communities Collaboratives. The following five Collaboratives provide the District's eight Wards with an array of supports along the prevention and intervention continuum:

- [Collaborative Solutions for Communities](#) (Wards 1, 2 and 3)
- [Georgia Avenue Family Support Collaborative](#) (Ward 4)
- [Edgewood/Brookland Family Support Collaborative](#) (Wards 5 and 6)
- [East River Family Strengthening Collaborative](#) (Ward 7)
- [Far Southeast Family Strengthening Collaborative](#) (Ward 8)

¹⁹ DC Children's Trust Fund is a 501(c)3 nonprofit established in September 1993 as a result of legislation passed by the Council of the District of Columbia and subsequently signed by the Mayor. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs.

As part of the broader child and family well-being system, the Collaboratives accept walk-ins and referrals from public agencies, community-based organizations, and the school system. Further, the Collaboratives provide an array of essential services both to non-CFSA-involved and CFSA-involved families. Services include case management, parent education, and information. The Collaboratives also provide referrals and linkages to core services to address housing, employment, and mental health needs, as well as needs for substance use treatment programs.

CFSA uses the term “Front Yard” to describe the service framework for families that are not known to the Agency but require community-based supports to enhance protective factors. In FY 2022, the Collaboratives served 240 families in the Front Yard, preventing these families from coming to the attention of the District’s child welfare system. CFSA uses the term “Front Porch” to refer to families that have already been the subject of a CPS investigation but did not present with safety or risk levels that warranted opening a child welfare case. In FY 2022, the Collaboratives served 390 families on the Front Porch.

Reunification Supports for Children and Families

For those children who must enter foster care due to imminent safety risks, CFSA continues to provide necessary services to support the children’s safe return home to their family of origin.

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,²⁰ 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 observed issues that brought the family to CFSA’s attention, these assessments can identify underlying issues as well.

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 their 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 (in partnership with the age-appropriate child or caregiver).

²⁰ Motivational interviewing is an established evidenced-based, client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors.

CFSA then 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

Since the 2018 implementation of the Mental Health Redesign, CFSA has provided in-house mental health services to children entering or re-entering foster care. In doing so, the Agency has been able to successfully expedite and improve children’s access to mental health treatment. Under the purview of CFSA’s Office of Well-Being (OWB), there are four dedicated positions for licensed on-site clinical therapists to screen, assess, diagnose, and provide short-term mental health treatment to children.²¹ On a case-by-case basis, the therapists may also conduct family therapy, conduct individual therapy with parents, and work with families receiving in-home services. Children already receiving mental health services in the community continue their engagement with their assigned providers.

In addition to the licensed mental health therapists, the OWB Mental Health Unit includes a psychiatric mental health nurse practitioner (PMHNP). The PMHNP provides initial screenings, conducts mental health evaluations, creates initial therapeutic treatment plans and, when indicated, prescribes psychotropic medications. Based on the PMHNP’s recommendations, OWB’s mental health therapists provide tailored therapeutic 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. OWB’s therapists are trained to provide the following therapeutic 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

²¹ CFSA is currently working to fill two of the therapist positions, which became vacant during FY 2022.

In FY 2022, OWB's Mental Health Unit evaluated 69 children, recommended in-house therapy for 63 children, and provided therapeutic services to 43 children.²² OWB also referred 12 children to [MBI Health Services, LLC](#) (MBI), a core service agency contracted through the Department of Behavioral Health. MBI provides diagnostic assessments, psychiatric evaluations, medication management, individual and family therapy, community support services, and other specialized therapies.²³ In FY 2022, the average time between a child's separation from the home to the date of a mental health evaluation was 22 days. The average time from the evaluation to the initial appointment was 21 days.²⁴

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

Described earlier, the PEER Unit provides valuable support to birth parents and caregivers by connecting them with dedicated CFSA PEER staff members. Each PEER draws from personal experience to provide coaching and mentoring. In addition, PEERs assist the birth parents and caregivers in navigating the child welfare system, achieving case plan objectives, and reunifying with their children.

Substance Use Support

The Office of Well-Being facilitates interventions for substance use treatment and recovery, oversees cases involved with the Family Treatment Court (described below), and facilitates the in-house Project Connect program, which works with high-risk families affected by parental substance abuse, mental health issues, and domestic violence. Consisting of a program coordinator, registered nurse, and four resource development specialists, Project Connect offers home-based counseling, substance use monitoring, nursing, and referrals for other services. In FY 2022, the Project Connect team served 73 parents representing 165 children. Of this number, 34 parents had their Project Connect case closed in FY 2022 and 39 remained active in the program as of the last day of the fiscal year. Of those parents whose cases were closed, 17 had successful closure, 3 achieved their program goals before program completion, 7 had services terminated when the recommended goal was changed away from reunification, 6 disengaged for more than 21 days, and one parent voluntarily self-discharged.

Family Treatment Court (FTC)

The District's FTC is a voluntary, court-supervised, comprehensive service program that promotes timely family reunification for parents with a diagnosed substance use disorder. In addition to the judge, team members include the FTC coordinator, recovery specialist, assistant attorney general, social worker, and treatment providers. FTC conducts entry hearings, weekly group hearings, and weekly virtual case review meetings. Individual court appearances occur on a weekly, bi-weekly, or

²² For the 20 children that were recommended for services, but did not receive them, reasons included refusal to participate in therapy, general lack of engagement, and an initial start date being scheduled for FY 2023.

²³ 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. In addition to MBI, the Agency helps families connect to long term providers through the Department of Behavioral Health on a case by case basis.

²⁴ Prior to the Mental Health Redesign, the wait time for an evaluation and scheduled appointment was anywhere from 60 to 120 days.

monthly basis, depending on the parent’s circumstances and progress toward identified goals. In late FY 2022, FTC began holding one in-person group hearing per month. FTC participants are enrolled in and complete both inpatient and outpatient substance treatment programs. Regardless of their preferred treatment choice, participating parents must comply with random drug testing. To encourage and support each parent’s progress, FTC incentivizes and celebrates the achievement of program milestones, such as increments of time where clean drug tests indicate sobriety; completion of substance use treatment; reunification with a child; completion of a program to advance stability (e.g., education, parenting skills, employment readiness); demonstration of stable housing; and successful completion of the FTC program.

In FY 2022, the Family Court used federal supplemental funding for the COVID-19 public health emergency to purchase 10 laptop computers to lend to families participating in FTC. Parents can use the laptops to participate in remote hearings, consult with their attorney, collaborate with the case planning team, or engage with a service provider.

In FY 2022, a total of 26 of the 160 entries into foster care had substantiated neglect allegations related to *substance use impacting parenting*. As a result of the substantiations, which often were not solely limited to substance use concerns, CPS separated the children from their parents or caregivers.²⁵ (See Table 6 in the *Statistical Analysis of Cases Section*). In FY 2022, 12 parents enrolled in FTC, 11 of whom entered a substance abuse program. One of the 11 parents completed treatment, 3 parents had their CFSA case closed prior to program completion, and 7 parents were still active in the program at the end of FY 2022. Additionally, 7 FTC cases involved parents who were reunified with their children, resulting in successful case closure, and 8 FTC cases involved parents whose children returned to their care under protective supervision.

Housing Strategies

CFSA supports families’ housing needs by exploring available city-wide resources and housing services in conjunction with external agencies, e.g., the District’s Department of Human Services and the District of Columbia Housing Authority (DCHA). When external resource options have been exhausted, CFSA employs supportive internal strategies. The Community Partnerships Administration manages the following three housing support programs designed to assist youth and families experiencing housing instability:

- Rapid Housing Assistance Program (RHAP) – RHAP is a short-term rental assistance program, ranging from one-time to up to 12 months of assistance, that prevents children from entering foster care and assists families when housing is the only barrier to safely returning the child to the home. RHAP also assists older youth transitioning out of foster care, as well as former foster youth up to age 23, to establish stabilized housing post foster care. In FY 2022, CFSA approved 8 youth and 3 families for RHAP.

²⁵ Source: FACES.NET PLC 155 and Tableau

- Family Unification Program (FUP) – FUP provides Housing Choice Vouchers (otherwise known as Section 8) through the DCHA. These FUP vouchers provide housing to CFSA-involved families where housing is a barrier to family stabilization or a barrier to safely returning the child to the home. The family vouchers allow for lifelong, permanent housing stability. The FUP vouchers also provide housing to youth aging out of foster care, as well as youth between the ages of 18-24, who left foster care after the age of 16 and are currently experiencing or at risk of homelessness. Historically, while Youth FUP vouchers are time-limited to not exceed 36 months, recent amendments to the Fostering Stable Housing Opportunities (FSHO) Act have extended the voucher time limit for an additional 24 months if specific education, workforce development, or exemption criteria are met (for up to five years total). In FY 2022, CFSA identified 5 families and 8 older youth as eligible for referral to DCHA to apply for FUP vouchers.
- Family Flexible Funds (“Flex Funds”) - The Flex Funds program includes emergency financial assistance for housing costs to help support families involved with CFSA. Flex Funds support reunification efforts when families are receiving out-of-home services and prevent children from coming into care, by supporting family stabilization efforts when families have an open CPS investigation or are receiving in-home services. These funds are reserved and readily available to meet the urgent service needs of families, providing additional, concrete social support particularly to families living in multi-generational homes. Flex funds are accessible both to CFSA-involved families and families working with Collaboratives in their communities. In FY 2022, CFSA distributed Flex Funds to a total of 181 households across Agency administrations: CPS, CCMS, In-Home, OYE, and Kinship; as well as families with children placed and served in Maryland by National Center for Children and Families (NCCF).

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 has always prioritized the safe return of the child to the birth family. If reunification is not possible, the Agency pursues 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. PGRMs focus on the court-ordered permanency goal for all children in care, progress towards that goal by parents, Agency efforts to support parents, and alternatives when parents are not successful in increasing protective capacity and resolving issues that brought the children into care. Once the child welfare team determines that reunification is no longer a viable permanency option, CCMS social workers map out a path to adoption, or to guardianship if adoption is ruled out. The PGRM participants may also discuss data from the Agency’s Permanency Tracker (see below) and implications for progress.

Permanency Tracker

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

Adoption Focused Case Management

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

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

When the Agency cannot identify a viable adoption or guardianship resource from within the child's biological, extended, or foster family, recruiters explore other individuals within the child's support network, such as teachers, mentors, health care providers, and counselors. At the same time, recruiters share child-specific information with the larger resource parent community during matching meetings and peer networking events. When it becomes necessary to share child profiles beyond the

CFSA community, recruiters utilize resources with a broader reach, including local health fairs, the [Barker Adoption Foundation](#), [A Family for Every Child](#), [Heart Gallery of America](#), local and national adoption websites, and adoption exchanges.

As of September 30, 2022, there were 141 children in foster care with the goal of adoption. CFSA placed just over half of those children (51 percent, n=72) in a pre-adoptive home. The remaining children (49 percent, n=69) were not yet living in pre-adoptive homes.²⁶ In FY 2022, the Agency finalized a total of 98 adoptions.²⁷

Permanent Legal Guardianship Resources

Permanent Legal Guardianship is a permanency option that does not require the termination of parental rights. For some children, guardianship has an advantage over adoption in that the permanent caregiver may be committed to ensuring the child retains a legal relationship with their birth family. Permanent legal guardians are often the same kinship providers with whom children were placed with after separation from their birth parents. Although these kinship (or even non-kinship) caregivers are often willing to permanently care for children, they are not always able to manage the financial burden or meet the children's medical needs. In such cases, CFSA may provide a permanent guardianship subsidy to assist with the financial and medical needs for eligible children. In FY 2022, a total of 23 children entered a permanent home through guardianship.

Alternative Planned Permanent Living Arrangement (APPLA)

CFSA's primary objective for children and youth is the safe and stable return home with the birth family. When a return home cannot be achieved, the Agency pursues adoption, guardianship, or legal custody with a relative. If relatives are not available, the Agency will seek a suitable and committed non-relative caregiver. Only after the Agency has explored and eliminated all of these options will the social worker submit a request for a goal change to APPLA. To be eligible for the APPLA goal, youth must be 16 years of age or older, enrolled in programming designed to develop independent living skills, display a reasonable expectation of securing adequate income and housing, and be connected to a long-term, supportive, and responsible adult whom the youth can engage during and after case closure. CFSA's Deputy Director for the Office of Out-of-Home Support must approve all APPLA requests. Upon approval, the youth's case management team adjusts the service framework to focus primarily on the youth's successful transition from foster care to independent adulthood. CFSA's Office of Youth Empowerment helps provide the youth with the skills, resources, and connections to achieve goals in the areas of housing, education, career readiness, teen parenting, and financial literacy. As of September 30, 2022, there were 103 youth with a goal of APPLA, 92 of whom were aged 18 and over.²⁸

²⁶ Source: FACES.NET ADP070

²⁷ Source: FACES.NET CMT367

²⁸ Source: FACES.NET CMT366

Permanency *Lean* Events - Recommendations

Throughout FY 2022, CFSA continued its partnership with the consulting firm, [Leanovations International](#), which helped facilitate the exchange of innovative strategies and ideas to improve the Agency's functions across all CFSA administrations. The Permanency Lean Teams collected input from staff and various stakeholders to formulate recommendations that could be implemented to support improvements. This implementation process envisions a broad, coordinated set of change efforts across the Agency.

In FY 2022, the Permanency Lean Team sessions focused on expediting and streamlining the processes which support the return of children home to their families of origin or achieving adoption or guardianship goals. One strategy that was incorporated from the Permanency-related Lean recommendations is within CFSA's technology requirements and designs. For example, the Agency's new Comprehensive Child Welfare Information System (described below) will help expedite and streamline processes by allowing for auto-fill frequently used forms, such as adoption and guardianship reports, and provide for electronic notifications to participants across events to ensure enhanced timeliness and higher quality data for CFSA teams. Additionally, the new technology will include an updated case planning tool, and a new case plan section called the "Family Roadmap," which will assist social workers in their reviews with families. The Family Roadmap will be more user-friendly and reflect the most useful information to social workers for their engagement with families while still meeting local and federal case plan requirements.

New Comprehensive Child Welfare Information System

In FY 2022, CFSA continued its work designing and building a new Comprehensive Child Welfare Information System (CCWIS). This new software system will be known as STAAND (Stronger Together Against Abuse and Neglect in DC). The STAAND system will replace FACES.NET, the District's legacy Statewide Automated Child Welfare Information System (SACWIS). Once fully implemented, STAAND will support casework and associated practice from the Hotline (with a new online mandated reporter portal) to ongoing case management, service referrals, and financial management functions. Development of the STAAND system incorporates feedback and recommendations from Lean sessions to ensure that CFSA's business processes are designed using modern best practices. Further, STAAND represents an opportunity to implement new technologies that will streamline the operation of CFSA's information systems. CFSA expects to launch its first set of processes on STAAND in early FY 2023, with an additional launch date later in the fiscal year, and full project completion in FY 2024.

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’s resource homes and facilities. Per CFSA policy, the Agency complies with DCMR licensing standards and applies these standards equally for foster, kinship, and adoptive homes. Standards also apply equally to employees and volunteers working in group homes and residential facilities. To be licensed as a prospective kinship caregiver, a foster or adoptive parent, or a legal guardian, DCMR requires bi-annual documentation of criminal record checks, including results from the National Crime Information Center, the Federal Bureau of Investigation, and local police departments. Record checks also include annual Child Protection Register clearances for any adult age 18 and over residing in the home.²⁹ DCMR further requires background checks and clearances for all employees of group homes and youth residential facilities.³⁰

In FY 2022, the Agency drafted a comprehensive update of Title 29 DCMR, Chapter 60 – Foster Homes regulations to conform to changes (e.g., terminology, language, and definitions) in local and federal law and to address changes in practice. The proposed rulemaking, once finalized, will be published in the DC Register for a 30-day notice and comment period before the official update to the regulations takes effect.

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 six 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 2021 [Annual Report to Congress](#), 85 percent of cases filed in 2020 had a permanency hearing, or the Family Court dismissed the case, within the required timeline.

Court Improvement Project (CIP)³¹

CFSA, the Office of the Attorney General (OAG), and the Family Court continue to engage in strong collaborations around data-informed practice improvements. Notably, the Agency is sharing data obtained from CFSA’s Permanency Tracker platform (described above). Several court activities are

²⁹ 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.

³⁰ For children placed in resource homes and youth residential facilities in Maryland, the Code of Maryland Regulations (COMAR) provides licensing requirements.

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.

directly related to items identified by the Permanency Tracker as milestones in a case’s progression toward positive permanency. For example, in March 2022, CFSA and OAG leadership partnered with subject matter consultants from Casey Family Programs to present to Family Court judges an analysis of factors contributing to the timeliness of permanency achievement. The presentation emphasized the pace and timing of court-specific action steps, such as when the Family Court holds required evidentiary hearings and trials and when attorneys file adoption petitions or guardianship motions. Based on the Permanency Tracker data shared by CFSA, the Family Court has resolved to pursue the following objectives:

- Increase awareness among judges and court personnel regarding when and how permanency is delayed by the timing of court processes.
- Encourage individual judges to consider practice adjustments in their own courtrooms that would support a more expedited permanency process, and plan follow-up meetings with judges.
- Support the repositioning of the CIP work to focus on development and analysis of “court-side” data and to determine additional, specific areas for court improvement.

Permanency Mediation

The Family Court’s mediation program allows any participant in a neglect matter to refer the case for mediation prior to the first permanency hearing. Mediation processes may also apply whenever CFSA recommends a goal change from reunification to adoption. Utilization of the mediation program declined significantly throughout the COVID-19 public health emergency, and the Family Court did not report on permanency mediation for 2021. Noting that early in the program there was an observed correlation between participation and positive outcomes, Family Court administrators are currently working to re-introduce mediation to attorneys as an option for clients involved in child welfare matters.

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, regardless 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 law 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. In 2021, the Family Court disposed 49 TPRs based on filings made during or prior to the year. The median time frame between TPR filing and disposition was 377 days, which represented a 7 percent decrease from 2020 (n=406). Of the TPRs disposed in 2021, attorneys withdrew 49 percent (n=24). The Family Court dismissed 37 percent (n=18) and granted 12 percent (n=6). Lastly, the Family Court denied 2 percent (n=1).³²

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

CFSA represents the District of Columbia in all cases requiring use of the Interstate Compact on the Placement of Children (ICPC).³³ 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 or the state's equivalent medical assistance program on the child's behalf. The adoptive parent is responsible for coordinating with the Medicaid (or equivalent) office to ensure delivery of medical services for the child in the state of residence. In FY 2022, the DC ICPC office received and approved out-of-state adoption requests for 57 children, including 51 children placed in Maryland, 5 in North Carolina, and 1 in Tennessee.

³² Source: [FY 2021 Family Court Annual Report to Congress](#)

³³ ICPC guidelines establish uniform legal and administrative procedures governing the interstate placement of children.

STATISTICAL ANALYSIS OF CASES

This section highlights entry, exit, permanency, and disruption data for FY 2022. Data are disaggregated by fiscal year, age, legal status, permanency goals, months in care, and the primary reasons for entry and exit. The District’s foster care population continues to decline. The total number of children in foster care on September 30, 2022, was 537 compared to 614 on the same date in 2021.

Table 1 below details the ages of children in care as of September 30, 2022. Children ages birth to 5 years old comprised 28 percent of the foster care population, children ages 6-11 years old comprised 22 percent, children aged 12 to 17 comprised 28 percent, and youth 18 to 20 comprised 23 percent. Of these groups, the only notable changes from the end of FY 2021 were a 3-percentage point decrease for 12 to 20-year-old youth.

Age	# of Children	Age	# of Children	Age	# of Children
<1 Year	24	7	19	14	24
1	38	8	14	15	24
2	30	9	17	16	31
3	15	10	24	17	30
4	27	11	17	18	49
5	17	12	20	19	40
6	25	13	20	20	32
Total Children= 537					

Source: *FACES.NET CMT366*

Of the 537 children in foster care at the end of FY 2022, 61 percent (n=326) had a status of *commitment* while 24 percent (n=131) 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 child in an Agency facility (foster home, licensed kinship home, group home, residential facility, etc.) pursuant to a shelter care hearing, pending the disposition hearing. These children are in CFSA’s legal custody, i.e., 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 2022.

Table 2: Children in Foster Care by Legal Status Point-in-Time: End of FY 2022	
Legal Status	# of Children
Committed	326
Shelter Care	131
Administrative Hold*	75
No Legal Status Documented**	5
Total Children	537

*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.

**All children in CFSA foster care have an assigned permanency goal and legal status from the time of separation until case closure. A goal or legal status of "not documented" is typically due to case circumstances where clinicians must input deliberate and non-conventional data. CFSA's development and prospective implementation of STAAND will address these complications. Note: STAAND details can be found under *New Comprehensive Child Welfare Information System under Requirement 5*.

Source: *FACES.NET CMT366*

Table 3: Children in Foster Care by Goal Point-in-Time: End of FY 2022	
Permanency Goal	# of Children
Reunification	233
Adoption	142
Alternative Planned, Permanent Living Arrangement (APPLA)	103
Guardianship	54
No Goal Documented	5
Total Children	537

Source: *FACES.NET CMT366*

The total number of new foster care entries was 201 as of FY 2022. As Table 4 depicts, the largest group represented was children less than 1 year old, followed by children ages 4,1, 2, 13 and 17.

Table 4: FY 2022 Foster Care Entries by Month

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total *
<1 Year	4	1	7	3	6	5	0	9	8	3	3	0	49
1	1	3	1	1	2	0	0	3	0	1	0	0	12
2	0	2	1	2	0	0	0	2	0	2	2	0	11
3	0	1	1	1	0	0	0	1	0	0	0	0	4
4	1	1	2	2	1	1	0	3	0	2	0	0	13
5	1	0	1	0	1	1	0	1	1	0	1	0	7
6	0	1	1	0	1	1	1	2	0	0	1	1	9
7	1	0	1	0	1	1	1	0	0	1	1	1	8
8	1	0	0	0	1	0	0	1	1	0	0	2	6
9	0	1	0	0	0	1	2	2	1	0	2	0	9
10	0	1	2	0	0	0	1	3	1	0	0	1	9
11	1	1	1	0	1	0	0	3	0	1	0	2	10
12	0	0	1	1	1	0	1	1	2	0	1	0	8
13	1	3	2	0	1	1	1	0	0	0	2	0	11
14	0	0	3	1	0	1	1	1	0	0	1	0	8
15	1	2	0	0	1	1	2	1	0	1	1	0	10
16	1	3	0	0	0	0	0	1	0	0	0	1	6
17	0	1	3	1	2	0	2	1	1	0	0	0	11
Total	13	21	27	12	19	13	12	35	15	11	15	8	201

* This total represents a count of initial entry and re-entries (a unique count of 199 children). Note: age is calculated as of the entry date.

Source: Tableau ³⁴

³⁴ 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.

Of the 201 total entries, 36 percent (n=73) had a legal status of commitment. The categories of shelter care and administrative holds accounted for 40 percent (n=80) and 23 percent (n=46) respectively. Children with no court involvement accounted for 1 percent (n=2).

Table 5: FY 2022 Foster Care Entries by Legal Status Month

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL*
Shelter Care	2	7	10	7	4	8	4	15	4	3	10	6	80
Administrative Hold	7	5	4	1	7	2	2	4	9	2	2	1	46
Commitment	4	9	13	2	8	3	6	16	2	6	3	1	73
No Court Involvement	0	0	0	2	0	0	0	0	0	0	0	0	2
Total	13	21	27	12	19	13	12	35	15	11	15	8	201

* This total represents a count of initial entry and re-entries (a unique count of 199 children).

Source: Tableau

The most prevalent reason for the entry into foster care was neglect (n=157). Physical abuse was the second highest entry reason (n=33), while the third highest entry reason was substance use impacting parenting (n=26). The same pattern was observed in FY 2020 and FY 2021.

Table 6: FY 2022 Primary Reason for Entry into Foster Care

Primary Reason	# of Entries*
Neglect (Alleged/Reported)	157
Physical Abuse (Alleged/Reported)	33
Drug Abuse (Parent)	26
Incarceration of Parent(s)	17
Child's Behavior Problem	14
Alcohol Abuse (Parent)	13
Caretaker ILL/ Unable to Cope	11
Inadequate Housing	8
Abandonment	7
Relinquishment	6
Voluntary**	3
Death of Parent(s)	2

*Children may have multiple primary reasons for entering care. The 201 entries and re-entries in FY 2022 represent a unique count of 199 children with 2 non-court-involved children included in the overall count. There were 297 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. CFSA obtained court custody of all children in this category.

Source: Tableau

Pursuant to *the CFSA Establishment Act of 2001*, the District strives to reduce the length of a child’s stay in foster care, focusing on children who have been in foster care for more than 24 months. At the end of FY 2022, the total number of children in foster care for 24 months or longer was 228 with subpopulation breakdowns illustrated below in Table 7. Compared to the end of FY 2021, there was no statistically significant shift in the proportion of children in foster care for more than 48 months. However, the proportion of children in care for 24 to 35 months dropped by 9 percentage points, while the proportion of children in care for 36 to 47 months increased by 10 percentage points. The latter represented the only category with a numerical increase, going from 59 to 70 children.

Table 7: Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay					
Point-in-Time: End of FY 2022					
Goal	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total
Adoption	24	25	8	24	81
APPLA	19	24	13	34	90
Guardianship	12	14	3	9	38
Reunification	11	7	0	1	19
Total Children	66 (29%)	70 (31%)	24 (11%)	68 (30%)	228

Source: *FACES.NET CMT366*

Among the 36 to 47-month cohort, there were 29 youth aged 18 to 20, compared to 17 at the end of FY 2021.

Table 8: District Children Who Became Part of the 24+ Month Cohort in FY 2022					
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	6				6
3	4	1			5
4	4	2	1		7
5	1	4	0	0	5
6	5	2	0	0	7
7	3	1	0	0	4
8	0	2	0	1	3
9	4	2	1	2	9
10	0	4	1	1	6
11	0	3	1	2	6
12	3	2	1	1	7
13	1	4	0	4	9
14	1	2	2	5	10
15	2	3	1	5	11

**Table 8: District Children Who Became Part of the 24+ Month Cohort in FY 2022
by Age and Length of Stay in Months**

Age in Years	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total Children
16	3	4	1	5	13
17	6	6	1	6	19
18	9	10	7	11	37
19	12	9	5	8	34
20	2	10	2	18	32
Total Children	66	71	24	69	230

Note: Age is calculated as of September 30, 2022. The reported legal status for the 230 children in foster care for 24+ months was 81 percent committed.

Source: *FACES.NET CMT366*

In FY 2022, there were 283 exits from foster care. Of those exits, 15 percent (n=44) had been in foster care between 0 to 6 months. Eight percent (n=22) had been in foster care for 7 to 12 months, while 26 percent (n=74) had been in foster care for 13-24 months. The highest proportion of children had been in care 25+ months, comprising 51 percent (n= 143) of the population.

Table 9: FY 2022 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	2	0	0	2	5	0	1	2	8	2	1	1	24
1-6 Months	1	1	2	1	3	2	2	3	3	0	0	2	20
7-12 Months	2	1	3	4	3	3	0	0	1	2	1	2	22
13-24 Months	5	6	9	5	7	9	6	9	6	5	6	1	74
25+ Months	14	17	13	12	11	7	20	9	9	15	10	6	143
Grand Total	24	25	27	24	29	21	29	23	27	24	18	12	283

Source: *Tableau*

Of the exits, children between the ages of birth to 5 comprised 34 percent (n=95) of the population while children between the ages of 6 to 12 years old represented 29 percent (n=82). Children aged 13 to 18 years old represented 20 percent (n=58) of the total exit population. Youth aged 19 and over accounted for 17 percent (n=48).

Table 10: FY 2022 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	1	1	0	2	0	0	2	3	1	0	2	13
1-5	9	7	11	4	9	5	8	6	6	9	6	2	82
6-12	8	9	5	5	10	7	6	4	9	10	5	4	82

Table 10: FY 2022 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
13-15	2	3	1	3	6	5	4	1	3	1	2	1	32
16-18	1	3	2	3	1	3	4	4	3	0	1	1	26
19+	3	2	7	9	1	1	7	6	3	3	4	2	48
Total	24	25	27	24	29	21	29	23	27	24	18	12	283

Source: Tableau

Table 11: FY 2022 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	18	20	20	15	13	11	17	17	12	15	14	9	181
Administrative Hold	2	0	5	1	8	1	6	4	7	4	2	0	40
Shelter Care	4	5	2	6	8	9	6	2	8	5	1	3	59
No Court Involvement	0	0	0	2	0	0	0	0	0	0	0	0	2
Protective Supervision	0	0	0	0	0	0	0	0	0	0	1	0	1
Grand Total	24	25	27	24	29	21	29	23	27	24	18	12	283

*These data may not reflect the ongoing process of social workers changing the status of an administrative hold 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 remained on this foster care exit report was likely monitored by the In-Home Administration until the case closed.

Source: Tableau

Of the 283 exits in FY 2022, reunification and adoption goals were among the highest with 40 percent (n=113) and 36 percent (n=102), respectively. Approximately 14 percent (n=41) of the population aged out of care. Guardianship accounted for 8 percent (n=23) of the exits while 2 percent (n=4) of the exit reasons related to a child’s transfer to another agency or death of the child.

Table 12: FY 2022 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	7	5	11	5	13	14	7	11	18	9	7	6	113
Adoption Finalized	10	15	8	6	14	4	14	4	4	12	6	5	102
Guardianship Finalized	5	3	1	3	1	1	4	2	2	0	1	0	23
Emancipated	2	2	7	9	1	1	4	5	3	3	3	1	41
Deceased	0	0	0	1	0	1	0	0	0	0	1	0	3

Table 12: FY 2022 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
Transfer to another agency	0	0	0	0	0	0	0	1	0	0	0	0	1
Total	24	25	27	24	29	21	29	23	27	24	18	12	283

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

Table 13: FY 2022 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	6	2	11	6	13	14	6	12	17	9	7	6	109
Adoption	9	15	8	6	14	4	12	4	4	12	6	4	98
Guardianship	5	3	1	3	0	2	5	2	2	0	1	0	24
APPLA	2	3	7	9	1	1	6	3	4	2	4	1	43
No Goal ††	2	0	0	0	1	0	0	2	0	1	0	1	7
Legal Custody	0	2	0	0	0	0	0	0	0	0	0	0	2
Grand Total	24	25	27	24	29	21	29	23	27	24	18	12	283

Note: †† Data entry anomalies prevent the actual goals from being reflected. The 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. 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 2022 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	24	19	18	30	18	109
Adoption	0	0	1	38	59	98
Guardianship	0	0	2	3	19	24
APPLA	0	1	0	1	41	43
No Goal ††	0	0	1	0	6	7
Legal Custody	0	0	0	2	0	2
Grand Total	24	20	22	74	143	283

Source: Tableau

Table 15 below shows that CFSA reported a total of 418 placement disruptions in FY 2022.³⁵ The total number of unique children or youth disrupting from a placement was 180. Compared to prior years, there was a substantial increase in total placement changes that were reported as disruptions. For example, in FY 2021, there were 98 disruptions involving 79 unique children. However, the increase is primarily attributable to this report’s addition of two new (and common) placement change reasons as disruptions: *Provider Requested Change of Placement*, which accounted for 162 disruptions among 92 unique children in FY 2022, and *Child Requested Change of Placement*, which accounted for 91 disruptions among 60 unique children in FY 2022.³⁶

Table 15: FY 2022 Placement Disruptions by Placement Type

Placement Type	Total Clients	Total Clients with Disruptions	Total Disruptions
Foster Homes (Kinship)	233	19	19
Foster Homes (OTI)	16	0	0
Foster Homes (Pre-Adoptive)	14	0	0
Foster Homes (Therapeutic)	1	0	0
Foster Homes (Traditional)	505	152	320
Group Settings (Developmentally Disabled/ Congregate Care)	3	0	0
Group Settings (Developmentally Disabled/Family Based)	2	0	0
Group Settings (Diagnostic and Emergency Care)	36	7	8
Group Settings (Group Homes)	86	21	22
Group Settings (Independent Living)	18	1	1
Group Settings (Residential Treatment)	30	0	0
Other (COVID-19 Placement/Under 21 (Non-Paid))	21	0	0
Other (Developmentally Disabled)	6	1	1
Other (Not in Legal Placement)	113	31	47
Total	790	180	418

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

³⁵ Placement disruptions, a subset of placement changes, involve situations where a provider is unwilling or unable to care for a child, the provider cannot meet the child’s behavioral or medical needs, or the child was moved from the placement as a result of the provider’s contract ending. In response to placement disruptions, CFSA determines a child’s individual service and re-placement needs after completion of comprehensive assessments and follow-up action plans within 30 days.

³⁶ The current data presents challenges to determining which newly reported cases in the *Requested Change of Placement* categories might not have been classified as disruptions in the prior reporting framework, and which might have been classified as another type of disruption, e.g., *Provider Cannot Meet Child’s Behavioral Needs*. As part of the Agency’s ongoing effort to streamline and coordinate data collection efforts, the new Comprehensive Child Welfare Information System, STAAND, (described earlier) will support more clearly detailed categorization of key data points across all reports.

REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE

CFSA believes that all families have strengths and most families, with community supports, can raise their children to adulthood. Foster care is a traumatic experience for children and families and should only be considered after all alternatives have been explored. 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. As described earlier, the Agency continues to implement comprehensive efforts to keep the District’s families together, including an increase in citywide prevention and community-based services alongside an increase in the number of families receiving in-home services. To reduce the time that children spend in foster care and to decrease the number of older youth aging out of foster care, CFSA focuses on strategies and supports to return older youth to their families of origin, or to identify extended family members, resource parents, and other substitute caregivers who are willing and able to commit to timely finalization of guardianship or adoption. Although the District of Columbia does not specify a target number for its foster care population, and although the number of children in foster care continues to decrease, CFSA and its partners continue to engage in robust discussions to identify and address barriers to further reduction.

Clinical, social, and environmental barriers, such as substance use, mental health, and domestic violence, and community violence, continue to impact the District’s children and families. To reduce the number of children that enter foster care as a result, CFSA and its partners have expanded and enhanced the District’s upstream prevention landscape, most recently through the Keeping DC Families Together framework, described earlier. To reduce the number of children that remain in foster care as a result of clinical, social, and environmental barriers, CFSA continues to provide and refer families to the supports described earlier, including PEER mentorship and advocacy, mental health assessment and treatment, substance use counseling, and housing assistance.

CFSA and its partners also continue to identify and address procedural barriers to reducing the amount of time that children and youth spend in foster care. For example, in March 2022, leadership from CFSA and the Office of the Attorney General (OAG), along with subject matter consultants from Casey Family Programs, met with DC Family Court judges to present an analysis of court-related factors. Data from CFSA’s Permanency Tracker system showed that certain court petitions, hearings, and trials were occurring just outside of federal permanency guidelines. In response, CFSA, OAG, and Casey Family Programs developed objectives to increase awareness among judges and court personnel of where and how permanency is delayed, consider individual courtroom practice adjustments to support a more expedited permanency process, and reposition the work of the Court Improvement Project toward development and analysis of available “court-side” data that can inform specific areas for improvement.

As a result of ongoing, expanded, and new efforts, the foster care population in the District of Columbia continues to decline.

Number of Children in Foster Care in the District of Columbia at the End of the Fiscal Year				
FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
839	796	693	614	537

EVALUATION OF SERVICES OFFERED

CFSA continues to contract and coordinate with its community-based partners to provide families with a range of services that promote safety, stability, and well-being. All services are available District-wide. As described earlier, many service locations are concentrated in areas that have historically observed higher levels of child welfare involvement or environmental risk factors, including Wards 7 and 8, and Ward 5. There are no demographically based eligibility criteria for accessing services. Depending on the need, services are available to families unknown to CFSA; families that are known to CFSA, but have no open case; and families that have an open CFSA in-home or out-of-home case. To ensure optimal program utilization and efficacy, CFSA's Community Partnerships Evaluation and Data Analytics (EDA) team regularly conducts comprehensive reviews and shares findings with the Agency's partner providers.

Community-Based Child Abuse and Prevention (CBCAP)

In October 2022, EDA completed a Community Services Report, which evaluated the FY 2022 performance of providers rendering evidence-based and parent-informed support, home visitation, and family therapy services through the CBCAP grant (described earlier). The reviews cover program capacity and utilization, program completion rates, and program impact, most notably through surveys in which families assess their own protective factors. Among the most commonly observed program strengths are high completion rates and the capacity to provide specialized services to meet individual needs. Observed program challenges have included long-term family engagement and staffing capacity, as well as staffing retention. Parents reported improved protective factors such as consistency in supporting their children, bonding with their children, inclusion of their children in family activities and decision-making, and effective supervision. Overall, parents did not report an improvement in their ability to consistently provide rewards or consequences to their children.

Family Success Centers (FSC)

In Monthly Analytics Reports, EDA has been conducting reviews of the utilization and impact of the FSCs. As noted earlier, the service framework is relatively new. Team members are still developing tools to ensure accuracy in terms of indicators, benchmarks, and outcomes. However, EDA was able to report that the FSCs collectively received an approximate range of 1,000 to 2,800 service requests per month in FY 2022 and met approximately 85 percent of those requests. Families involved with the FSCs have demonstrated an improvement in family functioning, resilience, nurturing and attachment, social supports, and caregiver practitioner relationships. As relationship-building is a fundamental component of the FSC service model, the fact that approximately 48 percent of services were rendered to returning families suggests high levels of trust and customer satisfaction.

Healthy Families/Thriving Communities Collaboratives

The FY 2022 Community Services Report (described above) also included an evaluation of the Collaboratives' case management utilization, activities, and certain performance indicators. Notably,

the Collaboratives successfully transitioned from a 30-day service linkage requirement to a 14-day requirement. As of September 2022, approximately 83 percent of Front Porch and Front Door families were linked to a Collaborative within 14 days of referral. The report also noted that the Collaboratives collectively served approximately 810 families in FY 2022.

When rendering case management services, the Collaboratives are expected to close cases within 180 days for Front Yard families and within 120 days for Front Porch families. In FY 2022, the Collaboratives collectively operated within these closure timeframes in approximately 88 percent (n=713) of cases. Of the 97 extensions, almost all (n=95) were for 90 days or less. The most common reasons for case extension requests involved housing supports, rental assistance, utilities assistance, childcare, and parenting support.

Family Preservation Services

As described earlier, CFSA launched its Five-Year Family First Prevention Plan on October 1, 2019. As part of the plan, the Agency's In-Home Administration continues to provide the family preservation services that help keep children safely at home and prevent separations from the home of origin. 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 for families known to CFSA, along with local and federal funding for upstream prevention services through the Families First DC initiative for families not known to CFSA. Implementation of Families First DC is occurring through the 11 FSCs (described earlier).

The following family preservation services, described earlier, are ongoing:

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

Community-Based Family Supports

CFSA's contractual partnership with the Collaboratives supports both prevention and intervention strategies for families known and unknown to CFSA. Support for known families includes preparation for children previously separated from their families to return home, as well as supports and services that prevent separations in the future. The Collaborative services will continue to be integrated into the FY 2023 strategic initiatives to Keep DC Families Together (described earlier).

Time-Limited Family Reunification Services

The following key supports for families, described throughout this report, will continue in FY 2023:

- Parent Engagement, Education, and Resource (PEER) Unit
- Rapid Housing Assistance Program
- Family Flexible "Flex" Funds

- Family Unification Program
- Family Treatment Court
- Services from District agencies
- Community-based support services

Adoption Promotion and Support Services

CFSA's supportive pre- and post-adoption and guardianship services include general information, trainings, resources, and referrals. Prior to guardianship or adoption finalization, the assigned social worker notifies the prospective family of the available post-permanency services. In adoption cases where children present with diagnosed clinical needs, the Agency ensures service delivery through the Family Works Together program, administered by the 501(c)3 non-profit organization [Adoptions Together](#). The Family Works Together program provides individual therapy, family therapy, training for social workers and families, and support groups for adoption and guardianship cases.

EVALUATION OF AGENCY PERFORMANCE

CFSA uses a variety of methods to measure performance outcomes for services. The information in the *Statistical Analysis of Cases* section (presented earlier) allows the Agency to evaluate performance across several program areas. The Agency collects additional data through the Four Pillars Framework, Public Dashboard, Quality Service Reviews, and Child and Family Services Reviews. CFSA evaluates, summarizes, and shares this data to demonstrate its performance across all service domains, as well as its compliance with all nine DC ASFA requirements, as outlined at the beginning of this report.

LaShawn Exit and Sustainability Plan

CFSA successfully completed the terms of the *LaShawn* Settlement Agreement in FY 2022. The first [Four Pillars Performance Report](#) covered the period from January to June 2021. CFSA published the report in January 2022. The Agency published the second [Four Pillars Performance Report](#) in June 2022, covering the second half of the year from July to December 2021.

Serving as the independent validation agent for CFSA's data, the Center for the Study of Social Policy (CSSP) confirmed that CFSA was accurately publishing performance on the agreed-upon metrics and that CFSA's performance was stable. In response to the second report, CSSP indicated that the Agency was on track for its planned exit from external oversight and that, while there were still areas of growth, CFSA leadership is committed, organized, and has built the capacity for continued quality improvement. The final *LaShawn* status hearing, held on September 9, 2022, confirmed CFSA's successful exit from the lawsuit.

Four Pillars Measurement Framework

As part of the terms of the *LaShawn* Settlement Agreement, CFSA updated its performance metrics to include "meaningful metrics" for CFSA's performance in placement stability, visitation measures, and permanency. CFSA consulted with Chapin Hall, a national expert in child welfare data. Chapin Hall has assisted the Agency in utilizing national standards and best practices to construct the current measures.

Based on the measures and CFSA's performance, CSSP and the *LaShawn* plaintiff approved Phase 2 of the Four Pillars Measurement Framework in March 2022. The updated framework includes a total of 42 measures, of which 14 are new or have been changed since Phase 1 of the Four Pillars Measurement Framework. CFSA implemented Phase 2 in May 2022 and transitioned to annual reporting within the fiscal year. The first report, which will cover the entirety of FY 2022 data, will be published early in calendar year 2023. However, since the second *Four Pillars Performance Report* included the October to December 2021 data, this transition year's report will not duplicate that data.

Public Dashboard

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

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

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

Quality Service Reviews (QSR)

As an integral part of the Agency's continuous quality improvement (CQI) efforts, the QSR process involves a qualitative method of gathering data and providing feedback to CFSA's program areas (In-Home, CCMS 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 child and family status and strengths, as well as system strengths. Key to the CQI process, QSRs also identify areas in need of improvement. In so doing, the QSR process reinforces effective practice and informs positive change by providing real-time assessments and feedback on case practice and system performance.

In calendar year (CY) 2021, CFSA reviewed a total of 143 randomly selected cases using the QSR process. Of these 143 cases, CFSA social workers were case managing 46 (32 percent) cases where children were living in foster care (kinship caregivers as well as non-relative caregivers). CFSA's contracted private agencies case managed 34 (24 percent) foster care cases. CFSA also case managed an additional 63 (44 percent) cases for families receiving services in their own homes. Ninety-four percent (n=134) of all cases had an overall acceptable rating for practice performance. Eighty-eight percent (n=126) of all cases had an overall acceptable rating for child and family status.

The table below describes the Agency’s top practice strengths and areas of challenge as identified in the CY 2021 [Annual Quality Service Review Report](#).³⁷

Practice Areas of Strength	Practice Areas of Challenge
<p>Engagement, Assessment, and Teamwork: QSR ratings indicated successful engagement of all parties to a case, including children (depending on age), birth parents, substitute caregivers and other parties.</p> <p>Planning Interventions and Implementation of Supports and Services: Teaming among CFSA, private agencies and other CFSA partners successfully provided interventions appropriate to a child and family’s circumstances. In particular, planning for safety, well-being, and permanency helped support and reinforce the organization and integration of appropriate supports and services to successfully achieve permanence.</p>	<p>Medication Management: Medication management was the only CY 2021 Practice Performance indicator that did not meet the 80 percent standard. Use of psychotropic medications is often a treatment modality for emotional disorders. For a youth with such diagnoses, regular compliance with medications is essential to monitor and ensure the intended outcome of use. However, management is more challenging when youth turn 18 and can legally decline a prescription. While the QSR specialists rated the majority (73 percent, n =11/15) of indicators as acceptable for the management of medications, practice performance for this indicator still did not achieve the 80 percent standard.</p>

³⁷ The 2022 Annual QSR Report will be publicly available in May 2023.

NEXT STEPS FOR ADDITIONAL LEGISLATION OR SERVICES

CFSA continues to examine and implement actions that help the Agency consistently conform to changes in best practice. At times, these changes include federal and local laws that support the Agency’s efforts to keep families together and to enhance service delivery to children in foster care. The following actions will be taken in FY 2023:

Law/Regulation	Action	Purpose/Justification
<i>29 DCMR, Chapter 60 – Foster Homes</i>	Amend Regulations	<i>To complete 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>To update the regulations to clarify staff-to-child ratios during waking and sleeping hours; and expand insurance types to include cyber security insurance and insurance related to sexual molestation allegations and modify coverage amounts.</i>
<i>29 DCMR, Chapter 69 – Grandparent Caregivers Pilot Program Subsidies</i>	Amend Regulations	<i>To update the regulations to incorporate amendments made by the Grandparent and Close Relative Caregivers Program Amendment Act of 2022 to the eligibility requirement for the Grandparent Caregivers and Close Relative Caregivers statutes.</i>
<i>Educator Background Check Streamlining Amendment Act of 2022 (Bill 24-989)</i>	Amend Law	<i>To amend the suitability screening process for school employees who have direct access to children, and to modify the Child Protection Register expungement statute to a three-tiered approach where an individual’s name can be expunged after 3 or 5 years for certain reports of substantiated child abuse and neglect.</i>

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

December 19, 2022

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) counsels the Mayor of the District of Columbia on child abuse and neglect. This collaborative, advisory body, addresses prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, adoption, and 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 DC Child, Family and Services Agency (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 month to highlight the importance of child abuse prevention in DC and honor the families, communities, and staff who support them. Representatives of MACCAN participate in collaborative child welfare planning workgroups, including the Family First Prevention Work Group Meeting. CFSA provided responses to MACCAN's Comments and Recommendations in response to the FY 2021 Annual Public Report (APR). They have also successfully completed the terms of the LaShawn Settlement Agreement and exited the lawsuit in FY 2022.

CFSA's Office of Community Partnerships conducted two internal reports, including an evaluation of Community Based Child Abuse Prevention (CBCAP) and Collaborative services and outcomes over the Fiscal Year 2022. The September 2022 Monthly Analytics Report evaluates the District's Family Success Centers, or "Collaboratives" in underserved areas of the District, targeting upstream prevention with families not known to CFSA leveraging federal prevention funds. The Collaboratives are a promising approach for providing support for DC families, and MACCAN looks forward to ongoing data and reports on progress toward their goals.

Virtual meetings and hearings promote safety, health concerns, and convenience. MACCAN appreciated the attention to the issues of virtual meetings and the inclusion of participants in hearings. In some cases, Family Court provided laptops with COVID-19 supplemental funding to facilitate attendance at hearings. Data from survey responses suggested a beneficial effect of virtual hearings for families and staff. It is promising to see that virtual hearings improved attendance and work/life balance. Judges may determine whether to require in-person or hybrid court activities on a case-by-case basis and for a good cause shown. The support for in-person, virtual, and hybrid options must remain available as decided by the court to benefit participants to attend hearings and maintain the integrity of the hearing process.

Youth preparedness remains an area of concern. MACCAN was pleased to see continued financial incentives for youth participating in a financial literacy program, including matched savings. Also, CFSA is operating its aftercare program for young adults aged 21 to 23, which gives data to monitor and improve approaches. Next year, we look forward to improved distribution and completion of a survey of

youths to strengthen youth programs and improve their trajectories. For children 0 to 5, CFSA can maximize collaboration for preventive intervention with DC early intervention programs. CFSA began collaborating with the District of Columbia Public Schools (DCPS) through a Memorandum of Understanding to enhance and update data-sharing practices. There is a plan to improve access to DCPS recordkeeping for more timely interventions to promote children's educational success in care. MACCAN hopes this will lead to the early identification of children in care at risk for preventive interventions. Other data enhancements, such as the new Comprehensive Child Welfare Information System (CCWIS), Stronger Together Against Abuse and Neglect (STAAND), should provide information for improved strategies and program enhancement.

Mental health and substance use are important factors affecting children's and families' well-being. Substance use impacting parenting is a reason for foster care and risk children to be placed into care. The District's Family Treatment Court is a voluntary, court-supervised, comprehensive service program that promotes timely family reunification for parents with a diagnosed substance use disorder (SUD). CFSA's Office of Well-Being (OWB) provides outpatient mental health and therapeutic services within 22 days on average, which is a significant improvement. We hope to see a continued emphasis on screening and mental health services for children of all ages for mental health and substance use.

DC is one of the most diverse cities in the United States. MACCAN looks forward to the activities of CFSA's recently established Development and Equity Administration in the next year. CFSA plans to take actions necessary to conform to best practices through changes requiring legislative amendments to regulations and laws in 2023. MACCAN applauds CFSA for summary data in the report and community-based initiatives as highlighted in this report.

We look forward to the exciting developments outlined by CFSA over the next year to improve the lives of children and families 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 Performance Reports

Per the *LaShawn A. vs. Bowser Settlement Agreement*, CFSA began preparing public performance reports in January 2021. The first published report for CFSA's performance includes 35 measures identified in the *Four Pillars Performance Framework* along with the status of all commitments included in the Settlement Agreement. The report covers the period from January 2021 to June 2021. [Link](#)

The second published report for CFSA's performance also includes 35 measures identified in the *Four Pillars Performance Framework* along with the status of all commitments included in the Settlement Agreement. The report covers the period from July 2021 to December 2021. [Link](#)

APPENDIX C: COVID-19 UPDATES

Since the onset of the COVID-19 pandemic, CFSA has adjusted 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.

Since June 2021, CFSA has maintained in-person visitation requirements across all clinical functions. 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. To ensure staff safety, CFSA provides protective equipment, including gloves, hand sanitizer, masks, disinfecting wipes, and no-contact digital thermometers for social workers and clients as needed.

Due to the prevalence of the Omicron variant of the COVID-19 virus, CFSA returned to a partial telework status from December 22, 2021 through January 31, 2022 (pursuant to Mayor's Order 2021-147).

Based on the September 14, 2022 District of Columbia guidelines, CFSA has implemented the following changes, which remain in effect as of the submission of this report:

- Vaccination against COVID-19 is no longer included as a requirement in vacancy announcements.
- No disciplinary action will start or continue for an employee who has failed to be vaccinated or boosted.
- Accommodations for employees who could not be vaccinated will stop.
- Weekly COVID-19 testing is not required for any employee.
- COVID-19 vaccinations are not required for DC Government grantees or contractors.
- Employees are no longer required to wear a mask in District Government buildings, except when interacting with a member of the public; in a space in a District Government building where members of the public are routinely present; or in a location where masks are required by federal or District law, regulation, or guidance.