

# Annual Public Report - FY2023

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



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DC GOVERNMENT OF THE DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR

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## INTRODUCTION

The District of Columbia Child and Family Services Agency (CFSA) Establishment Act of 2000 requires CFSA to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions CFSA has taken to implement the District of Columbia Adoption and Safe Families Amendment Act of 2000 (DC ASFA), which mirrors the federal Adoption and Safe Families Act (ASFA) of 1997.<sup>1</sup> See Appendix A.

Both the federal and DC ASFA require timely placement of children in safe and stable living arrangements.<sup>2</sup> 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 2023 fiscal year (FY) (October 1, 2022 – September 30, 2023):

- 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)

Over the course FY 2023, a total of 704 children were served in foster care placements. As of September 30, 2023, the total number of children in foster care was 496.<sup>3</sup>

### 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.*

<sup>1</sup> The District of Columbia Adoption and Safe Families Amendment Act, DC Law 13-136, effective June 20, 2000, reflects the service delivery and 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.

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

<sup>3</sup> Source: District of Columbia’s Child Welfare Information System, FACES.NET Management Report CMT232.

## IMPLEMENTATION OF THE ADOPTION & SAFE FAMILIES AMENDMENT ACT OF 2000

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

#### Case Planning

CFSA's Out-of-Home Clinical Case Management and Support Administration (CCMS) and CFSA's private agency partners both assume case management of children who enter the District of Columbia's foster care system. Per CFSA policy, case management includes partnering with families to develop formal written case plans within 30 days of opening a case. 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 Superior Court of the District of Columbia's Family Court Operations Division (Family Court) may also order services to support a family's capacity to sustain proper care of a child after case closure. Social workers document these services in the case plan, along with established timeframes and desired outcomes to support 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.<sup>4</sup>

CFSA's practice standards require a team effort to achieve a successful case planning outcome. Case-planning participants include birth parents, age-appropriate children, resource parents, and other service providers. Reviews of the service plan occur every 90 days to verify that service outcomes are meeting the child's and the family's needs or to adjust accordingly. The family team reviews and updates the overall case plan every 6 months.<sup>5</sup>

#### Permanency Hearings

During permanency hearings, CFSA social workers, attorneys for all parties, and Family Court judges review and discuss case plan details and progress. Standardized court reports and court order templates help judges consistently and uniformly apply 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.<sup>6</sup> If reasonable efforts are not found, the judge must document the Agency's identified barriers. These barriers are identified in the Family Court's permanency hearing reports and orders.

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<sup>4</sup> For more information about case plans and the case planning process, see CFSA's policy [Permanency Practice](#).

<sup>5</sup> Source: FACES.NET Management Report CMT163. Data exclude children in foster care for less than or equal to 30 days.

<sup>6</sup> 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](#).

During FY 2023, initial hearings and case review hearings continued to be held remotely in most cases. Judges continue to determine on a case-by-case basis whether to require in-person or hybrid court activities. In accordance with the Superior Court's [Reimagining the Courts](#) plan, trials and evidentiary hearings are held in person. Even when parties participate remotely, judges and clerks are physically present in the courtroom.

### Youth Transition Planning (YTP)

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

Planning domains for the YTP include life skills, health, finances, education, employment, housing, transportation, social integration, sexual health, and family planning (as applicable). CFSA encourages youth to lead their own YTP meetings. However, in cases where that is not possible the social worker will take the lead. Participants typically include the social worker, guardian *ad litem* (GAL), supportive caregivers and relatives and, as needed, education and aftercare specialists from CFSA's Older Youth Empowerment Administration (formerly the Office of Youth Empowerment). Although youth attendance is required for YTPs to occur, the meetings are not mandatory. If a youth refuses to participate or has absconded, YTPs might not officially occur within the targeted timeframes; however, the youth's team is still required to meet in a professional staffing to discuss applicable domains. As of the end of FY 2023, there were 165 youth between the ages of 16 and 20 who were in foster care. Of this number, a total of 81 participated in at least one YTP during the previous 6 months.<sup>7</sup> Most commonly observed reasons for not completing YTPs within a 6-month period include youth in long-term abscondence and youth refusal to participate. There are also instances where youth are incarcerated. In rare cases, YTPs may be occurring but are not being documented.

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

When safety concerns require CFSA to remove 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.<sup>8</sup> As indicated in Court Orders, the Agency must demonstrate that it has made reasonable efforts to achieve permanency, which, unless there has been a goal change, implies reunification with the family from whom the child was removed. To support a successful, safe, and timely return of the child to the home, CFSA engages in a multifaceted

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<sup>7</sup> Source: FACES.NET Management Report CMT391

<sup>8</sup> 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).

approach. Strategies include family engagement; shared parenting between the birth parent and the resource parent; regular, purposeful visits between parents and children and between parents and social workers; involvement with the Parent Engagement, Education, and Resource (PEER) staff member (described below); support by the case management team; and connection to community and other government agency services (e.g., Healthy Families/Thriving Communities Collaboratives, Department of Behavioral Health, Department of Human Services, and Department on Disability Services). This comprehensive approach helps CFSA and the families it serves to address together the issues that brought the child and family to CFSA's attention. Of the 216 children who exited foster care in FY 2023, 42 percent (n=91) returned home.<sup>9</sup>

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

### **Permanency-Focused Teaming**

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.

### ***Removal Family Team Meeting (FTM)***

The Removal Family Team Meeting (FTM) is offered to the family upon the child's removal from the home. Convened as quickly as possible, the FTM includes family members or caregivers, resource parents, service providers, the GAL, and any identified supports (e.g., friends and clergy). The meeting serves to introduce the Agency to the family, clarify the reasons for the child's removal from the home, and to develop an initial plan for securing resources and interventions to support the family. In FY 2023, 98 Removal FTMs occurred.<sup>10</sup>

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<sup>9</sup> Source: *Tableau*. Thirty percent of the children exited foster care to adoption; ten percent to guardianship; and fifteen percent aged out of foster care. One child transferred to another agency (Virginia Department of Social Services). Among the FY 2023 foster care exits, there were four child fatalities, including three homicides in the community and the death of a medically fragile child due to medical complications.

<sup>10</sup> Since 2022, CFSA has been internally transitioning from use of the term "removal" to "separation" when referring to children who enter out-of-home placements. However, "removal" is used throughout this report to reflect the terminology used in relevant federal and local laws and regulations.

### *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. From the onset of the foster care case, these team meetings support both planning for the child's permanent and safe return to the home, and concurrent planning for alternative permanency options in the event that returning is not an option.

In addition to team meetings, weekly clinical supervision between the social worker and the supervisory social worker (SSW) provides an opportunity to review the quality of the case plan and the progress toward meeting the case plan goals. Moreover, there are weekly meetings between the SSWs and the program managers to review cases that present challenges 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.

### *Permanency Family Team Meeting (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 the court-ordered permanency goal, and the social work team determines the need for a meeting facilitated by an individual outside of the specific case team. In such cases, the social worker submits a referral for the structured Permanency FTM. In addition to the social worker and the birth family, participants in a Permanency FTM may include extended family members, resource parents, attorneys, child and family advocates, and subject matter experts. Meeting topics commonly include assessment results, case plan objectives, and the identification of useful resources to move the case forward. In cases where the timeline is approaching for achievement of identified case plan goals, the Permanency FTM is frequently used to re-explore kinship and non-kin permanency options, as applicable, either for adoption or guardianship. In FY 2023, 15 Permanency FTMs occurred.

### *Permanency Goal Review Meeting (PGRM)*

PGRM participants include the case management team (social worker, supervisor, program manager and administrator), a representative from the Office of the Attorney General (OAG), and the Deputy Director for the Office of In-Home and Out-of-Home Care. During this multi-disciplinary meeting, the 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. Participants might also elevate barriers to permanency during the PGRM in order to make recommendations for mitigating or eradicating those barriers. In cases where minimal progress is being made despite all Agency efforts, the team maps out any next steps for changing the permanency goal. The assigned supervisor enters these next steps into the Permanency Tracker (described later in this report) and evaluates progress during subsequent PGRMs and 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 up until case closure or a goal change to an Alternative Planned Permanent Living Arrangement (APPLA). Additionally, CCMS convenes a PGRM for all children approximately 100 days after their removal from the home. For all children in protective supervision, CCMS schedules a PGRM at least 100 days after their return to the home.<sup>11</sup> 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 2023, the Agency completed 1,037 PGRMs for individual children.<sup>12</sup>

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

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

Through incorporation of the transtheoretical model, *The Five Stages of Change*, the PEER Unit tailors the interventions along the continuum of a birth parent’s involvement in the life of a case.<sup>13</sup> While the model is predicated upon a gradual reduction from intensive to moderate engagement, PEER specialists draw from their own experiences to determine how to meet each parent where they are. For example, it may take several months to establish a trusting relationship before a parent is ready to discuss the need for change. In other cases, PEERs may need to first help parents achieve stability in such areas as housing, employment, or finances before meaningful discussions of change can occur.

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

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<sup>11</sup> 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.

<sup>12</sup> Some children within this count had more than one PGRM.

<sup>13</sup> The Five Stages of Change include pre-contemplation (unaware of the problem), contemplation (aware of the problem and of the desired behavior change), preparation (intent to act), action (practices the desired behavior, with possible setbacks), and maintenance (works to sustain the behavior change).



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

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

CFSA's Hotline and Support Services Administration operates the District’s Child Abuse and Neglect Hotline 24 hours a day, 7 days a week. Hotline workers use the Structured Decision Making (SDM®) Child Abuse and Neglect Screening tool to determine the appropriate response to each call received, either for an Information and Referral (I&R) entry or a Child Protective Services Investigation (CPS-I) entry, depending on the reported allegations. When the SDM tool indicates a CPS-I response, District regulations and CFSA policy require investigative social workers to initiate the investigation within 2 hours of an accepted report if the child’s health or safety is in imminent danger. Hotline staff must immediately call 911 for assistance, not only in cases of immediate danger, but also if the child is alone or if a crime is in progress. CPS investigates all other cases within 24 hours. Some reports, particularly those with complex factors, require a consultative decision-making protocol in which Hotline supervisors and managers review the information contained in the report and utilize the Review, Evaluate, Direct (RED) Team information sharing and consultative framework for making a final screening decision.

CFSA is required to assess the safety of all children within 24 hours of the call to Hotline. Once assigned, the 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 investigative social worker proceeds to conduct interviews with the alleged maltreater, caregivers, and siblings; researches and contacts medical and educational sources; and may also make a referral for the family to have an At-Risk FTM to address risk factors and prevent a removal. If a child is found to be in imminent danger at any time during an investigation, a consultation for removal from the home is held with the assigned CPS program manager or administrator.

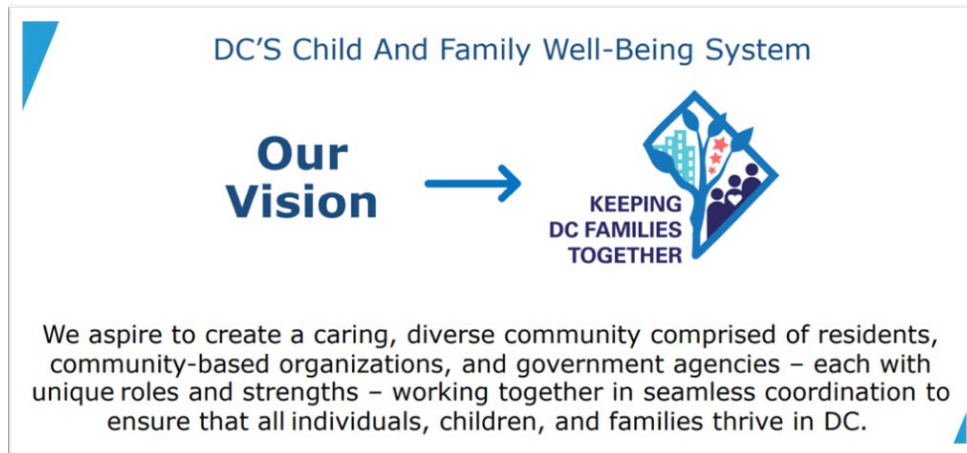
Depending on the disposition of the investigation and risk level, the investigative social worker may open an in-home case within CFSA to provide services for the family. CFSA may also refer the family to one of five neighborhood-based Healthy Families/Thriving Community Collaboratives, which provide 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 serve and support families through a safe and sustainable community-based infrastructure. When it does become necessary to remove a child from the home, the Agency and its community partners render essential Motivational Interviewing (MI) case management services and referrals to help children return home as quickly and safely as possible.

### Keeping DC Families Together



In the fall of 2022, CFSA unveiled *Keeping DC Families Together (KDCFT)*, a strategic focus to enhance and broaden the Agency's family preservation efforts and the District's community-based service infrastructure. Through KDCFT, the Agency and its community partners coordinate upstream services for families in need of support, including families that have been reported for abuse or neglect and families involved in a foster care case. Recognizing that each family defines itself differently, KDCFT takes 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, KDCFT 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.

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

KDCFT includes an upstream, community-driven, family-strengthening model that utilizes a holistic family-centered approach to prevention. 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.

WARD 5 Neighborhoods	Family Success Centers
Carver/Langston	Smart from the Start
WARD 7 Neighborhoods	Family Success Centers
Mayfair/Paradise	North Capital Collaborative (Project Uplift)
Stoddart Terrace/37 <sup>th</sup> 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 Centers
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 FY 2023 internal study conducted by CFSA's Office of Thriving Families (formally known as Office of Community Partnerships), the most requested services from the network of FSCs have been in the areas of food assistance (1,474 services provided), social enrichment (761 services provided), individual and family services (612 services). The total number of individuals served monthly ranged from 408 to 847 in FY 2023, based on the data available in CFSA's third-party referral platform.

### *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. The CBCAP providers in FY 2023 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 2023, the CBCAP providers served 397 families, 346 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. 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)

As part of the broader child and family well-being system and a vital component of the District's community response framework, the Collaboratives accept walk-ins and referrals from public agencies, community-based organizations, and schools. 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 useful community service 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 2023, the Collaboratives served 228 families in the Front Yard, preventing these families from fully entering the District's child and family well-being 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 2023, the Collaboratives served 353 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,<sup>14</sup> 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 also identify underlying issues.

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<sup>14</sup> Motivational interviewing is an established evidenced-based, client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change behaviors.

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 tool helps determine their service needs and protective capacity.<sup>15</sup> 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). 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*

CFSA provides in-house mental health services, as needed, to children entering or re-entering foster care. In doing so, the Agency has been able to improve the timeliness of children's access to mental health treatment. Under the purview of CFSA's Program Services and Supports Administration, there are four dedicated positions for licensed on-site clinical therapists to screen, assess, diagnose, and provide short-term mental health treatment to children. On a case-by-case basis, the therapists may also 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 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, CFSA'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. CFSA's in-house therapists are trained to provide the following therapeutic interventions:

- Trauma Systems Therapy (TST)
- Child-Centered Play Therapy

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<sup>15</sup> The Children's Research Center developed the Caregiver Strengths and Barriers Assessment tool to help measure parent/caregiver functioning over time. The tool includes 13 domains that have been shown either to support or hinder the functioning of parents/caregivers involved in the child and family well-being system. Social workers complete the tool every 90 days to inform, and be incorporated into, the case plan.

- Grief and Loss Therapy
- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Traditional Integrative Approach

In FY 2023, the Mental Health Unit evaluated 48 children, recommended in-house therapy for 41 children, and provided therapeutic services to 35 children. The unit also referred 11 children to a contracted provider for long-term therapy, including diagnostic assessments, psychiatric evaluations, medication management, individual and family therapy, community support services, and other specialized therapies. In FY 2023, the average time between a child’s removal from the home to the date of a mental health evaluation was 14 days. The average time from the evaluation to the initial appointment was 13 days.

#### *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 who draw from personal experience to provide coaching, mentorship, and advocacy.

#### *Substance Use Support*

CFSA relies on the District’s Department of Behavioral Health (DBH) and/or DBH-approved substance use disorder (SUD) providers to complete SUD assessments. CFSA’s Program Services and Supports Administration 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 SUD, 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. CFSA continues to seek alternative solutions to meet the need of the role of the parent educator. Project Connect resource development specialists continue to connect parents to community resources, such as PEER mentors and other parent enrichment services. In FY 2023, the Project Connect team served 71 parents representing 105 children. Of this number, 49 parents had their Project Connect case closed in FY 2023; 22 parents remained active in the program as of the last day of the fiscal year. Of those parents whose cases were closed, 21 had successful case closure, four successfully achieved their program goals before program completion, three had a goal change, 10 disengaged for more than 21 days, nine withdrew, and two were voluntarily 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, resource development specialist (RDS), 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 monthly basis, depending on the parent's circumstances and progress toward identified goals. In the beginning of FY 2023 the court adopted a hybrid schedule (alternating in-person and virtual) for weekly group hearings. As of June 2023, FTC participants are required to attend all group hearings in-person.

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. The RDS attempts to visit each participant twice weekly, in-person (in the home or community) or virtually. The RDS also maintains frequent communication via telephone, text message, or email.

In FY 2023, a total of 15 of the 179 foster care entries and re-entries indicated parental drug use as the primary reason for entry.<sup>16</sup> In FY 2023, a total of five parents enrolled in FTC, three of whom entered a treatment program. Two of the newly enrolled parents completed treatment and one was unsuccessfully discharged from the program. Two of the parents were still active in FTC at the end of FY 2023. Three FTC cases involved parents who were reunified with their children, resulting in successful case closure, and three 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, i.e., the District's Department of Human Services (DHS) and the District of Columbia Housing Authority (DCHA). When external resource options have been exhausted, CFSA employs supportive internal strategies, e.g., CFSA's Thriving Families 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, to prevent children from entering foster care and assisting families when unstable housing or homelessness is the only barrier to safely returning the child to the home. RHAP also assists older youth transitioning out of foster

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<sup>16</sup> Source: FACES.NET PLC 155 and Tableau.

care, as well as former foster youth up to age 23, to establish stabilized housing post foster care. In FY 2023, CFSA approved two youth and five families for RHAP.

- Family Unification Program (FUP) – FUP provides Housing Choice Vouchers (otherwise known as Section 8) through 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 from ages 18 to 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 (36 months), recent amendments to the Preserving Our Kids’ Equity through Trusts and [Fostering Stable Housing Opportunities Amendment 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 5 years total). In FY 2023, CFSA identified 6 families and 31 older youth as eligible for referral to DCHA to apply for FUP vouchers.<sup>17</sup>
- 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 in addition to helping prevent children from coming into care, i.e., 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 2023, CFSA distributed \$630,554.57 Flex Funds to households across five Agency administrations (CPS, CCMS, In-Home, Older Youth Empowerment Administration, and Kinship), in addition to families with children placed and served in Maryland by CFSA’s contracted partner, the 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 such reunification is not possible, the Agency pursues a safe and stable family-based alternative permanency goal.

### **Permanency Goal Review Meeting (PGRM)**

Described earlier as a mechanism for timely returning children to their families, PGRMs focus on the court-ordered permanency goal for all children in care, progress towards that goal by parents, Agency efforts to support parents, and alternatives when parents are not successful in increasing protective

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<sup>17</sup> Due to the high costs of housing in the District, youth and families can receive multiple FUP vouchers to apply to a single rental unit.



capacity and resolving issues that brought the children into foster care. Once the child welfare team determines that reunification is no longer a viable permanency option, Out-of-Home CCMS social workers map out a path to adoption, or to guardianship if adoption is ruled out. PGRM participants may also discuss data from the Agency's Permanency Tracker (see below) and implications for progress.

### **Permanency Tracker**

CFSA uses the Permanency Tracker as a shared database and tool to improve empirically based decision-making for the timely achievement of 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 (FACES), along with data not entered in (or not readily available through) FACES, e.g., information regarding certain evidentiary hearings, progress toward guardianship, or the status of a subsidy negotiation. At a minimum of once a month, an Out-of-Home CCMS supervisor or designated staff member enters the non-FACES data into the Permanency Tracker. The Permanency Tracker data then helps staff to assess both child-specific and cross-caseload permanency progress. In addition to the above, Out-of-Home CCMS managers ensure that the child welfare team reviews Permanency Tracker data during supervisory meetings from social worker supervision upward through the chain of command. These data reviews occur as part of the CCMS Administration's continuous quality improvement efforts. At present, CFSA is working to sunset FACES, which will result in permanency tracking being fully integrated into the new record-keeping platform, Stronger Together Against Abuse and Neglect in DC (STAAND). STAAND tracking will allow managers to access all the information they need in a single database.

### **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 the Agency's recruitment efforts outside of the Washington metropolitan area.

For children or sibling groups with a goal of adoption but no pre-adoptive placement home, the assigned recruiter develops individualized recruitment plans along with tailored strategies that reflect the needs and characteristics of each child or sibling group. The recruiter also examines the case management record to ensure that CFSA has exhausted all efforts to engage any additional local or out-of-state family members or any other supportive individuals. Concurrently, the recruiter may

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

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

As of September 30, 2023, there were 114 children in foster care with the goal of adoption. CFSA placed just under half of those children (47 percent, n=54) in a pre-adoptive home. The remaining children (53 percent, n=60) were not yet living in pre-adoptive homes.<sup>18</sup> In FY 2023, a total of 64 children exited foster care to adoption.<sup>19</sup> In FY 2023, a total of 40 children with specialized needs required specialized recruitment for permanency. This included two large sibling groups, five children with special medical needs, a transgender youth, and 19 youth over the age of 14. Of this number, 26 were successfully matched. Four children were matched but had the adoption disrupted. For this group, as well as the remaining 14 youth who have yet to be matched, CFSA's is actively recruiting to secure safe, stable, and permanent homes.

### **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 after removal from their birth parents. Although these kinship (or even non-kinship) caregivers are often willing to permanently care for children, they are not always able to manage the financial burden or meet the children's medical needs. In such cases, CFSA may provide a permanent guardianship subsidy to assist with the financial and medical needs for eligible children. In FY 2023, a total of 22 children entered a permanent home through guardianship.<sup>20</sup> Alternative Planned Permanent Living Arrangement (APPLA).

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<sup>18</sup> Source: FACES.NET ADP070.

<sup>19</sup> Source: FACES.NET CMT367.


<sup>20</sup> Source: FACES.NET CMT367.

CFSA’s primary objective for older youth is the same as for younger children, the safe and stable return home with the birth family. As noted, when a return home cannot be achieved, the Agency pursues adoption, guardianship, or legal custody with a relative. If relatives are not available, the Agency will seek a suitable and committed non-relative caregiver. Only after the Agency has explored and eliminated all of these options will the social worker submit a request for a goal change to APPLA for an older youth. To be eligible for the APPLA goal, youth must be 16 years of age or older, enrolled in programming designed to develop independent living skills, displaying a reasonable expectation of securing adequate income and housing, and be connected to a long-term, supportive, and responsible adult with whom the youth can engage during and after case closure. CFSA’s Deputy Director for the Office of In-Home and Out-of-Home Care must approve all APPLA requests. Upon approval, the youth’s case management team adjusts the service framework to focus primarily on the youth’s successful transition from foster care to independent adulthood. CFSA’s Older Youth Empowerment Administration helps provide the youth with the skills, resources, and connections to achieve goals in the areas of housing, education, career readiness, teen parenting, and financial literacy. As of September 30, 2023, there were 108 youth with a goal of APPLA, 91 of whom were aged 18 and over.<sup>21</sup> In FY 2023, a total of 33 youth exited foster care at age 21.<sup>22</sup>

### Comprehensive Child Welfare Information System

CFSA’s Office of Planning, Policy, and Program Support (OPPPS) along with the Agency’s Program Outcomes Unit and the Data Analytics Unit collaborate with CFSA’s Child Information Systems Administration (CISA) to gather and analyze data from the Agency’s child welfare information system. Referenced earlier, CFSA is currently transitioning from its legacy Statewide Automated Child Welfare Information System (SACWIS) system, known as FACES, to a new Comprehensive Child Welfare Information System (CCWIS): Stronger Together Against Abuse and Neglect in DC (STAAND), which meets the federal requirements for functionality and efficiency necessary to track real-time data alongside ongoing practice.






## Objectives and Guiding Principles



*Why we are pursuing STAAND*

- 1 Streamline processes
- 2 Integrate with other systems
- 3 Provide a user-friendly and family-centric technology system
- 4 Transition from FACES seamlessly
- 5 Minimize manual data entry

*How we are working*

- 
**People-focused**  
*E.g., Capturing your voice from ground up*
- 
**Process-oriented**  
*E.g., Building on Lean "Great State" processes*
- 
**Product-based**  
*E.g., Tailored modules that can evolve over time*
- 
**Partners-powered**  
*E.g., Working with industry leader *

<sup>21</sup> Source: FACES.NET CMT366.

<sup>22</sup> Source: FACES.NET CMT367.

The Agency is deploying STAAND incrementally through “releases” which first began in February 2023 and are expected to be completed in early 2025. Each release is broken into waves which involve the training of staff from select departments with discrete “go live” dates for certain STAAND modules. As of this report, all four waves of Release 1 have been completed, including the addition of a resource parent portal and monitoring of CFSA resource parent licensing activities, along with the successful to STAAND from largely manual or QuickBase referral processes used by the Program Services and Supports Administration and the Older Youth Empowerment Administration.

***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) set forth all licensing requirements for CFSA’s resource homes and facilities. Per CFSA policy, the Agency complies with DCMR licensing standards and applies these standards equally for kinship, foster, and adoptive homes. Standards also apply equally to employees and volunteers working in group homes and residential facilities.

To be licensed as a prospective kinship caregiver, foster or adoptive parent, or a legal guardian, DCMR requires bi-annual documentation of criminal record checks, including results from the National Crime Information Center, the Federal Bureau of Investigation, and the local police department for each residence. Record checks also include annual Child Protection Register clearances for any adult residing in the home who is age 18 or older.<sup>23</sup> Regulations further require background checks and clearances for all employees of group homes and youth residential facilities.<sup>24</sup>

In FY 2023, the Agency published a comprehensive update of the 2001 regulations governing foster homes ([Title 29 DCMR, Chapter 60 – Foster Homes](#)) to conform to changes (e.g., terminology, language, and definitions) in local and federal law and to address changes in practice. The proposed rulemaking was published in the [DC Register](#) on July 28, 2023 for a 30-day notice and comment period. The rules will be finalized upon approval of revisions by the Executive Office of the Mayor.

***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 of every child’s entry into foster care. Hearings must also occur at least every 6 months thereafter for as long as the child remains in an out-of-home placement. According to the most recent data available from the Family Court’s 2022 [Annual Report to Congress](#), 92 percent or

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<sup>23</sup> The Child Protective Register is a confidential index of substantiated or inconclusive non-criminal findings for child abuse and neglect investigations in the District of Columbia.

<sup>24</sup> For children placed in resource homes and youth residential facilities in Maryland, the Code of Maryland Regulations (COMAR) provides licensing requirements.

more of CFSA’s foster cases have had a permanency hearing within the required timeline since 2018. For cases filed in 2022 that were still pending a permanency hearing, if held in a timely manner, these resulting data points will increase the overall compliance rate.

### **Court Improvement Program (CIP)<sup>25</sup>**

CFSA, OAG, and the Family Court continue to meet quarterly to engage in 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 directly related to items identified by the Permanency Tracker as milestones in a case’s progression toward positive permanency. FY 2023 discussion topics included updates on the following programs and initiatives:

- Preparing Youth for Adulthood (PYA) – PYA is a Court Appointed Special Advocates (CASA) DC initiative created to support young adults aging out of foster care and to promote their engagement in their own court process.<sup>26</sup>
- COVID-era funding – Funding provided laptops and Chromebooks distributed throughout the community to help parents access court hearings.
- Quality Legal Representation Project – This project seeks to make independent social workers available to attorneys who represent parents to provide a social worker who works exclusively with the parent on engaging in the services identified in the case plan to help achieve reunification. Recent updates include the hiring of a social worker consultant to help design the program with the hope of launching the pilot in 2024. The social worker consultant will then assist with program administration.
- CIP Membership – The proposed expansion of CIP includes foster parents, service providers, youth formerly in care, birth parents, and children’s attorneys.

### **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.

### ***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.***

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<sup>25</sup> The U.S. Department of Health and Human Services Administration for Children and Families created the state Court Improvement Program 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.

<sup>26</sup> A court-appointed special advocate (CASA) spends time with the assigned child in foster care, getting to know the child or youth, and promoting the youth’s best interests. For more information on CASA for Children of DC: <https://casadc.org>.

Pursuant to District statutes and guidelines, CFSA provides notification of and an opportunity to be heard in neglect proceedings for foster, pre-adoptive, kinship caregivers, or legal guardians, 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. According to the most recent data available from the [Family Court Annual Report to Congress](#), the OAG filed 19 TPR motions in 2022. The median time from the filing of the original neglect petition to the filing of the TPR was 468 days, which represents a slight increase from the 2021 median of 462 days during the COVID-19 pandemic. The Court disposed of 32 TPR motions in 2022. The median time between TPR filing and disposition was 419 days, which represents a slight increase from the 2021 median of 412. Of the 32 TPRs disposed in 2022, 16 were dismissed, 10 were withdrawn, 5 were granted, and 1 was denied.

### ***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).<sup>27</sup> 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 2023, the DC ICPC office received and approved out-of-state adoption requests for 44 children, including 35 children placed in Maryland, 4 in South Carolina, 3 in North Carolina, 1 in Virginia, and 1 in Oklahoma.

## **STATISTICAL ANALYSIS OF CASES**

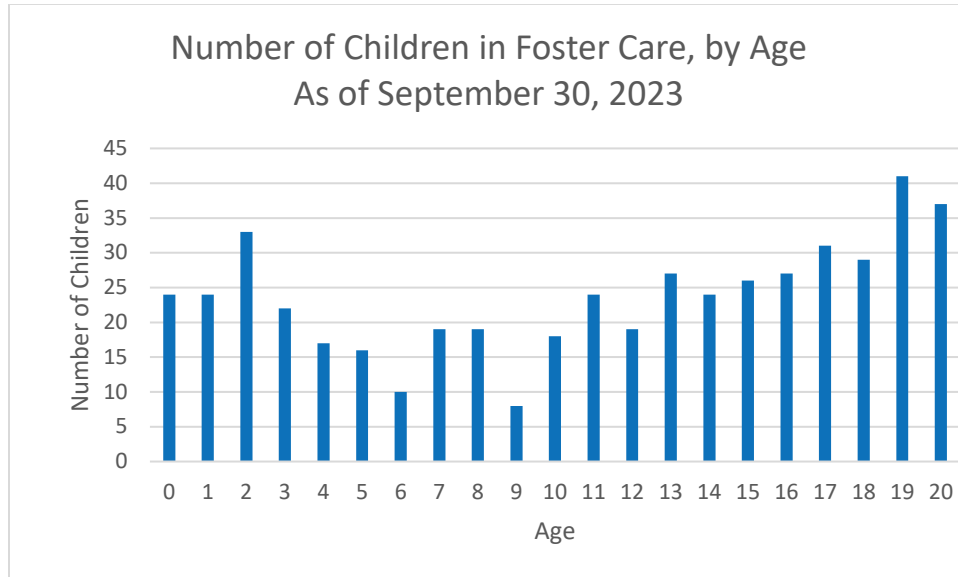
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This section highlights entry, exit, permanency, and disruption data for FY 2023. Data are disaggregated by fiscal year, age, legal status, permanency goals, months in care, and the primary reasons for entry and exit. The District's foster care population continues to decline. The total number of children in foster care as of the end of FY 2023 was 496 compared to 537 at the end of FY 2022.

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<sup>27</sup> ICPC guidelines establish uniform legal and administrative procedures governing the interstate placement of children.

The figure below details the ages of children in care as of the end of FY 2023 (September 30, 2023). Children ages birth to 5 years old comprised 27 percent of the foster care population while children ages 6-11 years old comprised 20 percent and children ages 12 to 17 comprised 30 percent. Youth aged 18 to 20 comprised 22 percent. This breakdown is similar to the breakdown at the end of FY 2022.



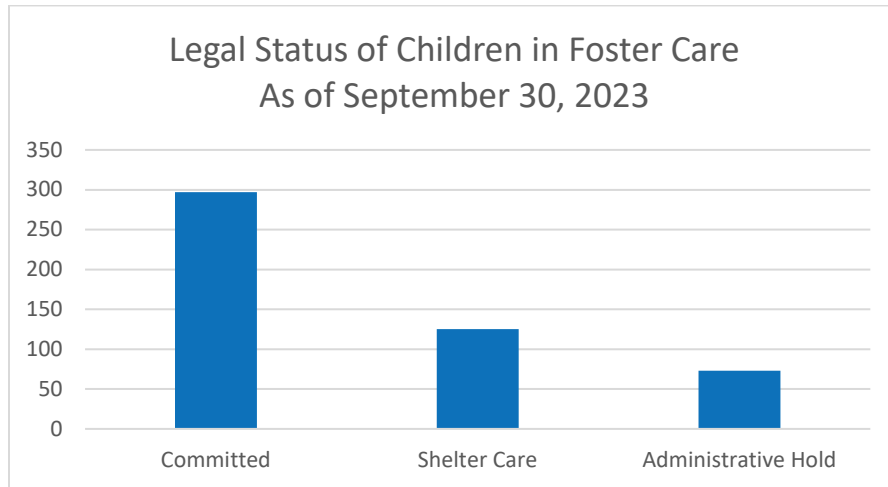
Source: *FACES.NET CMT366*

Of the 496 children in foster care at the end of FY 2023, 60 percent (n=297) had a status of *commitment* while 25 percent (n=125) had a status of *shelter care*.<sup>28</sup> The following definitions apply:

- **Commitment** – the Family Court commits a child at a disposition hearing that follows a neglect trial (adjudication) 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 removes 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 responsible for their health and well-being.
- **Administrative Hold** – Although not a legal term, the “administrative hold” applies to children removed from the home due to imminent risk, but the matter has not yet been taken into Family Court. Either the child is returned to the caregiver, or the Family Court issues a shelter care order.

<sup>28</sup> Totals are an approximation due lag times in updating the legal status of children, for example, upon entry into care or upon completion of court proceedings. The District’s new child welfare information system STAAND will include measures to promote automated updates.

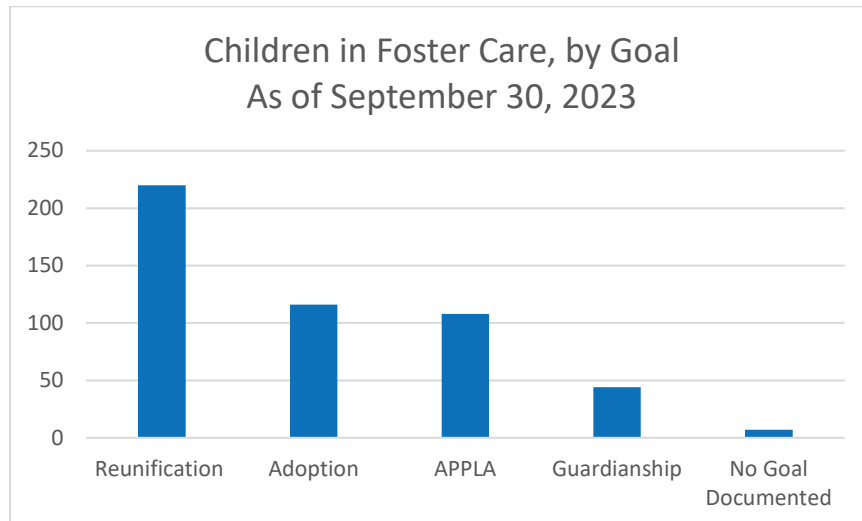
The figures below detail the legal status and goal distribution of children in care as of September 30, 2023.



Source: *FACES.NET CMT366*

\*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.

\*\*One additional child had a status of private/third party placement and is currently living with his grandmother, who is pursuing custody.



Source: *FACES.NET CMT366*

The total number of foster care entries and re-entries was 179 in FY 2023. As the table below depicts, the largest group was newborns (21 percent) with a significant proportion of children between the ages of 12 and 17 (34 percent).



FY 2023 Foster Care Entries and Re-Entries by Month													
Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
<1 Year	4	2	3	0	9	6	3	3	2	2	2	2	38
1	2	1	1	0	1	0	1	2	1	0	1	0	10
2	1	0	0	0	0	1	2	0	0	0	1	3	8
3	1	0	0	1	1	1	1	2	1	1	2	2	13
4	1	0	0	0	0	0	0	2	0	0	1	0	4
5	1	0	1	0	0	0	0	0	2	1	1	0	6
6	0	0	0	0	0	0	0	0	1	0	1	1	3
7	1	0	1	0	0	1	0	0	0	1	0	2	6
8	0	0	1	0	0	2	0	0	1	1	0	0	5
9	0	0	0	3	1	2	0	0	1	0	1	0	8
10	0	1	0	0	2	2	0	0	0	2	1	0	8
11	1	0	2	0	1	2	0	0	2	1	0	0	9
12	0	2	3	1	0	1	1	1	1	2	0	0	12
13	0	0	1	1	1	0	1	1	1	1	0	1	8
14	0	4	1	0	2	2	0	0	1	2	1	0	13
15	2	1	0	0	1	0	2	1	0	1	0	0	8
16	0	1	1	3	2	1	2	0	0	2	0	1	13
17	0	0	1	0	0	2	0	0	2	1	1	0	7
<b>Total</b>	<b>14</b>	<b>12</b>	<b>16</b>	<b>9</b>	<b>21</b>	<b>23</b>	<b>13</b>	<b>12</b>	<b>16</b>	<b>18</b>	<b>13</b>	<b>12</b>	<b>179</b>

\* This total represents a count of initial entry and re-entries (a unique count of **174** children, i.e., an individual child may have entered and re-entered more than one time). Note: age is calculated as of the entry date.

Source: Tableau

Of the 179 total entries and re-entries, 37 percent had a legal status of shelter care, 32 percent were on administrative hold, and 31 percent were committed to foster care.

FY 2023 Foster Care Entries by Legal Status Month													
Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TTL*
Shelter Care	3	4	6	0	6	8	5	3	3	13	6	9	66
Administrative Hold	5	3	5	0	9	6	2	7	9	4	6	2	58
Commitment	6	5	5	9	6	9	6	2	4	1	1	1	55
<b>Total</b>	<b>14</b>	<b>12</b>	<b>16</b>	<b>9</b>	<b>21</b>	<b>23</b>	<b>13</b>	<b>12</b>	<b>16</b>	<b>18</b>	<b>13</b>	<b>12</b>	<b>179</b>

\* This total represents a count of initial entry and re-entries (a unique count of **174** children).

Source: Tableau

As with prior reporting periods, alleged/reported neglect remains the most prevalent reason for entry into foster care (61 percent).

FY 2023 Primary Reason for Entry into Foster Care	
Primary Reason	# of Entries*
Neglect (Alleged/Reported)	110
Physical Abuse (Alleged/Reported)	18
Caretaker's Drug Use	18
Medical Neglect	15
Drug Abuse (Parent)	15
Child's Behavior Problem	10
Educational Neglect	9
Caretaker's Significant Impairment-Physical/Emotional	8
Inadequate Housing	7
Whereabouts Unknown	5
Caretaker's Significant Impairment-Cognitive	5
Caretaker ILL/ Unable to Cope	5
Relinquishment	4
Domestic Violence	4
Abandonment	4
Sexual Abuse (Alleged/Reported)	3
Alcohol Abuse (Parent)	3
Prenatal Drug Exposure	2
Inadequate Access to Mental Health Services	2
Homelessness	2
Death of Parent(s)	2
Runaway	1
Psychological or Emotional Abuse	1
Incarceration of Parent(s)	1
Diagnosed Condition	1
Death of Caretaker	1
Child's Disability	1
Child Requested Placement	1
Caretaker's Alcohol Use	1

\*Children may have multiple primary reasons for entering care. The **179** entries and re-entries in FY 2023 represent a unique count of **174** children with **0** non-court-involved children included in the overall count. There were **259** allegations in total.

Source: Tableau

Pursuant to *the CFSA Establishment Act of 2000*, 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 2023, the total number of children in foster care for 24 months or longer was 219 with subpopulation breakdowns illustrated below.

Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay Point-in-Time: End of FY 2023					
Goal	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total
Adoption	29	11	19	17	66
Another Planned Permanent Living Arrangement (APPLA)	14	19	21	37	91
Guardianship	9	6	5	8	28
Reunification	25	5	4	0	34
<b>Total Children</b>	<b>77</b>	<b>41</b>	<b>49</b>	<b>62</b>	<b>219</b>

Source: *FACES.NET CMT366*

Children Who Were in Foster Care for 24 Months or Longer by Age and Length of Stay Point-in-Time: End of FY 2023					
Age in Years	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total Children
2	5				5
3	7	1			8
4	5	3	1		9
5	3	1	0	0	4
6	0	1	2	0	3
7	5	3	1	0	9
8	6	3	1	0	10
9	2	0	1	3	6
10	3	2	1	1	7
11	6	0	4	1	11
12	4	0	1	2	7
13	3	1	2	1	7
14	5	0	3	3	11
15	4	1	1	6	12
16	3	2	2	6	13
17	8	2	4	6	20
18	4	5	6	7	22
19	5	6	10	16	37
20	6	10	8	13	37
<b>Total Children</b>	<b>72</b>	<b>40</b>	<b>48</b>	<b>65</b>	<b>225</b>

Note: Age is calculated as of September 30, 2023.

Source: *FACES.NET CMT366*

Of the 216 FY 2023 foster care exits, 24 percent involved children who had been in care for 12 months or less, 30 percent had been in care between one and two years, and 46 percent had been in care for more than two years.

FY 2023 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	0	0	2	0	0	2	1	4	6	1	2	1	19
1-6 Months	0	0	0	2	1	1	1	0	0	4	1	7	17
7-12 Months	2	0	0	1	2	0	1	3	2	3	1	1	16
13-24 Months	3	5	5	11	9	3	6	3	6	4	2	7	64
25+ Months	6	6	6	16	8	11	6	7	12	8	10	4	100
<b>Grand Total</b>	<b>11</b>	<b>11</b>	<b>13</b>	<b>30</b>	<b>20</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>26</b>	<b>20</b>	<b>16</b>	<b>20</b>	<b>216</b>

Source: Tableau

Children between the ages of birth and 5 accounted for 38 percent of the FY 2023 exits, while children between the ages of 6 to 12 years old represented 25 percent of exits.

FY 2023 Exits from Foster Care by Age and by Month of Exit													
Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
<1	0	0	0	0	0	1	0	2	1	1	0	1	6
1-5	5	2	5	8	9	7	4	6	9	6	8	6	75
6-12	1	1	3	6	3	2	5	3	10	7	4	8	53
13-15	2	3	3	4	3	1	1	2	1	1	1	2	24
16-18	1	1	0	2	2	3	2	1	1	3	1	2	19
19+	2	4	2	10	3	3	3	3	4	2	2	1	39
<b>Total</b>	<b>11</b>	<b>11</b>	<b>13</b>	<b>30</b>	<b>20</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>26</b>	<b>20</b>	<b>16</b>	<b>20</b>	<b>216</b>

Source: Tableau

FY 2023 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	7	9	7	20	12	9	11	11	8	16	7	13	130
Administrative Hold	2	1	3	6	2	2	2	5	9	1	5	5	43
Shelter Care	2	1	2	4	5	6	2	1	9	3	4	2	41
Protective Supervision	0	0	0	0	1	0	0	0	0	0	0	0	1
Relinquishment	0	0	1	0	0	0	0	0	0	0	0	0	1
<b>Grand Total</b>	<b>11</b>	<b>11</b>	<b>13</b>	<b>30</b>	<b>20</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>26</b>	<b>20</b>	<b>16</b>	<b>20</b>	<b>216</b>

\*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 216 exits in FY 2023, reunification and adoption were the most common outcomes, accounting for 42 percent and 30 percent of exits, respectively. Additionally, 15 percent of the population aged out of care.

FY 2023 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	3	0	7	13	8	4	5	7	17	5	7	15	91
Adoption Finalized	5	4	4	8	8	7	5	3	5	7	5	4	65
Guardianship Finalized	1	3	0	0	2	2	2	3	1	5	2	1	22
Emancipated	1	4	2	8	2	4	3	3	2	2	2	0	33
Deceased	1	0	0	1	0	0	0	0	1	1	0	0	4
Transfer to another agency	0	0	0	0	0	0	0	1	0	0	0	0	1
<b>Total</b>	<b>11</b>	<b>11</b>	<b>13</b>	<b>30</b>	<b>20</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>26</b>	<b>20</b>	<b>16</b>	<b>20</b>	<b>216</b>

**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

FY 2023 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	3	0	7	9	8	4	5	8	16	5	4	14	83
Adoption	6	4	4	9	8	8	5	3	5	7	7	4	70
Guardianship	1	3	0	0	2	2	2	3	2	5	3	2	25
APPLA	1	4	2	10	2	3	3	2	3	3	2	0	35
No Goal ††	0	0	0	2	0	0	0	1	0	0	0	0	3
<b>Grand Total</b>	<b>11</b>	<b>11</b>	<b>13</b>	<b>30</b>	<b>20</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>26</b>	<b>20</b>	<b>16</b>	<b>20</b>	<b>216</b>

**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. Permanency goals for children in foster care for more than 180 days must be “Court Approved” to be reported as valid in FACES.

Source: Tableau

FY 2023 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	19	15	11	29	9	83
Adoption	0	0	1	29	40	70
Guardianship	0	0	4	5	16	25
APPLA	0	0	0	1	34	35
No Goal ++	0	2	0	0	1	3
<b>Grand Total</b>	<b>19</b>	<b>17</b>	<b>16</b>	<b>64</b>	<b>100</b>	<b>216</b>

Source: Tableau

In FY 2023, there were 588 placement moves, not counting temporary periods where youth required respite care or were otherwise absent from placements. Of this number, 134 were decidedly positive, as they included moves to the home of an adoptive resource, placement of siblings together, or discharge to a less restrictive environment. An additional 82 moves were entered in to FACES.net as “proximity to family.” This category has ambiguous implications. Although it is often selected by social workers when children are placed with relatives or placed closer to their birth family, it can also involve cases where children are moved because proximity to family is not in their best interests. The remaining 372 moves are presented below as “disruptions” for reporting purposes. They include instances in which the child requested a change, the provider requested a change, the placement provider cannot meet the child’s needs, the provider is temporarily unavailable, there is change of service, the child requires a different level of care, the provider’s contract ended, or the youth voluntarily left.

FY 2023 Placement Disruptions by Placement Type	
Placement Type	Total Disruptions
Foster Homes (Kinship)	22
Foster Homes Traditional	244
Congregate Care/Independent Living Program	30
Other (not in legal placement, secure institution, residential treatment facility)	76
<b>Total</b>	<b>372</b>

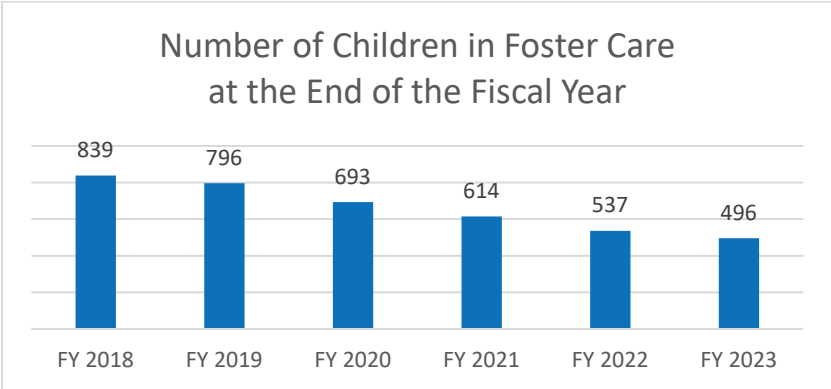
Source: FACES.Net Management Report: PLC 010 and PLC 257

## REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE

CFSA continues to fund prevention programs to help reduce the need for children to come into foster care and reduce the possibility for families to become involved with CFSA initially, if there is an in-home case, or to achieve permanency quickly. CFSA believes that all families served by the District’s child and family well-being system have strengths and in most cases, combined with community

supports, families can safely raise their children to healthy adulthood. However, clinical, social, and environmental barriers, such as substance use, mental health, domestic violence, and community violence continue to impact the District’s children and families. Often these barriers require a child’s entry into foster care for the safety of the child. The Agency acknowledges that foster care is a traumatic experience for children and families and that entry into the system should only be considered after all alternatives have been explored. As a result, CFSA and its partners continue to explore strategies and appropriate services to prevent entry. These efforts are ongoing despite the trending decrease in the number of children in foster care. CFSA desires the reduction of its foster care population with the increase of in-home services.

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



## EVALUATION OF SERVICES OFFERED

### Community-Based Family Support Services

CFSA continues to contract and coordinate with its community-based partners to provide families with a range of services that promote safety, stability, and well-being. All services are available District-wide and will remain available during FY 2024. As described earlier, many service locations are concentrated in areas that have historically observed higher levels of child welfare involvement or increased environmental risk factors, including Wards 7 and 8, and certain neighborhoods within Ward 5. The service providers, also described earlier, include the Community-Based Child Abuse and Prevention

(CBCAP) grantees, the Families First DC Family Success Centers, and the Healthy Families/Thriving Communities Collaboratives.

While many services target specific populations, there are no demographically-based eligibility criteria for accessing services. Depending on the specific need, services are available to the families that are unknown to CFSA, the families that are known to CFSA but have no open case, and the families that have an open CFSA in-home or out-of-home case.

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

### **Family Preservation Services**

As part of CFSA's 5-Year Family First Prevention Plan which launched on October 1, 2019, the Agency continues to provide the family preservation services that help keep children safely at home. CFSA also offers a diverse array of services and resources through its partnerships with public and private agencies. The Agency will continue through FY 2024 to leverage federal funding through Title IV-E prevention services for families known to CFSA. Similarly, the Agency will maximize local and federal funding for upstream prevention services through the Keeping DC Families Together initiative for families not known to CFSA. The following family preservation services, described earlier, are ongoing:

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

### **Time-Limited Family Reunification Services**

The following key supports for families, described throughout this report, will continue in FY 2024:

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

### **Adoption Promotion and Support Services**

CFSA's supportive pre- and post-adoption and guardianship services include general information, resources, and referrals. Prior to guardianship or adoption finalization, the assigned social worker notifies the prospective family of the available post-permanency services. In adoption cases where children present with diagnosed clinical needs, the Agency ensures service delivery through the



Program Services and Supports Administration, e.g., individual and family therapy through a referral made by the Post-Permanency Unit. The Post-Permanency team can assist families in identifying support groups and other community support for adoption and guardianship cases. These services will continue in FY 2024, along with community-based therapeutic services through other agencies.

## EVALUATION OF AGENCY PERFORMANCE

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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.

### Four Pillars Measurement Framework

CFSA successfully completed the terms of the *LaShawn* Settlement Agreement in FY 2022.<sup>29</sup> Serving as the independent validation agent for CFSA's data, the Center for the Study of Social Policy confirmed that CFSA was accurately publishing performance on the agreed-upon metrics and that CFSA's performance was stable.

In finalizing the *LaShawn* Settlement Agreement, the Agency updated its performance measures to include "meaningful metrics" for CFSA's particular performance in placement stability, visitation, and permanency. To develop these metrics, CFSA consulted with Chapin Hall, a national expert in child welfare data, ensuring the validity and utilization of national standards and best practices.

In June 2023, CFSA published its third edition of the [Four Pillars Performance Report](#), covering Agency performance FY 2022 along 42 metrics related to three overarching categories: (1) child safety, placement stability, well-being, and permanency; (2) child welfare workforce caseloads and training; and (3) resource parent training.

### 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

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<sup>29</sup> The [LaShawn Exit and Sustainability Plan](#) marked the end of *LaShawn A. v. Bowser*, a 31-year-old class action lawsuit filed in federal court on behalf of children in the District's foster care system.

- Hotline calls by referral type
- Investigations of abuse and neglect
- Special investigation types
- Opened and closed in-home cases
- Number of investigations of abuse and neglect
- Number of exits by reason

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

### Quality Service Reviews (QSR)

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

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

In calendar year (CY) 2023, CFSA scheduled reviews for a total of 135 randomly selected cases using the QSR process. Of these 135 cases, CFSA social workers were case managing 35 (26 percent) where children were living in foster care (kinship caregivers as well as non-relative caregivers). CFSA’s contracted private agencies case managed 15 foster care cases (11 percent). CFSA also case managed an additional 85 cases (63 percent) for families receiving services in their own homes. As of the submission of the Annual Public Report, the QSR Unit was still reviewing CY 2023 cases. Accordingly, the QSR Unit had not yet finalized the overall acceptable ratings for the domain of Child and Family Status nor for the domain of Practice Performance. The APR will include CY 2023 data for next year’s report.

The table below describes the Agency’s top practice strengths and areas of challenge as identified in the CY 2022 [Annual Quality Service Review Report](#).<sup>30</sup>

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<sup>30</sup> The 2023 Annual QSR Report will be publicly available in May 2024.

Practice Areas of Strength	Practice Areas of Challenge
<p><b>Engagement of Birth Mothers:</b> The team provided culturally competent outreach efforts to find and engage birth parents in the case planning process. The team ensured accommodations for birth mothers' schedules and adjusted mothers' needs for virtual attendance at case planning meetings, based on the COVID-19 pandemic continuing into 2022. The team developed a trust-based relationship.</p>	<p><b>Engagement of Birth Fathers:</b> The team may need to expand upon and maximize successful engagement efforts. The team might need to deepen its understanding of birth fathers' risks, and underlying needs, and bio-psycho-social functioning and progress. The team may also need to increase understanding of any supportive services and outcomes.</p>
<p><b>Teaming:</b> (Formation, Functioning, Coordination) All of the people with appropriate skills and knowledge have formed an excellent working team. Team members function as a unified group with excellent working relationships amongst themselves and the child and family. There is evidence of excellent leadership and effective coordination for service organization and integration of goals and service delivery.</p>	<p><b>Assessment of Birth Fathers:</b> A father's functioning and support systems may not be well understood. There is limited information on the father's strengths, risks, and underlying needs for service referrals. Absent or incorrect assessments may also impact tailored service referrals. A completely new assessment may be required.</p>
<p><b>Planning Interventions:</b> Social workers and service providers are ensuring that children are reaching life outcomes that are meaningful, measurable, and achievable (safety, physical and emotional well-being, a solid and well-planned path to permanency, academic progress, etc.). There is well-reasoned planning with agreed upon goals and intervention strategies that relate to the identified goals and outcomes for family success after case closure.</p>	<p><b>Pathway to Case Closure:</b> Team members may not understand or agree with the case goal. Marginal or inconsistent efforts have been made to achieve the permanency goal or to remove any barriers to permanency. Steps to achieve case closure may not have been identified or steps do not fully address the reasons the case was first opened with the Agency.</p>
<p><b>Supports and Services:</b> The combination of formal and informal supports and services fit the child and the family's situation. The delivery of interventions is effective and demonstrates effective help to the family to achieve sustained permanency.</p>	<p><b>Tracking and Adjustment:</b> Intervention strategies may not be responsive to changing conditions of the family or the child's circumstances. Monitoring of the case may be inadequate for adapting to needs.</p>

## Child and Family Services Review

The District is currently working with the federal government's Administration of Children and Families to conduct a Round 4 [Child and Family Services Review](#) (CFSR). Taking place between the fall of 2023 and the fall of 2024, the CFSR involves a comprehensive evaluation of services across the child welfare continuum. Driven by recent data, historical comparisons, and qualitative input from internal and external stakeholders, the CFSR will explore the District's clinical performance on specific in-home and out-of-home sample cases, as well system-wide functioning in such areas as training, quality assurance monitoring, court timelines, resource parent recruitment, and the service array. CFSA's quality assurance and planning specialists have been actively partnering with clinical staff, attorneys, court personnel, resource parents, community partners, advocates, and most notably, children and families with CFSA involvement in order to ensure the right questions are being asked and that the stakeholder

voice continues to be an agent of positive change in the District’s child and family well-being system. Details on CFSR progress and results will be provided in the FY 2024 Annual Public Report.

### NEXT STEPS FOR ADDITIONAL LEGISLATION OR SERVICES

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

Law/Regulation	Action	Purpose/Justification
<b>B25-0243 – Child and Family Services Agency Investigation Completion Amendment Act of 2023</b>	Amend Law; hearing was held November 2, 2023	<p>To amend the Prevention of Child Abuse and Neglect Act of 1977 (D.C. Law 2-22; D.C. Official Code § 4-1301.06) to require an investigation of alleged child abuse and neglect to be completed within 45 days and to require that an investigation involving a report of a child fatality, sex trafficking, or abuse or neglect occurring in an institutional setting be completed within 60 days.</p> <p>To rescind the Family Assessment practice provisions.</p>

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

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December 21, 2023

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) counsels the Mayor of the District of Columbia on cross-cutting issues relevant to child abuse and neglect. This collaborative advisory body addresses prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, adoption, and 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, disseminating information to DC agencies and the public. Annually, the DC Mayor, MACCAN, and CFSA recognize April as child abuse month to highlight the importance of child abuse prevention in DC and honor the families, communities, and staff who support them. Representatives of MACCAN participate broadly as collaborators in planning workgroups on child welfare and maltreatment. We applaud CFSA and all its staff and partners for their tireless efforts.

*Prevention Programs.* Currently, CFSA supports numerous commendable programs focused on prevention in response to the community's needs throughout DC, with increased efforts in Wards of the city with the highest risk of child maltreatment. Programs address social determinants of health (SDOH), defined by the CDC as "conditions in the place where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes." The District's Family Success Centers, or "Collaboratives" in underserved areas of the District, target upstream prevention with families not known to CFSA leveraging federal prevention funds with attention to SDOH. The Collaboratives have grown in their services and impact in their community. MACAAN emphasizes the need for continued evaluation of the Success Centers to grow and sustain their effect on the community as a key prevention effort. Addressing social determinants of health that affect child abuse and neglect through the Success Center includes programs that address food insecurity, financial literacy, housing, and other concrete supports to reduce the effects of poverty.

A program such as the Parent Engagement, Education, and Resource (PEER) Support Team has strategic approaches to parental engagement. In-house resources of support specialists who have lived experience with the child welfare system can provide support to

improve parental engagement with those with child welfare involvement. Interactive online sessions for parents allow for facilitated conversations on topics relevant to parents' experiences and needs. The Dad Lab supports fathers' engagement and promotes fathers' meaningful involvement in their children's lives. MACAAN applauds these promising approaches and encourages continuous improvement based on evaluation data.

*Courts.* Virtual meetings and hearings were necessary for safety, health concerns, and convenience during COVID-19 to facilitate attendance at hearings. Post the pandemic in 2023, judges continue to determine on a case-by-case basis whether to require in-person or hybrid court activities, which benefits families involved in the court processes. The Superior Court's Reimagining the Courts Plan is applauded for the flexibility of hybrid meetings. Trials and evidentiary hearings are 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 physically present in the courtroom. The support for in-person, virtual, and hybrid options must remain available as decided by the court to increase families' and other participants' ability to attend hearings while maintaining the integrity of the hearing process.

We are excited about continued innovations for programs by CFSA, including pilot projects. As part of the Court Improved Program (CIP), the Quality Legal Representation program seeks to make independent social workers available to attorneys representing parents to provide a social worker who works exclusively with the parent to engage in the services identified in the case plan to help achieve reunification goals. The project hopes to begin design and launch in 2024. Facilitating parental engagement with the courts through enhancing access to court activities and personalizing social work resources with legal representation are positive strategies for reunification. Preparing Youth for Adulthood (PYA) by CASA DC is another important engagement initiative to support young adults aging out of foster care in their court process. MACCAN is pleased to see the programs to support engagement with courts for youths, families, and resource support.

*Sex trafficking* is an issue of concern for families identified by MACAAN for increased attention. CFSA uncovers sex trafficking through investigations. CSEC convenes meetings in cases that are court-involved as well as those that are not. Related services and support are critical elements of CFSA's efforts to prevent separations, reunify families, and achieve permanency. The HOPE Court, a specialty court for young people who have been trafficked or who are at high risk of being trafficked, is a valuable resource. MACAAN is highlighting the prevention of sex trafficking and services and intervention for those affected in the community as a theme for its annual April child abuse prevention month. A cross-cutting approach across DC agencies is key to addressing sex trafficking. MACAAN members represent many of the collaborative agencies and community organizations to leverage

resources to combat sex trafficking and its negative effects on individuals, families, and our communities.

As CFSA continues to increase programmatic efforts, MACAAN looks forward to evaluation data to understand where there are gaps, areas, and strengths to adapt programs. MACCAN applauds CFSA for summary data in the report and community-based programs highlighted in this report. The new Comprehensive Child Welfare Information System (CCWIS): Stronger Together Against Abuse and Neglect in DC (STAAND), which meets the federal requirements for functionality and efficiency necessary to track real-time data alongside ongoing practice, will be a helpful tool not only summary data but for monitoring progress and designing program evaluation to for improvements and building sustainability of successful program.

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

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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

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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](#)

The third published report covers the entire Fiscal Year 2022 and provides performance data and outcomes on 42 performance measures included in the Four Pillars Performance Framework. [Link](#)