2010- 2014 Child and Family Services Plan - Final Annual Report

The District of Columbia Government

Child and Family Services Agency

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INTRODUCTION

The Child and Family Services Agency's (CFSA or Agency) *Final Report for the 2010 – 2014 Child and Family Services Plan (CFSP)* addresses the prescribed qualitative and quantitative federal reporting requirements associated with the following programs:

- Title IV-B of the Social Security Act:
  - ✓ Sub-Part I (Stephanie Tubbs Jones Child Welfare Services [CWS] Program)
  - ✓ Sub-Part II (Promoting Safe and Stable Families [PSSF] Program)
  - ✓ Monthly Caseworker Visitation (MCV) Supplemental Grant
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant Program
- Chafee Foster Care Independence Program (CFCIP)
- Education and Training Vouchers (ETV) Program

This CFSP Final Report satisfies CFSA's reporting obligations under federal regulations (45 CFR 1357.16). It provides the Administration for Children and Families (ACF) with CFSA's final review on the District's progress in achieving the CFSP goals, objectives, and measures of progress during the last year. In addition, it provides a summary of accomplishments made for fiscal years 2010 through 2014.

Planned strategies and activities for the upcoming and future fiscal years are outlined in CFSA's *2015 – 2019 Child and Family Services Plan*, which is submitted under separate cover.

I. TITLE IV-B NARRATIVE UPDATE

INTEGRATION OF THE CHILD AND FAMILY SERVICES REVIEW (CFSR) PROGRAM IMPROVEMENT PLAN (PIP)

The goals of the 2010-2014 CFSP were intentionally aligned with the Agency's 2007 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) requirements. Through a series of meetings with key stakeholders through the city's child welfare system[1], the District developed a PIP that featured five key themes: (1) promoting child safety during the investigations process, (2) improving in-home services, (3) enhancing family engagement in case planning, (4) reducing the time to affect permanency, and (5) improving educational outcomes for children[2] in foster care. Within these themes, CFSA put in place a series of strategies and practice improvement activities with an eye toward child safety, permanence, and well-being.

Shortly after CFSA successfully completed its PIP in 2011, the themes therein directly informed the Agency's development of the *2012 Strategy Plan.* This plan features the *Four Pillar Strategic Framework* around which CFSA's current case practice flows. The framework is a bold offensive to improve

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[1] CFSR/PIP stakeholders included representatives from

[2] For purposes of this document, the term "children" is inclusive of ages 0 up until age 21, i.e., inclusive of infants, teens, and older youth (unless otherwise specified according to context).

outcomes for children and families involved with District child welfare. It builds upon the practice and policy momentum that CFSA achieved in completing its PIP while emphasizing four primary areas of practice that uphold the Agency's mission. Each pillar features a values-based foundation, a set of evidence-based strategies, and a series of specific outcome targets.

Pillar One: Front Door

CFSA strategies and services are geared toward affording children the opportunity to grow up safely at home with their families. Prevention programs and evidence-based approaches, such as the Differential Response (DR) model,[3] are CFSA's primary vehicles for family stabilization and support. When children come to its attention, CFSA's priority is to identify, locate, and engage relatives at the earliest possible stages of case planning.
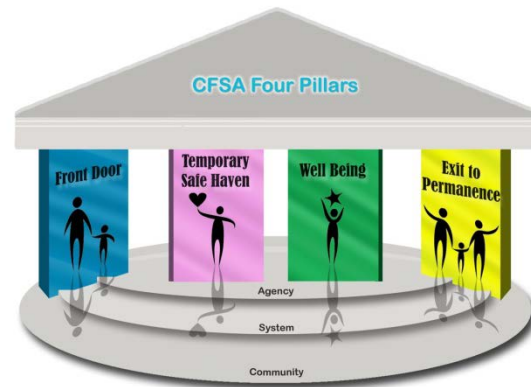
Pillar Two: Temporary Safe Haven

Out-of-home placements are interventions of last resort. When placement into foster care is necessary, CFSA aims to make such placements short-lived by planning the child's exit from the child welfare system on the same day s/he enters care. The Agency immediately seeks out relative placements. If relative options are unavailable or inappropriate, the most appropriate and family-like setting is sought. Regardless of placement setting, CFSA keeps children who are in the foster care system closely connected to their schools and communities. Additionally, the Agency actively promotes and strives to preserve birth family relationships through frequent, intentional, and high-quality visits, which include maternal, paternal, and sibling connections. CFSA also focuses its efforts on expediting the achievement of permanency through reunification, guardianship, or adoption.
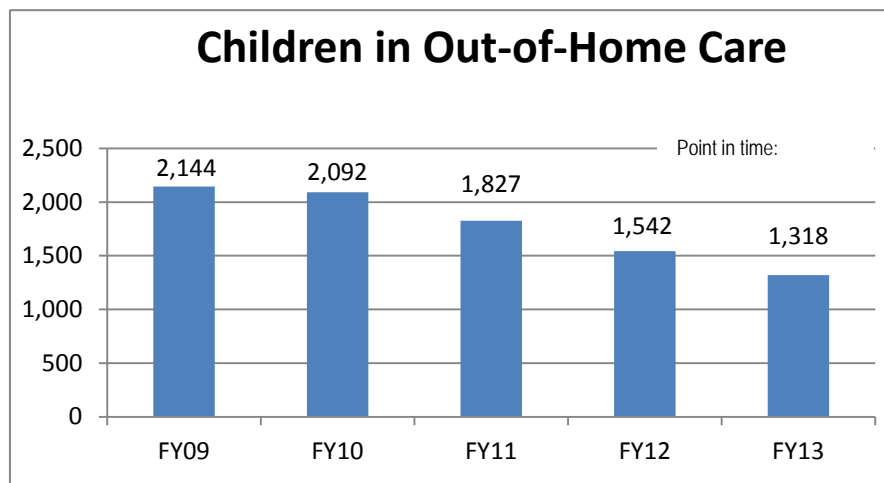
Pillar Three: Well-Being

Every child is entitled to a nurturing environment that supports his or her growth and development into a healthy, self-assured, and educated adult. Accordingly, CFSA and its partners take steps to address educational, mental health, and physical health issues to ensure that children receive the supports they need to thrive. To this end, CFSA is incorporating evidence-based practices that address underlying issues of trauma and mental health in addition to chronic diseases and other medical issues. Educational achievement is another Agency goal for all children in care, beginning in early childhood education and continuing through high school and college or vocational school.

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[3] With Differential Response (DR), traditional child protection investigations are no longer the sole approach to engaging families around allegations of maltreatment. Under DR, CFSA may refer families directly to investigations or under certain neglect allegations with no immediate safety concerns, families are referred for a Family Assessment (FA). FA differs from a traditional investigation in that the FA social worker utilizes clinical skills to partner with the family, who must agree to participate, to develop a service plan to meet their needs. Families who participate in the family assessment are not assigned a substantiation decision. Additional information is located on CFSA's website: http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPS%2520DR%2520Family%2520Assmnt%2520GUIDE.pdf

Pillar Four: Exit to Positive Permanency
It is CFSA's goal that every child exits foster care as quickly as possible to a well-supported family environment or lifelong connection. Once permanence is achieved, CFSA staff offers support to families to ensure the sustainability of that permanence, including services to maintain stable family connections and to reduce the likelihood that the child will re-enter the system. The Agency also strives to ensure that older youth exit foster care with the proper skills to ensure self-sustainability, including appropriate community-based aftercare services, an appropriate education, and the life skills necessary to help them become successful, self-supporting adults.

DATA OVERVIEW

Children in Out-of-Home Care

FY	Count
FY09	2,144
FY10	2,092
FY11	1,827
FY12	1,542
FY13	1,318

Point in time:

The foster care population has dropped by more than 50 percent over the last decade.

The overall population of youth in out-of-home care decreased significantly during the current CFSP period. For example, there was been a 39 percent reduction in the foster care population by the end of FY 2009 when there were over 2,000 children in care. At the end of FY 2013, there were 1,318 children in foster care. Of that population, 678 of the youth were 13 and 21 years old (51 percent of the total foster care population). This figure indicates a one percent decrease from FY 2012 but continues a trending decline since a high of 58 percent in FY 2007.

Also worth noting, by the end of FY 2013 there were a number of permanency goal-related "firsts" for the Agency. The permanency goal of *guardianship* was FY 2013's most common goal among children in foster care (30 percent), edging out *reunification* at 28 percent. As well, the percentage of youth in care with a goal of *Alternative Planned Permanent Living Arrangement (APPLA)*[4] fell to 17 percent, an all-time low.

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[4] Alternative Planned Permanent Living Arrangement (APPLA) is a termed coined by the U.S. Congress during the writing of the *Adoption and Safe Families Act* (ASFA) and came into existence as a result of federal concern for youth who were languishing indefinitely in the foster care system. APPLA is *only* a viable permanency option if CFSA documents a compelling reason for why it would not be in the interests of the youth to return home, or to be referred for termination of parental rights, or placed in a pre-adoptive home with a fit and willing relative, or with a legal guardian.

In FY 2013, CFSA experienced a 19 percent drop from FY 2012 in the number of entries into foster care.

CFSA continues to *narrow the front door* to the child welfare system. In FY 2013, there were 409 entries[5] into foster care, which is down from 508 in FY 2012. This is a 48 percent reduction from the 5-year high of 794 foster care entries in FY 2010.

Entries into Foster Care

FY	Entries
FY09	661
FY10	794
FY11	604
FY12	508
FY13	409
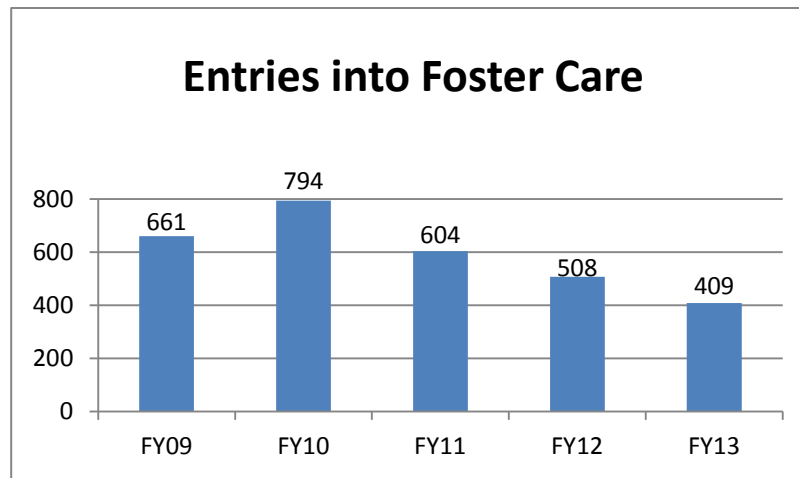
II. ASSESSMENT OF PROGRESS ON GOALS, OBJECTIVES AND SERVICE ARRAY

Today's CFSA is high functioning while continuing to aim its sights towards ongoing growth and development of services in accordance with the ever-changing needs of the District's population. Mirroring a national trend during the years of the CFSP (2010-2014), the foster care population began to drop while the number of families receiving in-home services increased. For example, in 2011, the number of children served in-home versus in foster care was still about equal. By the end of 2012, children served in-home increased to 55 percent while children served in foster care decreased to 45 percent. In response to this ongoing trend, the Agency has set forth its goals, objectives, and service array.

Growing emphasis on diverting families from traditional CPS investigations and increasing in-home cases stimulated CFSA to take a comprehensive look at services and resource needs for these families. This helped to inform some promising organizational shifts as well as reinforcing the Agency's belief that the District was well-positioned to implement a demonstration project with a Title IV-E waiver.[6] One immediate organizational step has been to transform the Agency's staffing mix by replacing para-professional social services assistants with professional family support workers (FSW). FSWs have a degree specifically related to social services and are better equipped to complement social worker efforts by supporting essential case management activities and furthering clients toward their case plan and permanency plan goals. Further organizational changes realigned and re-focused staff resources at the "front door" by introducing the DR model in response to Hotline reports of alleged child abuse and

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[5] This number includes re-entries of children who had previously been in foster care.
[6] CFSA successfully applied for the Title IV-E waiver in 2013. Additional details on the waiver begin under Goal 1 and continue throughout the document with highlights under Section VII: Child Welfare Demonstration Project.

neglect. As noted earlier, the DR model allows CPS to determine whether safety issues require a formal investigation or a Family Assessment (FA). Additional changes included an increase in the resources and front-door focus of the Kinship Support Unit, increasing the possibility of children staying with family if placement and out-of-home care is necessary for their safety.

From a practice perspective, CFSA implemented several new initiatives, including utilization management reviews during the foster care placement process, the RED (review, evaluate, direct) team[7] group decision-making approach, and JumpStart case reviews for older youth who are preparing to exit foster care. All of these strategies and processes have tightened practice and promoted the District's child welfare system's progress toward positive outcomes for children and family.

From a resource and capacity perspective, strategic partnerships among community-based organizations and sister government agencies have placed the District's child welfare system in a strategic position for quick and appropriate responses to the complex issues facing its population. These achievements and others are discussed in the following pages.

SAFETY

Goal 1: *Prevent children from entering the child welfare system.*

Objective: **Create a community-based preventive services program for at-risk children and families.**

CFSA understands the profound impact of child maltreatment and therefore continues its commitment to promote children's safety, to ensure their healthy development, and to support stronger families in the District. It does so by supporting community preventive service programs and practices that work to prevent abuse and neglect. Whenever possible, CFSA selects evidence-based practices while also giving conservative attention to practices that are effectively in use by other jurisdictions.

During the 5-year period under review, CFSA continued its partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives). Each of the five Collaboratives is strategically located in different neighborhoods throughout the District where larger numbers of families have historically had greater contact with the child welfare system. CFSA contracts with these Collaboratives to provide families in their communities with access to a range of services that fall within four over-arching service categories:

- Family Supportive Services – these services include areas such as emergency assistance, crisis intervention, parent education and training, and fatherhood engagement.
- Partnership for Community Based Services (PCBS) - The PCBS intervention was designed in 2008 to stabilize families in their home environment and mitigate risk factors that might

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[7] RED teams are comprised of individuals representing various administrations within the Agency, depending on the case being reviewed. For example, RED team members may be staffed from CFSA's Child Protective Services (CPS) administration, the In-Home and Permanency administrations, mental health and kinship services, and/or CFSA's contracted community partners, the Healthy Families/Thriving Communities Collaboratives. Each RED team has a unique focus depending on the program area.

otherwise lead to a child's entry into foster care. This included co-location of 10 CFSA in-home units in the Collaborative communities for cases that were open with the Agency but did not involve a home removal. Currently, the Agency utilizes a newer, distinct teaming approach with in-home cases and Collaborative services that maintains co-location of staff but supplements case management through reviews by the RED teams.

- Youth Aftercare Services – CFSA provides intensive case management services to youth before, during, and immediately after their transition from the foster care system. After a youth transitions from foster care, the youth are eligible for aftercare services for 2 calendar years. Services are provided by CFSA's contracted partnership with the Collaboratives as well as CASA of DC.[8] Services include assistance in the search for stable housing, ongoing life skills development, employment or vocational guidance, etc.
- Community Capacity Building – This category encompasses a range of efforts on the part of Collaborative staff and their community partners to strengthen and expand neighborhood resources available to community residents. Capacity building includes improved collaborations among neighborhood service providers, and an improved ability of communities to develop various issue-based activities and initiatives.

Collaborative services are available to families who are referred by CFSA and to those who self-refer or are referred through the assistance of other third-party agencies. This ongoing collaboration of service delivery remains a critical part of the family support infrastructure in the District. It provides the crucial opportunity for families to have universal access to services in their communities.

In addition to the Collaboratives, CFSA continues to partner with community-based providers to develop a continuum of preventive services for at-risk children and families. Efforts include primary prevention programming through grant-funded programs under the Grandparent Caregiver Program, the Parent Education and Support Project (PESP) and Home Visitation, and also through collaboration with the DC Children's Trust Fund (DCCTF).

The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. The Trust also builds the capacity of local groups to implement child abuse prevention programs through targeted funding and technical assistance. Established in fiscal year[9] (FY) 2013 by DCCTF, *The Center for Excellent Parenting & Communities* addresses the training needs of parents. The Center focuses on three broad categories: (1) parent education, (2) parent support, and (3) community awareness. CFSA continues to partner with DCCTF to support expansion of the District's network of coordinated child abuse prevention resources and activities.

To ensure efficacy of these and other contractual partnerships (i.e., the Collaboratives and private providers), CFSA and its grantees have focused on programmatic evaluations to determine the impact of services. Grantees are responsible for monitoring and evaluating program activities, including a review of the appropriateness, quality, and timeliness of each service. Additionally, grantees monitor and evaluate achievement of program objectives.

Objective: **Provide access to a continuum of community-based services that meet families' needs.**

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[8] Court Appointed Special Advocates of DC
9 October 1st – September 30th

During the 5-year period under review, CFSA has maintained its close working relationships with other District agencies, contracted providers, and community-based organizations to continue providing District families with a comprehensive continuum of services. With these collaborative relationships, CFSA has identified and addressed gaps in services, as well as barriers, in its ongoing efforts to structure a system whereby families experience a seamless process as they seek help to address their needs.

As noted above, one of the Agency's strongest partnerships is with the Collaboratives. Strategically located in five District neighborhoods that have large numbers of families who have historically come into contact with the child welfare system, the Collaboratives increasingly serve as a "one-stop shop" or as "community hubs" that facilitate the provision of the community resources and supportive services needed by these vulnerable families.

The Collaboratives may provide supportive services to the family as part of the case plan, as well as assisting with the transition toward case closure and supporting the family after case closure. These services fall into the following four categories: (1) family supportive services, (2) case management services, (3) youth aftercare services, and (4) community capacity building.

This last category, the community capacity building, is one of the Collaboratives most important responsibilities. It is intended to foster and to improve collaboration among neighborhood service providers as well as to improve the ability of communities to respond to resident needs. This makes Collaborative information and referrals more effective for neighborhood residents who are looking for services such as housing and utility assistance, employment assistance, mental health services, and emergency food and clothing.

CFSA also has received grant-making authority under the *Child and Family Services Agency Grant-Making Amendment Act of 2008*, DC Law 17-199 (effective July 18, 2008). This authority, has afforded the Agency the opportunity to seek out additional evidence-based models and promising practices designed for children and families who are either at risk of involvement with CFSA or who are currently receiving services from CFSA. Through the grant-making process, CFSA has sought to expand the current array of child abuse and neglect prevention and intervention resources (as described below), and to develop a network of community-based providers who are committed to meeting the needs of the District's children and families.

CFSA utilizes a combination of dedicated local and federal (Community-Based Child Abuse Prevention) funds to support an array of prevention resources in the District, including the Parent Education and Support Project (PESP). PESP promotes sustained engagement of parents in specialized parent education programs in conjunction with the development of ongoing or peer supported post-intervention programs. Its community-based grantees are non-profit organizations that work within specific neighborhoods and address specific populations with unique needs.

Since the beginning of this review period, the District's Department of Behavioral Health (formerly the Department of Mental Health) has funded the *Children and Adolescents Mobile Psychiatric Services (ChAMPS)* program. This program provides timely, 24-hour, 7 days-a-week intervention to help children manage extreme emotional behavior when they are facing a behavioral or mental health crisis. ChAMPS is free to any child residing in Washington, DC, including any child receiving CFSA in-home services or DC ward residing in Maryland foster homes. The highly trained ChAMPS' crisis teams are deployed to the home to assess the situation and to determine the best course of action to help a child stay at home. In

FY 2013, 154 calls were made to initiate ChAMPS services; in FY 2014, 88 calls were made for services.[10]

To further the Agency's vision of an enhanced continuum of services, CFSA submitted a 2013 application for a Title IV-E Child Welfare Waiver. The approval of CFSA's waiver application allows the Agency to redirect funds that were previously allotted solely for foster care services towards prevention and in-home services. Resultantly, the Agency expanded its intervention services and began implementation of two new models, Project Connect and HOMEBUILDERS®. Project Connect aims to facilitate and solidify reunifications following a home removal episode and placement in foster care while HOMEBUILDERS® is an intensive family preservation program designed to avoid unnecessary out-of-home placement of children and youth.

The Family Treatment Court Program (FTC)
The FTC program is a District-wide partnership among the Family Court, CFSA, the DC Office of the Attorney General (OAG), DBH, the DBH Addiction Prevention and Recovery Administration (APRA), and various community-based agencies and service providers, including a contracted residential treatment provider. FTC has traditionally been a CFSA-funded voluntary residential substance abuse treatment program that is coordinated and supervised by the Family Court for CFSA-referred women with dependent children who are the subject of a child neglect case. As a comprehensive treatment program, FTC allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes. Recently (in the first quarter of FY 2014), FTC was expanded to include fathers as well as non-residential treatment options. This expansion is supported and funded by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP). CFSA will continue to focus on referrals to this program moving forward into FY 2015.

The Safe and Sound Initiative
During the 5-year period under review, CFSA, the DC Family Court, the Court Improvement Project (CIP), the Office of the Attorney General, the East of the River Family Strengthening Collaborative, and the CFSA-funded Parent Advocate Project (PAP) collaborated on the *Safe and Sound* program. This model court initiative supported at-risk families in jeopardy of having children removed and entering the foster care system. The two primary goals of the *Safe and Sound* project were (1) to reduce the number of child welfare cases that convert from in-home cases to court-involved foster care cases, and (2) to gather quantitative data on the barriers to successful closure of in-home cases with an eye toward enhancing practice to address those barriers. During the period of review, however, this program ended as the result of the RED[11] teams, which expanded to include the Big RED process.[12] This review process in effect duplicates the original *Safe and Sound* process.

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[10] ChAMPS data is tracked on a July 1st – June 30th fiscal year. FY 2014 ChAMPS data reflected here does not include June 2014.

[11] RED (review, evaluate, direct) teams are comprised of individuals representing various administrations within the Agency, depending on the case being reviewed. For example, RED team members may be staffed from CFSA's Child Protective Services (CPS) administration, the In-Home and Permanency administration, mental health and kinship services, and/or CFSA's contracted community partners, the Healthy Families/Thriving Communities Collaboratives. Each RED team has a unique focus depending on the program area.

Community-Based Mental Health Programs

CFSA maintains a strong partnership with DBH to address the mental and behavioral health needs of children in the child welfare system. CFSA is a key partner in the District's System of Care (SOC). Under the terms of a multi-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), DBH is leading efforts to expand the SOC.[13] This effort reinforces the 2010 collaborative effort between CFSA and DBH (at that time, the District's Department of Mental Health) to develop a 3-to-5 year *Children's Plan.* This plan outlines specific actions for the District to respond and treat increased numbers of children and youth in need of mental health services. The plan includes early-age intervention and the expansion of community-based services shown to improve child functioning in the family, at school, and in other interactions (e.g., social). The following goals are included in the *Children's Plan*:

- Implement an array of evidence-based practices shown to have good outcomes.
- Expand the capacity of wraparound and other community-based services that support children and youth and their families within the community.
- Reduce the number of youth in out-of-home residential placements.
- Increase the array of services available to children 5 years of age and younger.
- Increase family involvement in all levels of the system.
- Facilitate the continued development and maintenance of formal cross-agency planning and decision-making processes.

Other CFSA efforts are also closely aligned with DBH. Through the 5-year grant CFSA received from the Administration for Children and Families (ACF)[14], DBH and CFSA are dovetailing efforts to implement and adhere to trauma-informed fidelity screening tools and functional assessments that inform outcome-oriented case planning. In addition, there is the provision of specialized training (Trauma Systems Therapy) to child welfare staff, including senior leadership, mental health providers, and the resource parents who have responsibility for maintaining a standard of care for children involved in the child welfare system. This system transformation includes long-term reduction in the use of psychotropic medication as a first-line treatment strategy, and increases the use of behavioral or non-pharmacological treatment approaches in response to the mental health needs of children in foster care. As the District progresses in this direction, it is in the unique position of possibly modeling a state-of-the-art children's mental health system for other cities and states across the country.

In another effort to enhance the continuum of community-based services available to District families, CFSA created a new Community Partnerships administration in 2013 through an Agency organizational re-alignment. The purpose of this new administration is to enhance the use of the community-based resources, increase partnerships with other District agencies, improve case integration and planning for

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[12] The Big RED teams are comprised of staff at the supervisory level and provide more comprehensive reviews for the benefit of the front-line social workers or other staff as applicable.

[13] For purposes of this document, a "System of Care" is an organizational philosophy and framework that involves collaboration across agencies, families, and youth to improve access and expand the array of coordinated community-based and culturally- and linguistically-competent services and supports for children (with a serious emotional disturbance) and their families.

[14] U.S. Department of Health and Human Services, Administration for Children and Families: *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare*

families involved with multiple District agencies, and support the Collaboratives in their development as "community hubs" where families can access services that meet their needs. Community Partnerships is comprised of two divisions: (1) the In-Home and Family Support Services division and (2) the Community Services division, which includes the liaison to the Healthy Families/Thriving Communities Collaboratives. These are described in greater detail below.

As cited above, also furthering the Agency's vision of an enhanced continuum of services has been CFSA's successful submission of an application for a Title IV-E waiver in 2013. The new Community Partnership administration has assumed responsibility for the implementation of the waiver.

DATA - Goal 1

CFSA has expanded the measures of safety under Goal 1 to reflect CFSA's successes for keeping children from entering foster care, both at the point of initial maltreatment and at any point of reoccurrence of maltreatment.

Although CFSA initially proposed a data measure in 2010 to quantify the number of referrals to the Collaboratives, the Agency subsequently determined that this measure could not demonstrate the extent to which the Agency was making progress to prevent children from crossing the threshold into foster care or returning to care. CFSA therefore removed that particular measure and added two new performance measures that indicate whether entries into foster care are decreasing, and whether repeat reports of maltreatment are decreasing. The two new measures keep CFSA abreast of national standards as well keeping practice standards in line with the Agency's *Four Pillar Strategic Framework*.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The average number of CFSA diverted families served monthly by the Collaboratives. (INV089)	31	**40**	23 (YTD Avg)	55			
Decrease new entries into foster care (Source: PLC 208/PLC 155) [NEW][15]					**300**	176	323
Decrease repeat reports of maltreatment (Source: ACF DC Data Profile, Standard is 6.1% or less) [NEW][16]					**5.4%**	5.3%	[Reported Annually]

All charts reflect data as of April 30, 2014

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[15] Reported as a 12-month measure. Baseline as of 9/30/12 was 350; 313 for FY13.
[16] Baseline as of 9/30/12 was 4.5%.

Goal 2: ___Develop and implement organizational and practice improvements that will position CFSA to ensure safety for children and youth who are the subject of reports of abuse and neglect.___

Objective: **Improve the timeliness of the responses to investigate reports of child abuse or neglect.**

During the period under review, CFSA has implemented several important improvements to elevate both the timeliness and the effectiveness of the Agency's investigations of child maltreatment reports. These improvements were actually initiated in December 2008 when CFSA implemented technology upgrades to the child abuse and neglect Hotline system, and continued in 2009 with the development of a detailed *Hotline Procedural Operations Manual (HPOM)* for all Hotline workers in the CPS administration. CFSA also revised and updated its *Hotline Policy*[17] to provide HPOM-complementary, overarching guidelines for implementing the steps and actions that are required when CFSA receives a report of child maltreatment.

Commensurately, CFSA developed the *Investigations Procedural Operations Manual (IPOM)* which outlines practice guidelines and procedures for CPS investigative social workers via step-by-step instruction on how to respond to the family's immediate needs, how to address safety concerns, and how to plan for the child's well-being and permanency. In addition, the CPS administration implemented the *Good faith Efforts Template* tool for use during supervision. The tool functions as a guide for supervisors to discuss the "good faith efforts" made by the investigative social worker when attempting to initiate timely contact with the victim child.

Most impactful in terms of changes to how the Agency responds to reports of child abuse or neglect has been implementation of the Family Assessment as CFSA's Differential Response (DR) model. This shift has dramatically strengthened CFSA's ability to tailor responses according to a child or family's needs. Through DR, reports to the Hotline can be directed to the Family Assessment (FA) pathway or the traditional CPS investigation pathway. The FA approach limits the need for removals while simultaneously increasing opportunities for referrals to in-home services that can help stabilize and preserve families. Through full implementation of the FA approach in FY 2012, CFSA along with other District agencies and community partnerships, began to see the increase of family stablisization and reduction of removals, deeper engagements with families, increases in family and employee satisfaction, and the successful establishment of a continuum of services that incorporates government, community-based, and neighborhood resources.

The FA social worker utilizes clinical skills to identify the family's strengths and protective capacities along with a family's broader needs and any overarching issues that are affecting the child's safety, permanency, and well-being. Research shows that when families participate in the non-adversarial FA process, they are more receptive and likely to engage in helping services. Accordingly, FA provides a comprehensive or "big picture" understanding of the family's situation from which the Agency can tailor a response specific to the family's individualized needs. The assessment then leads to service options the

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[17] In accordance with CFSA policy development, all policies are regularly reviewed and updated in alignment with current practice procedures.

family can choose to accept. Unlike an investigation, there is no finding or entry of names into the Child Protection Register.[18] Since the implementation of DR, CFSA has expanded the number of FA units to a total of 9, all of which are under the purview of the newly-established Family Assessment administration under the Agency's Entry Services.

Since 2013, an additional major improvement to practice has been the implementation of a consistent, system-wide assessment process to "review, evaluate, and direct" practice, otherwise referred to as the RED team process. The RED team is an internal decision-making process that reaches across the practice areas of the Agency. When addressing investigations, a RED team meeting matches an accepted report of child maltreatment with a selected child welfare response. This process is conducted in a collaborative setting that includes 6-8 participants comprised of individuals from the CPS administration, In-Home and Family Support Services, as well as representatives from the areas of mental health and kinship support, and a representative from the Collaboratives. With the implementation of the RED team at the Hotline level, CFSA has been able to ensure a timely response in conjunction with the *most appropriate response*.

The timeliness of responses to Hotline reports has also been greatly enhanced through a redesign of the Structured Decision Making (SDM™) tool used by the Agency to aid social workers with critical decision-making around risk and safety during key points in a case when working with children and families. The redesign was the direct result of CFSA's partnership with the Children's Research Center (CRC) which focused on the development and implementation of a *screening and response priority assessment tool* specifically for reports of child abuse and neglect. The tool provides a structured process to support consistency both for determining whether the allegations in the report constitute maltreatment based on local regulatory requirements and for determining whether the allegation warrants a response from the Agency.

Another organizational change that CFSA made to the Hotline process in 2013 was the addition of a specialized unit to address reports of educational neglect for children age 13 and younger. This unit was created to address ongoing challenges, such as missing information on the family and their situation, as well as referrals that did not meet the definition of educational neglect according to District legislation. The unit is comprised of five family support workers (FSWs) and one supervisor, whose primary responsibility is to triage referrals of educational neglect to ensure they are complete and warrant an investigation. Under the leadership of the Agency's director, the Office of Agency Performance monitors educational neglect referrals on a monthly basis. The Agency believes that through monitoring and quality assurance processes, both our performance and our response time will improve.

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[18] The purpose of the Child Protection Register is to protect children and to ensure their safety by maintaining an index of perpetrators of child abuse and neglect in the District of Columbia. This confidential index includes the names of perpetrators with either substantiated or inconclusive findings from the CPS investigative reports. The records are held in a database and in print form. When an individual's name is put on the District's Child Protection Register, the name remains for life unless the individual successfully appeals through CFSA's Office of Fair Hearings and Appeals, in which case the name will be expunged.

Objective: **Improve the timeliness of completed investigations.**

As part of the CFSR PIP, CFSA had pledged to make practice enhancements that would ensure CPS social workers would have access to resources and training in skill sets in order for them to complete timely and high quality investigations. CFSA continues to improve both the timeliness and the quality of completed investigations, including contact with the family within 24 hours of receipt of a Hotline report, and completion of investigations within 30 days of the same. In order to achieve these performance benchmarks on a consistent basis, CFSA developed the *Investigations Procedural Operations Manual (IPOM)* which outlines investigation practice guidelines and procedures. The IPOM provides CPS investigative social workers with ready access to detailed procedural guidelines via step-by-step instruction on how to respond to the family's immediate needs, how to address safety concerns, and how to plan for the child's well-being and permanency.

In support of the IPOM, in FY 2010 and 2011, CFSA reviewed and updated its *Diligent Search Policy* as well as its *Investigations Policy* to include a series of new investigation standards and detailed procedures, all of which are assimilated into policy guidance along the continuum of front-end services.

CFSA has also incorporated a series of continuous quality improvement processes throughout the investigations life cycle. This includes mandatory reviews for all investigations that have been open for 18-days or longer. During these reviews, which are described in the IPOM, CPS management staff evaluates the steps that have been completed in the investigation process and determines what steps may still need to be accomplished to complete a comprehensive investigation within the required 30-day timeframe. Providing immediate feedback within the investigation cycle allows social workers to undertake necessary activities to complete the investigation in a timely and effective manner

Similar to the Hotline RED team, in 2013, CFSA has also implemented an investigations RED team. As previously noted, the RED team provides the Agency with a consistent, system-wide assessment process to review, evaluate, and direct information that is family-specific in an effort to determine the best course of action. The RED team process for investigations begins at the 10-day mark for all investigations, and at the 15-day mark for all family assessments. Both time frames focus on safety, risk factors, and any services that could be implemented at that time to stabilize the family. Participants discuss preliminary findings of the investigation and suggest next steps to ensure timely completion of the investigation. The RED teams function as a successful framework in helping to improve the timeliness of investigations.

Objective: **Ensure full and systemic analysis of family situation and risk factors during investigation.**

Over the past 5 years, CFSA has implemented several practice improvements to ensure that decisions made during the investigation process are based on a comprehensive assessment of the family's current situation. Since the implementation of the *Four Pillars Strategic Framework*, the Agency established an Entry Services division in 2012 that was further fine-tuned to include the following administrations:

- Child Protective Services (CPS)—responsible for receiving and responding to reports of child abuse and neglect

- Health Services (Healthy Horizons Assessment Center)—an on-site clinic and a team of nurse care managers to support the immediate assessment of medical needs and coordination of medical care for children and youth
- Family Assessment—a newly created administration under the Differential Response (DR) model that allows for more than one response to reports of child abuse and neglect

With this realignment, the Agency is strengthening its first response to cases involving children who must enter the child welfare system as a result of imminent risk to their safety. The goal is to support a temporary stay in foster care that leads to successful and expedited permanency outcomes. The realignment further emphasizes CFSA's commitment to conducting a full and systemic analysis of each family who is the subject of a report of maltreatment. The addition of the Family Assessment (FA) administration allows CFSA to build capacity to respond to all reports of child neglect that meet the FA criteria under the DR model. The FA pathway is specifically designed to address the needs of families who have no identified safety concerns but may still be in need of services. CFSA currently has 9 FA units, each of which is comprised of five social workers and one supervisor.

In addition to partnering with CRC for the redesign of CFSA's SDM™ tool, CFSA has also worked closely with CRC to enhance staff use and knowledge of the updated SDM system. Both investigative and FA social workers use the SDM risk assessment tool to determine whether the families are at risk for future abuse and neglect. Social workers must complete the SDM risk assessment tool for each investigation and family assessment.

CFSA is also incorporating its ongoing quality assurance process to support CPS efforts by using case-specific reviews to provide immediate feedback for the purpose of improving case practice. One such process addresses "repeat referrals" to the Agency, as well as the quality of investigations. Currently, prior to assigning an investigation, CPS supervisors review FACES.NET to determine if the family has four or more reports of maltreatment, with the fourth occurring within the past 12 months. If a family has had four or more referrals within the specified time period, the investigative social worker conducts a comprehensive review of the family's history alongside the current circumstances and participates in a "four plus" staffing to evaluate interventions that may or may not have been effective in past investigations. The staffing participants also identify strategies that may prevent future referrals on the family.

As noted earlier, CFSA also implemented a RED team for investigations, a strategy that helps to directly address this objective. Again, the RED team process for investigations occurs at the 10-day mark for all investigations, and at the 15-day mark for all family assessments.

DATA – Goal 2

In order to develop and implement organizational and practice improvements that will position CFSA to ensure safety for children who are the subject of reports of abuse and neglect, CFSA has modified the data measure below over the course of the past 5 years to more accurately reflect progress on the Agency's prevention efforts. Whereas the Agency first measured "the percentage of child protection investigations initiated within 48 hours of Hotline screening," CFSA ultimately elected to report out on actual investigations and documented good faith efforts to make contact with alleged victims who were not immediately or readily available. This shift is more in line with CFSA's on-going data tracking. The

Agency also discontinued capturing risk assessment measures for a portion of FY 2013 while it reviewed and modified the Agency's Risk Assessment tools.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The percentage of child protection investigations initiated within 48 hours of Hotline screening or good faith efforts were documented whenever the alleged victim child(ren) could not be reached.[19] (Source: INT052) [MODIFIED]	72%	**90%**	92%	68%	**95%**	78%	83%
The percentage of non-institutional child abuse and/or neglect investigations completed within 35 days. (Source: INV004)	91%	**90%**	93%	82%	**90%**	44%	54%
The percentage of investigations in which family functioning and risk assessments will be completed within agency designated timeframes. (INV131)	91%[20]	**90%**	93%	82%			

SAFETY & PERMANENCY

Goal 3:   *Enhance community-based in-home case management and support services so that CFSA-involved children are safely maintained in their homes whenever possible, and families have enhanced capacity to provide for their children's needs.*

Objective: **Ensure that family functioning and risk assessments are completed periodically and appropriately, as required by Agency policy.**

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[19] Modified from reading as "the percentage of child protection investigations initiated within 48 hours of Hotline screening."
[20] CFSA is still in the process of developing management reports for the SDM risk assessments. FACES.net functionality precludes investigations from being completed unless the required SDM tools are completed. Therefore, until the SDM-specific management reports are fully developed, the completed investigations measure (immediately above this measure) will stand as a proxy.

Over the 5-year course of the current CFSP, CFSA has put into place a system of Structured Decision Making (SDM™) tools that social workers complete at the onset of a case and at ongoing intervals throughout a case's life cycle in the District's child welfare system. The following three SDM tools are the most frequently utilized by CFSA in-home social workers:

- The *Parent and Child Strengths and Needs Assessment/Reassessment* is completed within 30 days of the opening of an in-home case. The tool identifies priority strengths and needs for the parent and for all children included in the family case plan.
- The *In-Home Safety Assessment* is completed immediately upon receipt of information that impacts the safety of the children in the home. This SDM tool assists the social worker in determining whether a removal is appropriate.
- The *Risk Reassessment* is completed every 90 days for as long as the case remains open. Its completion is critical for informing decisions around safe case closure. If the case needs to remain open, the tool also informs the appropriate changes to the case plan, contact guidelines, and case management efforts and approach.

Following completion of the tools, which are built into CFSA's statewide automated child welfare information system (known as FACES.NET), social workers can readily grasp a reliable risk and safety "snapshot" (as well as comparable measures over time) to develop and frame child and family case plans (with the direct input of the age-appropriate child and his or her family members). In order to ensure that direct care staff appropriately utilizes the tools in a timely fashion, various continuous quality improvement checkpoints have been built into the SDM module. For example, FACES.NET provides a management "dashboard" for supervisors and program managers to gauge social worker progress and compliance with maintaining appropriate case plans for families on their case load. Since use of the SDM assessment tools are required as part of the case planning process, timeliness is automatically recorded in the FACES.NET system. If no SDM tools are completed during the development of a new case plan (or an update to an existing one), the case plan itself cannot be elevated for supervisory approval. It is important to note that completion and review of a family's case plan is required every 6 months. The data arising from completion of the SDM tool are used to track five major potential milestones for each case: (1) subsequent maltreatment to children, (2) subsequent referrals, (3) subsequent substantiations, (4) subsequent injuries, and (5) subsequent foster care placements.

In addition to the SDM tools noted above, ongoing supervisors also monitor the completion of family functioning and risk assessments. Weekly supervision serves as an opportunity to review progress, to ensure that the social worker has met timeframes and case plan goals, to discuss the findings from the assessments, and to allow both supervisor and social workers to determine how best to proceed based on those findings.

Objective: Ensure that family visitation takes place in a timely and effective manner.

Over the course of the CFSP, the Agency has implemented a series of organizational, policy, and practice/performance reforms to enhance the timeliness and quality of family visitation for children being served in their own homes. As a result, since the beginning of this 5-year review period, there has been an almost 50 percent reduction in the foster care population, which means that for the first time in its history, CFSA is now serving more people in their own homes than in foster care. One of many reinforcements

supporting this shift is the timely visitation of social worker with children and families as an integral element of practice. Conducting quality visitations is essential for addressing the evolving needs required for concrete family stabilization.

One of CFSA's reforms includes detailed guidance for visitation through the Agency's new In-Home and Out-of-Home Practice Operations Manual (POM).[21] The In-Home and Out-of-Home POM requires social workers to continually reassess risk and safety, not only through the use of formal SDM tools but also through consistent application of their own clinical training during regular contacts and home visits with families. The POM also emphasizes the essential importance of consistent information gathering throughout the life of a case. Consistency in this regard ensures that the Agency can proactively address or readily respond to potential risk factors without confusion or conflicting data.

Secondly, CFSA updated its *Visitation policy* which details requirements related to timeframes for visitation and expectations for items to address during the visit, such as assessing for safety and risk. "Frequent contact" includes visits with the child and family at least twice a month visits, with one of the visits occurring in the family home. As well, the child must be seen outside of the presence of the parent or caregiver once a month. These visits generally occur at the child's school or day care setting.

Along with the updated governance of the policy and development of the manual, CFSA has also de-centralized its in-home social work staff over the course of the CFSP review period. The current In-Home and Family Support Services administration now houses 10 units outside of its main headquarters and inside the offices of its contracted partners, the community-based Healthy Families/Thriving Communities Collaboratives. Through this child-centered, family-focused, and community-connected approach to in-home services, the CFSA and the Collaboratives' case management teams have increased client accessibility to services. With respect to visitation specifically, the co-location of Agency social workers in these community-based offices provides geographic proximity and therefore enhances ready access to visitation with the families on social workers' in-home caseload.

Also during the CFSP review period, the Agency successfully completed its Child and Family Services Review Program Improvement Plan (CFSR PIP). Among the overarching PIP themes was an emphasis on improving family engagement in case planning and, more specifically, the improvement of the timeliness and quality of home visits. During the PIP, CFSA tested the successful implementation of the above-mentioned strategies by way of a quarterly Practice Improvement Case Review that assessed home visitation (for both in-home cases and foster care cases). At the conclusion of the Practice Improvement Case Review process in FY 2011, CFSA demonstrated compliance with the visitation standards set forth in Item 20 of the CFSR case review tool.

Lastly, as previously noted, CFSA has implemented the "dashboard" functionality into FACES.NET,[22] allowing social workers and their managers to view real-time visitation data for every family on their caseload. Aggregate data related to family visitation is also generated from FACES.NET for staff to review and monitor.

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[21] The In-Home and Out-of-Home POM, as with all other CFSA POMs, is considered a living document. As such, CFSA is planning a review and update to incorporate the RED (review, evaluate, direct) team framework towards the end of FY 2014 with the assistance of the Children's Research Center.

[22] FACES.NET is CFSA's statewide automated child welfare information system.

Both the *2010 LaShawn Implementation and Exit Plan*[23] and CFSA's *2012 LaShawn Strategy Plan* (Strategy Plan)[24] place specific emphasis on improving visitation for all clients who require social worker visitation, be they families receiving in-home case management, children in foster care, siblings in foster care, or parents with children in foster care who have a goal of reunification. To monitor these efforts, CFSA tracks system-wide visitation performance closely. As the end of the current CFSP approaches, the Agency's performance related to monthly and twice-per-month visitation measures for siblings, in-home and out-of-home, are closely examined. The Agency also continues to strive towards achieving its benchmarks for visits within the first 4 weeks of placement, parent-child and social worker weekly visits to parents of children with the goal of reunification.

Objective: **Expand the network of community-based entities and service providers working with families receiving in-home services.**

With the trending decrease in the number of children in foster care and the increase in the number of families involved with in-home services, CFSA is emphasizing client access to and the effectiveness of the community-based resources families rely upon when receiving in-home services. To reinforce this emphasis over the course of the CFSP period, CFSA formalized a variety of partnerships with sister agencies and community-based partners for purposes of fortifying the coordinatation of assessments and services for clients who are dually involved with more than one agency.

- A partnership with the DC Department of Human Services (DHS) has expanded CFSA's opportunities to work collaboratively with families receiving in-home services and Temporary Assistance for Needy Families (TANF). Both agencies have staff co-located at one another's sites to serve as resources for families involved with both agencies. Together, CFSA and DHS staff members are able to integrate their case planning systems, which includes updating and aligning the information exchange between agencies, as well as tracking data regarding services that are requested and provided to families. Lastly, the two agencies cross check their individual systems for unified case planning and documentation.
- CFSA's partnership with the DC Department of Behavioral Health (DBH) (formerly the Department of Mental Health) has expanded access to mental health and substance abuse services to in-home families. DBH's dedicated mental health liaison to CFSA works directly with social workers to facilitate access to mental health and substance abuse services, in addition to navigating network requirements and service eligibility issues that face in-home clients. The partnership also avails Crisis Mobile Response services to children who are CFSA-involved, and DBH maintains a dedicated network of Choice Providers, who provide diagnostic, assessment, and therapy services to CFSA clients and families.

Through CFSA's grant-making authority, the Agency has funded various community-based prevention services during the current CFSP review period. These services include parenting and attachment

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[23] The 2010 *LaShawn Implementation and Exit Plan* (IEP) includes (1) Outcomes to be Achieved (Section I), (2) Outcomes to be Maintained (those requirements where the District of Columbia's current performance meets proposed exit requirements) (Section II), (3) Sustainability and Exit (Section III), (4) and the 2010-2011 Strategy Plan (action steps to achieve the outcomes) (Section IV). Citations from federal law, District of Columbia law and regulations, the Modified Final Order (MFO), and CFSA policy are included.
[24] The Strategy Plan delineates reasonable strategies, actions, and timelines to achieve the outcomes and Exit Standards of the *LaShawn* IEP.

programs, home visitation, and healthy family models. Most importantly, as previously cited, the Title IV-E waiver demonstration project makes available these community-based services to families inside CFSA's front door who are receiving in-home services.[25]

Finally, CFSA and the Collaboratives continue to expand the network of organizations and service providers that serve families involved with the District's child welfare system. By way of example, in 2013, CFSA and the Collaboratives increased their mutual focus on capacity building within the communities where there are high populations of CFSA-involved families to ensure residents can access the services close to home. This effort undergirds the Collaboratives' role as a "hub" of human service information and source of referrals through its relationships with organizations and agencies that provide quality services to the community. Simultaneously, the Collaboratives promote awareness of the services and supports to the residents they serve. Examples of capacity-building efforts include providing space to local providers for conducting parenting classes, partnering with neighborhood churches that offer to adopt families for the holidays, providing literacy and/or employment readiness training, contributing to Promise Neighborhood Initiative[26] activities, or working with a local food pantry to address a family's immediate need.

Objective: **Help families build independent support systems to allow for safe case closure.**

CFSA accentuates early engagement of a family's support systems to ensure involvement throughout the case. Throughout the CFSP review period, the Family Team Meeting (FTM) has been an extraordinarily useful mechanism for bringing together family stakeholders (both initially and periodically) for purposes of bringing to light the various support persons available to parents and children who are at-risk. The purpose of an at-risk FTM is to develop a plan with the direct involvement of the family alongside both their formal and informal supports. By direct engagement and involvement, the FTM process is more likely to stabilize the family and prevent the removal and to identify additional, potential individuals among the family's supports who could house and care for a child should a removal become necessary. FTMs further serve as important opportunities to build the support roles of family, friends, and community members throughout the life of a case, including after case closure. It is noted that while mothers are at the head of the majority of single-parent families involved with CFSA, it is CFSA's commitment to actively engage and invite fathers and paternal relatives to FTMs and to highlight their direct impact on the healthy physical, emotional, and academic development of their children when they are earnestly involved in their children's lives.

As noted, FTMs occur at very early stages of case management and they continue throughout the life of the case. CFSA also makes sure to connect in-home families with their local Healthy Families/Thriving

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[25] While waiver demonstration projects do not provide additional funding to carry out new services, they allow more flexible use of Federal funds in order to test new approaches to service delivery and financing structures. It is anticipated that this flexibility will result in improved outcomes for children and families involved in the child welfare system, while remaining cost neutral to the Federal Government.

[26] The DC Promise Neighborhood Initiative (DCPNI) is a 501c3 non-profit organization located in the Kenilworth/Parkside Community in Ward 7 of Washington, DC. DCPNI is one of 57 Promise Neighborhoods across the United States selected by the Department of Education to develop a cradle to career pipeline for children to ensure that they obtain a quality education, graduate from college or a vocational school, and grow up to have successful careers and communities.

Communities Collaborative, which provides support services in its own right and serves as a pipeline to community-based programs and supports.

As the family approaches case closure, CFSA and the family partner together to develop the family's transition plan. If the family agrees, the Collaborative social worker is included in transition planning to facilitate and to provide support to the family after the CFSA case is closed. The collective transition planning partnership involves the following steps towards development of the family's independent support systems:

- Coaching families to advocate for themselves, and modeling self-advocacy, patience, and problem-solving skill sets
- Assisting the family to identify its service needs
- Exploring how families have solved problems in the past and identifying what formal or informal supports may have been helpful in the past
- Encouraging mothers to identify fathers early in the case, and explaining to the mothers the benefits to their children when the father and/or paternal family members are involved with the child's growth and development
- Engaging fathers and encouraging their involvement in co-parenting, even if mediation between the mother and father is necessary to achieve this goal

A family should achieve its treatment goals and consistently demonstrate its ability to function without need of ongoing CFSA supports and interventions before case closure. When there have been no substantiated reports of abuse or neglect within a 3-month period (and the risk of future abuse or neglect has been appropriately lowered), the social worker conducts the following required case closure activities:

- Visit the family within 30 days of the case closure date.
- Interview each child of appropriate age and complete an SDM assessment that indicates low risk.
- Discuss family progress and family functioning while emphasizing specific gains.
- Highlight informal and formal supports available for continued support following case closure.
- Complete a comprehensive case closure summary.
- If the case is being referred to a Collaborative for ongoing supportive services, participate in a case transition staffing prior to closure.

All social worker supervisors must provide a formal review and consultation of closing activities prior to the actual closure of the case.

DATA – Goal 3
CFSA has enhanced its community-based in-home case management and support services to ensure that CFSA-involved children are safely maintained in their homes whenever possible, and that families have enhanced capacity to provide for their children's needs. The data measure for this goal has been positively impacted by the on-going efforts to update the SDM process and the subsequent revision of SDM management reports. The remaining measuring component, i.e., the percentage of in-home cases receiving twice-monthly visits, has remained constant throughout the review period.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014

The percentage of cases with completed strengths and needs assessments and safety/risk assessments within 30 days of case opening and every 6 months thereafter for as long as the case remains open. [*See Footnote for Source*]	86%[27]	**95%**	90%	83%	**95%**		
The percentage of cases receiving twice-monthly visits to each family, at least one of which occurs in the home. (Source: CMT166)	72.5%	**85%[28]**	89%	93%	**85%**	90%	93%

Goal 4:   *Strengthen decision making and case planning for service delivery to abused and/or neglected children and their families.*

Objective: **Emphasize use of family-involved team meetings.**

The early engagement of kin in case planning is a practice imperative for social workers throughout the life cycle of the current CFSP. Indeed, engagement was a central theme in the CFSR PIP and has subsequently been reinforced within the *Four Pillars Strategic Framework*. The following evidence-based, family-involved meeting models are currently utilized to maintain family engagement in case planning:

- *Family Team Meetings* (FTM) convene key family, community, and Agency stakeholders at key points during the life of a case. Greater detail on the circumstances for and process around FTMs is below.
- *Family Group Conferences* (FGC) are facilitated meetings that empower the families of youth in foster care who have a goal of reunification to develop a self-determined plan to ensure that imminent reunification is lasting and successful.
- *Listening to Youth and Families as Experts* (LYFE) Conferences are required by CFSA policy (*Establishing a Goal of Alternative Planned Permanent Living Arrangement [APPLA]*) prior to the establishment of the goal of APPLA. The LYFE Conference must include and be centered on

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[27] CFSA is still in the process of developing management reports for the SDM risk assessments. FACES.net functionality precludes case plans from being completed unless the required SDM tools are completed. Therefore, until the SDM-specific management reports are fully developed, the percentage of current *family* case plans will stand as a proxy. In the FY 2010 APSR, the baseline reflected herein was for current *child* case plans, but because this is an in-home measure, family case plans is a more meaningful statistic.

[28] This projected goal has changed so as to be aligned with a similar measure in the Exit Plan.

the youth and is a means to explore all other permanency options before establishing APPLA as the goal.

- The *FosterClub Transition Toolkit* is a recently-established strategy to review a youth's transition plan and progress on goals for a safe transition from foster care. The toolkit emphasizes 12 specific domains that impact an older youth's potential for a successful transition (job and life skills, education, self-care and health, housing, transportation, etc.). All transition team meetings are youth-driven and family-inclusive, as applicable.

The FTM process is managed by CFSA's Kinship Support Unit, which accentuates participation by family and kin and systematically ensures that they are apprised of key elements of the case planning process. This includes not only helping them to understand the focal child's current situation, but it also includes explaining the following rights, responsibilities, and benefits of kin:

1. Legal Rights - The Kinship Support Unit's FTM facilitator explains the various levels of legal involvement that kin may wish to pursue, ranging from emergency and temporary power of attorney for a situational crisis (such as educational neglect due to a caregiver's responsibility for a child's poor school attendance) to legal custody through adoption or guardianship.
2. Financial Options - During discussion of potential placement of a child with kin, the kinship caregiver is advised of the availability of financial support in the form of foster care board payments or adoption or guardianship subsidy payments, including coverage of certain non-recurring adoption or guardianship costs.
3. Administrative Processes - Kinship Support staff carefully explains the various facets of the foster care licensing process and offers tangible support to facilitate placement and licensure.
4. Continuous Engagement - If being a kin caregiver is not an option, Kinship Support staff ensures kin that there are myriad other ways to provide support to their relative's child, e.g., simply being available to the youth and his/her social worker to provide information, or to lend a hand in the case planning process, visiting the child at the foster home, or providing occasional transportation or respite care.

The consistent use of family-involved team meetings and the approach to kinship engagement have become hallmarks of CFSA's practice with the sole purpose of increasing the statistical likelihood of positive permanency outcomes due to family involvement at the earliest juncture of the case. This family-focused and strength-based approach remains unequivocally tied to child safety and successful permanency outcomes.

Objective: **Engage all youth and family members (whenever possible) as full partners in case planning and team decision-making.**

The current family engagement strategies, techniques, and practices that CFSA uses in 2014 emanated from the CFSR PIP that it successfully completed in 2011. The following PIP accomplishments include youth and family engagement throughout the case planning and decision-making processes:

- Revision of diligent search procedures and the *Diligent Search Policy* to optimize efforts for locating, contacting, and soliciting case participation of biological and extended family members very early on in the case
- Enhancement of family outreach and communication processes within the FTM model to maximize family attendance at these critical meetings
- Introduction (at various life stages of a case) of innovative family-involved team meeting models, including FGCs, LYFE Conferences (as described above), and youth transition meetings

- Development of a new practice protocol and policy for engaging incarcerated family members so as to minimize barriers to their involvement in case planning during their incarceration
- Completion of a family engagement protocol specifically for families and clients who have experienced domestic violence
- Development of a new *Permanency Planning Policy* for system-wide implementation that emphasizes the need (and outlines practice steps) to engage family and relatives at every stage of case planning and permanency plan development
- Finalization of a formal process that requires approval of CFSA's director prior to a youth's permanency goal being changed to APPLA, as well as finalization of protocols that require continuing family engagement in cases where a goal change to APPLA is appropriate

In addition to the aforementioned family meeting models, the PIP provided a framework for enhanced teaming within the case management construct, i.e., stronger and tighter inter-agency cooperation among those District agencies that also serve the children and families on a CFSA social worker's caseload.

Teaming and Family Engagement
CFSA has integrated the family meeting models described earlier into its approach to engaging families and youth in the planning processes for transitions and permanency. Although the models are individually nuanced, the following basic tenets are common to them all:

Kin are actively sought out and engaged soon after the family becomes involved with the Agency.
Corresponding to the first pillar (*Narrowing the Front Door*), CFSA enacted a series of action steps to quickly identify potential kin resources for youth who were removed or at risk of removal:

- CPS investigative social workers are required to make formal referrals to the CFSA Diligent Search Unit (DSU) to locate relatives and to obtain contact information for them to share with FTM staff members, who work quickly to open communication with and engage parents, grandparents, and other family members.
- FTM staff encourages and solicits family attendance at the family meeting and keeps them actively engaged throughout their involvement with the Agency.
- CFSA's Connecting Dads initiative, which was developed during the PIP, reiterates and promotes the importance of locating and engaging every child's father (and paternal kin). Supervisory social workers conduct "appreciative inquiry"[29] with the case management staff under their supervision to ensure that fathers and paternal kin are sought out initially and periodically throughout a case. Moreover, the Agency developed the *Engaging Incarcerated Parents Policy* specifically to mitigate circumstances of incarceration as an engagement barrier.

Clients are partners in team planning and decision-making, utilizing their own experience, wisdom, and knowledge to determine their particular needs and services.
Case plans and their related service agreements are developed organically with client and family input, which is carefully elicited by the family meeting facilitator or social worker. This approach and level of involvement also dissolves many boundaries between the family and the system because the family's insights and contributions are clearly respected and incorporated in the case-planning process.

A key partner in the strengthening of Agency engagement efforts is the Parent Advocate Project (PAP). The PAP pairs parents who currently have children in foster care with a goal of reunification with trained

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[29] "Appreciative inquiry" is a term coined in 1987 by students and faculty at Case Western Reserve University in Cleveland, Ohio during development of an organizational model that employs a social constructionist approach to organizational change, in effect building on successes versus focusing on problem solving.

mentors, many of whom have had open cases with CFSA and successfully reunified with their own children. It is an innovative program designed to facilitate and support faster, safer, and permanently lasting reunifications for families and children.

Because mentors approach parents as peers and speak from a position of experience with successful interaction with the child welfare system, they have tremendous gravitas with the clients with whom they are paired. Mentors can also offer their experience and provide consultation for services and referrals, as well as one-on-one support to parents seeking a similar outcome with their own children. Through their empathy with parents who are traumatized when their children are removed from their home, and who may be hesitant to work with their social worker, they offer valid counsel and sound advice. Based on their own experiences, and successful outcomes, PAP mentors facilitate engagement between parents and social workers as well as promoting a parent's progress toward case goals.

Inter-Agency Partnerships
CFSA has conscientiously formed partnerships that are designed to increase the pool of identified kin for Agency-involved youth while reducing barriers to engagement, especially with respect to fathers. The following sister agencies are partnering with CFSA:

- DC Child Support Services Division (CSSD) and the Department of Corrections and the Court Services and Offender Supervision Agency (CSOSA) - Paternity and child support responsibilities may present barriers to engagement for fathers, who would like to be involved in their children's lives but may not be able to afford (or otherwise be willing to pay) child support. Resultantly, they may avoid contact with government systems at the risk of losing their relationship with their children. In partnership with CSSD and CSOSA, CFSA has defined goals and priorities for each stakeholder agency with respect to engaging fathers. Currently, each agency is implementing strategies for achieving the identified goals and priorities without risk to any given agency's stated mission or function.
- DC Metropolitan Police Department (MPD) – MPD has agreed to immediate efforts to find adult family members and potential kin of caregivers whose children faced potential foster care placement as a result of an arrest. Helping MPD to understand how kinship resources help ensure child safety and well-being during (and following) a traumatic experience like witnessing a parent's arrest is critical toward the goal of the Agency's first pillar, *Narrowing the Front Door*. With MPD's assistance via inquiry about kinship caregivers at (or immediately after) a family crisis is an innovative partnership to prevent children from coming into foster care.
- DC Department of Human Services (DHS) - DHS and CFSA currently have staff co-located at one another's agency to serve as resources for families involved with both agencies. They also have an integrated case planning system that assists with updating and aligning the information exchange. In addition to tracking data related to services that are requested and provided to families, the two agencies are cross checking systems for unified case planning and documentation. This partnership has greatly expanded CFSA's opportunities to work collaboratively with families receiving in-home services and Temporary Assistance for Needy Families (TANF).

CFSA is also working in collaboration with DHS to develop an Integrated Case Plan (ICP) process to increase the efficiency of service provision for families accessing both systems. Through the ICP program, each family has one unified case plan for achieving family stability and self-sufficiency, in addition to safety, permanency, and well-being for children. The agencies incorporate the same teaming

process currently in existence with CFSA's case planning approach, that is, the client is integral to the development of the case plan. Based on input by the family, only one agency will case manage the client.

At present, ICPs are cross-matched bi-monthly with an automated data run that indicates which CFSA-involved families are also receiving TANF and involved with the HMIS[30] system. The Agency aims to provide regular data matches to help define the relationships between agencies and to inform service delivery. Data matches will represent real time extracts from different applications. The goal is to have each set of data run as close to the same time as possible. Therefore, CFSA asked that DHS run HMIS reports within the week of the date that CFSA completes the FACES.NET management report. The purpose here is to ensure that CFSA receives the most up-to-date information on family status at the time the report is released so that staff will have accurate information for case planning and decision making.

Objective: **Enhance involvement of family members, youth and stakeholders in the Administrative Review process (now called Structured Progress Reviews - SPRs).**

As detailed in the 2013 Annual Progress and Services Report (APSR), CFSA discontinued the practice of holding discrete Structured Progress Reviews due to system-wide advances in family engagement, teaming, and quality assurance that rendered SPRs duplicative. As noted earlier, CFSA's progress in promoting family teaming at various stages of case-involvement, and in all facets of case planning, is well-documented in the previous objectives. Family teaming and engagement have been so widely integrated into practice that the SPRs came to evolve into status meetings more so than the decision-making forums they had originally represented. Furthermore, permanency hearings at the Family Court (which are held no less than every 6 months) already represented status meetings. Ultimately, the data-gathering and evaluative aspects of the SPRs had been largely integrated into the Agency's robust continuous quality improvement processes, which are detailed in the Quality Assurance section of this report. For these reasons, this objective is no longer part of Agency practice, and the corresponding SPR measure in Section II of this APSR has been removed.

DATA – Goal 4
In order to strengthen decision making and case planning for service delivery to abused and neglected children and their families, CFSA proposed three data measures to capture the Agency's strengths in decision-making and case planning. First, Structured Progress Reviews were phased out as a part of CFSA's case monitoring and tracking system. As a result, the accompanying data measure was also eliminated. In addition, CFSA modified the wording and relocated (from Goal #5) the measure related to children in out-of-home placement with one or more monthly visits, asserting that this measure is more closely tied to safety than permanency. Thirdly, a new measure related to children with two or more monthly visits was added. These significant revisions were made to this data measure in FY 2013 to ensure more accurate tracking and monitoring in this area.

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[30] HMIS (Homeless Management Information System) is a local information technology system used by the federal Department of Housing and Urban Development to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The percentage of children for whom there is an FTM or FGC within 72 hours of a child's removal from the home. (Source: Manual Data)	54%	**75%**	74%	94.1%	**75%**	67%	50%
The percentage of current child case plans[31]. (Source: CMT163)	94.3%	**95%**	94%	96%	**95%**	96%	96%
The percentage of SPRs with the focal child's family members and/or supportive adults in attendance[32]. (Source: Manual Data)	Set in the FY 2012 APSR	**Set in the FY 2012 APSR**	Set in the FY 2012 APSR	81%			
The percentage of children in out of home placement with 1 or more monthly visits from their social workers. (Source: CMT165) [MODIFIED and MOVED FROM Objective #5]	93%	**90%**	94%	96%	**95%**	97%	96%
% of children in out of home placement with 2 or more monthly visits from their social workers. (Source: CMT165) [NEW][33]					**90%**	96%	94%

PERMANENCY

Goal 5: *Achieve permanency in a more timely manner for children in foster care.*

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[31] CFSA modified this measure to reflect child-specific case plans, which was the original intent when we developed the measure (as opposed to family case plans, as was stated in the CFSP).

[32] CFSA has recently modified its family engagement tracking processes with respect to SPRs. At this time, the Agency can report on the number of mothers, fathers, and supportive adults who attend, but not in a mutually exclusive manner (as is required under the language of the measure). For next year's APSR we will have data that reflects performance on this measure.

[33] Baseline as of 9/30/12 was 93%.

<u>Objective:</u> **<u>Minimize placement disruptions for children in foster care.</u>**

At the onset of the 2010-2014 CFSP, national standards for placement stability revealed that the percentage of children who experience two or fewer placements within 12 months of entering CFSA's care was at or near 80 percent. While this percentage is relatively high, the Agency seeks to further improve practice and increase placement stability. To do so, the Agency developed an approach to placement that minimized placement disruptions by focusing on expanding participation by stakeholders in the placement process, increasing placement-related supports, and streamlining the placement process.

For example, in 2010, the Agency embarked on a series of redesigns of the Placement Services Administration (PSA), directly impacting the Agency's placement process. The existing foundation had integrated two fundamental strategies for minimizing placement disruptions: (1) the engagement of families and resource parents in all team meetings and (2) the use of intervention services for children and youth who are struggling with emotional and psychological challenges that impact placement stability. Building on this foundation, CFSA launched the first phase of its PSA redesign to increase uniformity and effectiveness of placement, and to enhance accountability among all stakeholders who have a role in maintaining placement stability for a child in foster care. The 2010 redesign subsequently included strategic structural changes in the roles and functions of CFSA and private agency social workers and staff as well as enhancements to the range of placements and the assessment and matching process.

Key elements are in the initial phase of redesign included the addition of five core practice approaches:

- o *Five-Day Assessment Phase for All New Removals* – In the 5 days immediately following a child's removal from the home, CFSA engages in a formal intensive information gathering and placement "diagnostic" assessment period.
- o *Comprehensive Resource Development for the Continuum of Care Model* – CFSA established a continuum of care from traditional foster care through specialized congregate care settings, as well as varied independent living programs, using Human Care Agreements, which allows flexibility and capacity to ramp up or scale down depending upon the various placement types within the continuum, and based on the needs of the population.
- o *Placement Resource Intake Meetings* – Within 72 hours of a child's placement or re-placement, CFSA required social workers to convene formal Placement Resource Intake meetings with the foster parent (or facility staff) and the child for the specific purpose of exchanging critical child-specific information, and for ensuring uniformity of meeting participants' understanding of service needs, treatment expectations, and roles and responsibilities for all participants.
- o *Placement Resources Utilization Review* – CFSA began an intentional process of completing quarterly reviews of placement utilization against placement capacity so as to adjust contracted capacity as necessary.
- o *Centralized Placement Approvals* – CFSA required all placement changes to be approved through PSA, based upon the recommendation of a replacement staffing or imminent risk associated with the current placement.

In addition to the above changes, CFSA developed less formal *Family-Involved Meetings* that initiated from the more formal Family Team Meeting (FTM) at case opening and continued periodically through case closure. This allowed children, foster parents, social workers, and other stakeholders to discuss and resolve potential issues before these issues developed into a placement disruption. As well, noted earlier, placement stability has been bolstered via social worker access to the *Children and Adolescents Mobile*

Psychiatric Services (ChAMPS) Program. Again, ChAMPS is free to any child residing in Washington, DC, including any children receiving CFSA in-home services, or DC wards residing in Maryland foster homes.

Throughout FY 2011, CFSA continued the second phase of the PSA redesign. As of March 2011, all placement changes require FACES.NET-documented[34] PSA approval prior to a placement change occuring. Also during 2011, PSA implemented a 24-hour triage system that allows for rapid response and approval of placement changes, as the case requires. By the end of the calendar year, CFSA completed the final phases of the PSA redesign, including updates to its *Placement and Matching Policy*, which was rigorously reviewed by PSA and Program Operations staff. The results were immediate progress with respect to the primary goals of improving the quality of child need assessments during home removals, improving placement compatibility and communication between children and foster parents, and minimizing placement disruptions for all children in foster care. By the beginning of FY 2012, PSA's redesign was fully implemented and CFSA stepped up its enhancements, including aligning PSA practice principles with the Agency's *Four Pillar Strategic Framework*. Beginning with the second pillar, *Temporary Safe Haven*, the Agency strengthened its practice of conducting a placement "diagnostic" assessment (as noted above) for the most appropriate placement for all new removals within the 5 days immediately following the removal.

During this time, CFSA continued the practices established through the placement redesign while the Agency's Child Welfare Training Academy (CWTA) strengthened the role of training for the placement process. This included the introduction of a cross-training course for social workers and foster parents. The training focuses on the critical collaboration between the social worker and foster parent, which functions, in effect, as the mainstay for bolstering placement stability and addressing a child's needs throughout the child's stay in foster care. Especially during initial placements, placement changes, and efforts to prevent potential placement disruptions, the interdependent and professional relationship between social worker and foster parent cannot be underestimated. The training explicitly addresses strategies for teaming and good communication, including exercises on stating needs and expectations.

Other collaborative efforts and partnerships played a key role in reinforcing the importance of mutual trainings for social workers and foster parents, and how this can positively and statistically improve placement stability and positive outcomes. In May, July, and October of 2012, CFSA partnered with the Foster and Adoptive Parent Advocacy Center (FAPAC), the DC Family and Youth Initiative, and private foster care agencies to host day-long trainings for foster parents and social workers. An additional effort, the *Placement Stability Project,* proved to be an effective and supportive process for both birth and foster parents, with approximately 120 foster parents participating. The purpose of this project, which was first implemented in September 2011, was to provide practical approaches to parenting children who are overcoming trauma and to work through strategies to mitigate risks to placement disruptions.

At the onset of FY 2013, CFSA also partnered with FAPAC to develop and implement *DC Family Link,* a model of birth parent-foster parent shared parenting. This model fully recognizes the benefits for all parties when the foster parent connects with the birth parent in a shared parenting or co-parenting model. *DC Family Link* also features a facilitated ice breaker meeting to bring the birth parent and foster parent

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[34] FACES.NET is CFSA's statewide automated child welfare information system.

together within 1-2 days of the child's placement. This meeting focuses on the child's needs and provides an opportunity for the birth and foster parent to exchange information about themselves, daily routines, and how to support the child through the period of separation.

Also in FY 2013, CFSA implemented the *Child Needs Assessment* (CNA) which provides a profile of the child's strengths and needs in an effort to find the best match at the time of placement (or replacement, if necessary) with the goal of preventing disruptions. CNAs are completed when a child first enters foster care and again at scheduled intervals (e.g., 30 days, 90 days, and 6 months) to ensure the information on the child remains accurate and up-to-date. The tool further assesses progress and determines whether children in a restrictive placement are ready to step down to a less restrictive environment.

Undergirding these efforts to improve outcomes related to placement stability is the recent progress made with respect to tracking and monitoring placement changes and streamlining practice across all CFSA administrations and the private agencies. The newly revised Placement and Matching Policy, which took effect on March 1, 2014, provides specific guidance for direct service staff on which placement episodes constitute a change and which are temporary placement episodes that are not considered changes for purposes of documentation in FACES.NET, practice requirements or billing. These clarifications will help to ensure that temporary placement episodes such as respite, summer camp visits and hospitals stays are not erroneously recorded as placement changes. Clarification in the data will, in turn, help avoid false inflation of placement change data, an issue which was identified in CFSA's 2011 bi-annual Needs Assessment and through case reviews. More accurate data will also assist staff and leadership in pinpointing whether there are issues in the placement and matching process that are contributing to placement instability.

Objective: **Increase the number of children who achieve permanency within 12 months of entry into out-of-home placement.**

Findings from the District's 2007 Child and Family Services Review (CFSR) indicated that concurrent planning (Permanency Outcome 1) was an area of overall challenge for child welfare practice. Only two cases from the total sample of 60 cases showed evidence of concurrent goals and concurrent planning. Stakeholders who were interviewed during the CFSR reported that concurrent planning was applied inconsistently. As a result, CFSA's PIP included tangible steps to apply concurrent planning in a more uniform way, and on a more consistent basis for appropriate cases.

These steps included dialogue and agreement between CFSA and the Family Court to embark on a conscientious joint effort to address priorities and expectations regarding case planning, and to ensure that all stakeholders adopt a singular approach to permanency. Toward that end, CFSA and the Court Improvement Project (CIP) of the DC Superior Court (DCSC) developed a *Joint Philosophical Statement on Concurrent Planning* during the PIP implementation period. The statement is now a guiding principle in the policy development with respect to reunification cases and APPLA[35] cases. The central tenets are as follows:

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[35] Federal statute considers APPLA (Alternative Planned Permanent Living Arrangement) to be viable as a permanency option only after "the State agency has documented to the State court a compelling reason for determining that it would not be in the

- If it is safe and appropriate for the child, promote and maintain family connections for youth in foster care at all stages of the case, even if reunification is no longer an option.
- Always consider kin as first potential resource for permanency.
- Maximize teaming to minimize placement disruptions.
- Be transparent with parents and stakeholders and keep all participants in the permanency plan accountable for its outcomes.
- Periodically discuss other permanency options with youth who have a goal of APPLA, and explore other possible options for a permanency goal.

The development of the joint statement was undergirded by the changes in practice to establish the goal of APPLA, requiring the social worker, youth, and family members to first attend a LYFE conference[36] before the goal could be established. A key tenet of the new policy was to emphasize to social workers that even after the formal establishment of a goal of APPLA, the circumstances of a youth's case may merit an occasional or periodic revisiting of other permanency goals that have previously been ruled out.

Upon completion of the LYFE conference, finalization of the goal requires approval from the Agency's director but only after assurance that concurrent planning has occurred for that particular case. In addition, for all youth with a goal of APPLA, social workers are required to periodically discuss other permanency options and to explore other possible options for a permanency goal. When appropriate, concurrent planning should support those other options and expedite permanency for youth in care.

In an ancillary FY 2011 effort to improve permanency outcomes, CFSA relied on the Permanency Opportunities Project (POP) in concert with one of CFSA's contracted partners, the local non-profit organization, Adoptions Together. The POP Teaming unit partnered with the ongoing social worker, the permanency specialist, and their respective supervisors for the express purpose of removing barriers to permanency and identifying potential permanency opportunities. Methodologies include child-centered recruitment, case staffing, and intensive review of cases for identification and connection with the child's family, extended family members, and other significant persons involved in the child's life. CFSA also enhanced its concurrent planning procedures and reinforced its efforts to team closely with the Family Court to ensure that permanency-related decisions were inclusive of concurrent planning efforts. The POP continued to be central to those efforts during that period. Due to CFSA's intense reorganizational changes, the foundation and theory behind the POP has been folded into an overall in-house permanency focus for practice and is no longer singled out as an individualized, contracted program.

When CFSA closed out its CFSR PIP in 2011, the Agency revised its *Permanency Planning Policy* to address concurrent planning in a more uniform way and on a more consistent basis for appropriate cases. CFSA policy stresses the need for regular and periodic re-visitation and reassessment of every child's permanency goal. In addition, CFSA's ongoing SDM[37] assessments and bi-annual case plan updates,

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best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian" [Title III, Section 302 of the Adoption and Safe Families Act of 1997, approved November 19, 1997; P.L. 105-85, 42 U.S,C. 675(5)(C)].

[36] *Listening to Youth and Families as Experts* (LYFE) conferences are required by CFSA policy (*Establishing a Goal of Alternative Planned Permanent Living Arrangement [APPLA]*) prior to the establishment of the goal of APPLA. The LYFE Conference must include and be centered on the youth and is a means to explore all other permanency options before establishing APPLA as the goal.

[37] CFSA incorporates the SDM™ (Structured Decision Making) tool for various assessments related to needs, strengths, risks, and safety. See Goal 2 for a more thorough discussion on uses of the SDM tool.

combined with the evaluative feedback of internal reviews and the ongoing oversight of Family Court permanency hearings, help to ensure that program staff and family stakeholders remain on task for completion of action steps that lead to timely permanency.

During FY 2012, CFSA focused efforts on identification and mitigatation of barriers to permanency for children who had a goal of reunification but had been in foster care for 18 months or longer. Efforts included case-by-case in-depth reviews of every child in foster care who fell into that category. These intensive reviews identified trends and systemic barriers to permanency, especially with respect to reunification. As a result of this monitoring, which began in a less intensive format in 2010, CFSA witnessed a 40 percent drop in that particular population over the 2-year period.

Despite improvements, the 2012 reviews still revealed a need for improved communication among the case management team, accommodation of resource differences between the District and its neighboring jurisdictions, and most importantly, increased utilization of kinship caregiver resources. CFSA quickly identified increasing recruitment and engagement of kinship caregiver resources for children in foster care as a primary goal directly affiliated with the second pillar (*Temporary Save Haven*) of the *Four Pillar Strategic Framework*. Emphasis was accordingly placed on early identification and engagement of kin in the hours and days immediately following a child's removal from the home to improve the likelihood that the Agency will be able to place the child in the most family-like and most familiar setting for the child.

In 2012-2013, CFSA took several additional steps to reinforce the sense of urgency toward achieving permanency. This included an organizational realignment, new practice initiatives, and technical assistance from the National Resource Center for Permanency and Family Connections (NRCPFC). These enhancements have translated into positive outcomes for children, as indicated by the steady decline in CFSA's foster care population in the past 2 years with more and more exiting to positive permanency, including successful adoptions.[38]

In 2012, the Agency disbanded its Out-of-Home and Permanency administration (OHPA), whose staff was responsible for partnering with the social workers to provide consultative support to achieve positive permanency outcomes. The Agency folded these responsibilities into the singular Permanency administration with out-of-home responsibilities being served under the Foster Care Resources administration. Within the Permanency administration, CFSA created the position of "case practice specialist". Specialists consult with social workers and supervisors from specific CFSA administrations and from each private agency in order to examine any barriers they may be experiencing in achieving permanency, and to help guide the team toward permanency. In 2013, CFSA further fine-tuned this particular organizational structure to support the changing demographics of the populations served by the Agency. The former In-Home and Permanency administration moved to a newly-created and expanded Office of Community Partnerships while staff supporting families with children in out-of-home care remained under one administration in program operations with the Permanency units.

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[38] The FY 2014 benchmark for percent increase of exits to a permanent home (e.g. adoption, guardianship, reunification or living with relatives) is 80 percent. Current Agency performance reflects that CFSA within reach of this target, with an FY 2014 two-quarter average of 79.5 percent.

Concurrent to the organizational realignment, CFSA implemented *Permanency on the Move*, an initiative to review children's cases in foster care and to answer the following question for each child, "What will it take to achieve permanency?" The purpose of these reviews was twofold: 1) to emphasize the sense of urgency to achieve permanency for all children in foster care, and 2) to address the difference between placement stability and permanency. The review team included representatives from CFSA's Program Operations administration, the Office of the Attorney General (OAG), and the Foster Care Resources administration, as well as two permanency units within CFSA and each of the private agencies. Sessions focused on presenting data, focusing on the length of time in foster care, permanency goal, length of time in that permanency goal, and identifying areas of strength and areas for improvement. In addition to the data analysis, the review team conducted child-specific reviews to identify barriers to permanency, solutions to address them, and next steps.

From these efforts there was an immediate and measurable increase in permanency outcomes. In order to maintain this momentum, CFSA implemented a 30-day meeting[39] among the social worker, case practice specialist, and birth family to review all cases of children in foster care and to assess progress toward permanency and to eliminate any barriers (as soon as they arise) with the overall goal of expediting permanency. The meetings are designed to ensure participant engagement in the planning process and involvement in all key decisions.

CFSA also requested assistance from NRCPFC to sustain the momentum and increase the number of children who achieve timely permanency. NRCPFC thereby conducted an assessment of CFSA in January 2013 and facilitated brainstorming sessions in May 2013 with representatives from various areas of CFSA, the OAG, and private agencies. The NRCPFC also worked with CFSA leadership in the summer of 2013 to identify priority areas that need to be addressed, as well as technical assistance regarding how to do so.

Finally, in 2013 CFSA successfully applied for and was awarded a Title IV-E child welfare waiver to further support the Agency's vision of timely permanency for children in foster care. As part of the application, CFSA proposed the implementation of post-reunification services that can aid families prior to, during, and following the child's transition home. CFSA's target population for these services are families with children with a permanency goal of reunification who have been in out-of-home care for 6-12 months with the goal of expediting permanency and decreasing the likelihood of re-entry into foster care.

Objective: Expedite permanency for children placed in pre-adoptive homes.

In alignment with the fourth pillar (*Exit to Permanence*) of the *Four Pillar Strategic Framework*, CFSA is committed to ensuring that all children safely and efficiently exit foster care to positive permanency outcomes. When at all possible, children are reunified with their families. In the event that reunification is not possible, CFSA considers it imperative that adoptive families are identified and adoptions take place in a timely fashion. For children placed in pre-adoptive homes, CFSA expedites the adoption process as a critical mission for the well-being of the child. Efforts to this end began prior to the *Four Pillar Strategic*

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[39] These meetings occur every 30 days for as long as the child remains in foster care.

Framework but they have evolved and strengthened as a result of the framework being infused into daily practice standards.

In April of 2010, the District also took legislative steps to remove barriers to permanency with passage of the *Adoption Reform Amendment Act of 2010.* The Act extends the duration of subsidy payments until age 21 years for youth who achieve permanency in the District through adoption or guardianship. This legislation is a major local alignment with the respective durations of foster care payments and subsidy payments, which previously ended at 18 years. It thereby removed a long-standing subsidy disparity viewed by many local child welfare stakeholders as a barrier to permanency.

On top of the above efforts, during the summer of 2010, CFSA performed an internal assessment of pre-adoptive cases to establish an appropriate Agency response and plan of action to move children with a goal of adoption toward permanency. Following the assessment, CFSA put the following benchmarks in place to ensure positive permanency outcomes for these children:

- For those children and youth whose permanency goal changed to adoption prior to July 1, 2010, CFSA set a goal of 40 percent for youth being placed in an approved adoptive home by December 2010 and an additional 20 percent being placed by June 30, 2011.
- For children and youth whose goal changed to adoption on or after July 1, 2010, CFSA committed to placing 80 percent of those youth in an approved adoptive home within 9 months of the goal change. CFSA's performance on this measure as of April 30, 2014 was at 88 percent.

In order to implement these benchmarks, CFSA's adoptive parent recruitment team altered practice to support key steps in the process. These included adding CFSA recruiters to each private agency or CFSA administration to serve as the point of contact with respect to recruitment and adoption activities. Recruiters follow cases soon after the goal of adoption is established and begin to identify pre-adoptive placements and placement resources and to establish permanency plans. This effort has been particularly successful with the private agencies that manage the majority of out-of-home cases, allowing greater access to the recruiters and resulting in greater teaming to move children toward permanency.

Further support for permanency outcomes resulted when CFSA received approval of its *Title IV-E State Plan Amendment* in 2011, which addressed services for older youth in foster care as well as subsidies for older youth who achieved permanency. Collectively, all of these efforts to expedite permanency for children and youth in pre-adoptive homes have evolved over time into a singular strategy that partners permanency specialists with on-going social workers at the onset of case management. By teaming together, the permanency specialists and the ongoing social workers are able to provide one another with mutually consultative support that has great potential for facilitating positive permanency outcomes for clients. The partnership strategy also includes collaborating for case mining, multi-disciplinary barrier staffing, child profile techniques, and partnerships with public and private resources to achieve permanency for children. Teams likewise explore multiple permanency pathways concurrent to reunification, addressing barriers that may have stalled the guardianship or adoption process, and preparing foster parents, potential adoptive parents, and children and youth for the transition to a new family and permanent home. The above-cited strategies continue to evolve even as they are currently employed by the permanency specialists and other stakeholders.

As noted earlier, CFSA created the case practice specialist position in 2012 to support adoption cases. The case practice specialist ensures that the adoption petition is filed as expeditiously as possible and assists the on-going social worker in moving the process through the Family Court once the petition is filed.

Other pushes to expedite permanency throughout the 5-year plan period have included CFSA's solid and productive partnerships with external agencies to support timely permanency for children in pre-adoptive homes. Two examples are the Center for Adoption Support and Education (CASE) and the Post Permanency Family Center (PPFC). These agencies provide a variety of services that support both pre-adoptive and pre-guardianship families throughout the process of adoption/guardianship. CASE and PPFC also offer services in a foster family's home with a focus on preparing children and foster parents for the transition to adoption or guardianship. This is especially important for families who may be ambivalent about moving forward with the adoption or guardianship process. Most importantly, to secure stability, the agencies also offer individual and family therapy after permanency has been achieved.

Objective: **Increase parental, sibling, and social worker visits for children in out-of-home placements.**

CFSA recognizes that visitation is an effective vehicle for maintaining consistent communication between family members, CFSA staff, and resource parents. Visitation also helps to maintain the integrity of the case-management team, prevent placement disruptions, secure a child's well-being and safety, and expedite the path to permanency.

To ensure the integrity of visitations conducted by CFSA and CFSA-contracted social workers and staff, CFSA has regularly reviewed its *Visitation Policy* since the beginning of this 5-year reporting period. It should be noted that the updated 2012 policy integrates the visitation-related responsibilities of new program staffing positions that were introduced at CFSA in 2011. For example, newly-introduced family support workers (FSWs) and nurse care managers (NCMs) are now members of the case management team. As new additions to CFSA's case-management team, FSWs and NCMs play important roles in ensuring timely and effective visitation for children in out-of-home placement and their families. The updated CFSA *Visitation Policy* acknowledges their input into its processes and addresses the visitation responsibilities of NCMs and practice expectations surrounding visitation.

While the overall policy provides general federally-mandated practice standard requirements and guidance on client rights and social worker responsibilities with respect to visitation, the policy also lays out specific guidelines and protocols for each of the various types of visitation, including social worker visits with families receiving in-home services, with children in out-of-home care, with parents of children in out-of-home care, and visitation between children in out-of-home care and their siblings and families. The policy introduces formal safety assessments for each child in the home at each and every visit, in addition to requiring FACES.NET documentation of proper case notes on all visits. The following key aspects of visitation are included in the Agency's practice standards:

- All visits are to be planned and carried out with consideration for the child's best interest.
- The visitation plan must take into consideration the child's safety and well-being.

- Whenever possible and in consideration of the child's safety, all visits shall take place in the home or in the most family-like setting.
- Visits for children over the age of 18 months include a private meeting (outside of the presence of any adult family members, birth parents, resource parents, or facility staff) unless it is not in the child's best interest to do so.
- Visitation between a child and parent or guardian may only be prohibited through a court order. If a social worker believes that visitation is contraindicative to the child's safety as a result of the acts or omissions of acts on the part of the parent or guardian, the social worker must document the concerns and consult with his or her supervisor *and* the Office of the Attorney General prior to cancellation of a scheduled visit.
- Visits are to be documented in FACES.NET within 24 hours of their occurrence.

Family Support Workers (FSWs)

For many years, CFSA had realized a number of benefits from having social services assistants (SSAs) and social work associates (SWAs) as part of its organizational structure. These staff positions performed tasks that freed case-carrying social workers from duties that were not necessarily specific to their profession, expertise, or master level degrees. Social workers were hence able to concentrate on investigations and case management while also providing an extra set of eyes in support of children and families. This model worked well in its time, however, continuing efforts to improve outcomes called for a stronger approach. CFSA elected to retool its case-management approach with the introduction of the FSW model. FSWs have stronger academic and experiential credentials than their SSA/SWA predecessors. As a consequence, they bring more skills to managing cases and serving clients, and greater support in helping children achieve permanency while helping families to achieve self-sufficiency. With their well-developed client interviewing skills, FSWs also play an integral role in assessing the needs of CFSA clients. They enhance service planning in particular and case record documentation in general with finely tuned data-entry skills.

Nurse Care Managers (NCMs)

In July 2010, CFSA instituted the *Nurse Care Manager (NCM) Program*. NCMs are registered nurses who carry out a series of activities in pursuit of short- and long-term health and well-being needs of clients. CFSA fully expects the efforts of the NCMs to have positive long-term implications for enhancing the safety, well-being, and quality of a child's life through seamless service provision. While previously NCMs functioned under the targeted case management model,[40] they currently (as of October 2013) follow the Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) models as they apply to children in foster care.[41] NCMs are responsible for (at a minimum) the following activities:

- Completing multidimensional assessments
- Developing care plans to address medical, educational, social, and other unique needs
- Coordinating, facilitating, and implementing health and mental and behavioral health services
- Educating clients and providers about activities supportive to health and any related social and educational outcomes (otherwise known as "health promotion")
- Monitoring and evaluating service outcomes and the progress of client patients

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[40] Targeted case management is overseen and managed by the Centers for Medicaid and Medicare Services.
[41] Both of these federal programs are overseen and managed by the Social Security Administration (versus the Centers for Medicaid and Medicare).

- Advocating for options and services to meet individual health and related social, educational, and other needs in a comprehensive and proactive manner through communication, linkage, and resources that are available to promote quality and cost-effective outcomes

NCMs also aim to mitigate crises through a preventive and supportive approach to child well-being.

As noted above, the *Visitation Policy* includes important new process benchmarks and requirements for each of the following visitation domains: social worker visitation with children in foster care, social worker visitation with parents of children in foster care, and sibling and parental visits for children and youth in foster care. As of October 2010, CFSA implemented a new and important overarching visitation requirement that social workers must develop a written visitation schedule outlining the timing, location, frequency, and duration of visits. The development of this formal schedule is effected through a collaborative process that includes appropriate clients and stakeholders, increasing accountability among all involved parties and promoting frequent and quality visitation. The Agency further reinforced this requirement by developing a series of best practice, scenario-specific visitation requirements that have been fully integrated into the updated policy.

Social Worker Visitation with Children in Foster Care
Bi-monthly program staff visits are required for all children in foster care. One of these visits must occur in the home where the child is placed and must be completed by the social worker actually assigned to the child. The other required visit may be completed by the FSW, the NCM, or the assigned social worker. This visit may occur outside of the home where the child is placed. During one of the two required visits, any child over 18 months of age *must* be interviewed outside of the presence of his/her caregiver, unless it is documented that it is not in the child's best interest to do so. As noted earlier, safety assessments for each child in the home is required.

Lastly, in instances where the child is newly placed in foster care, or has experienced a placement change, the policy introduces requirements for more frequent visitation from the social worker, FSW, or NCM in the weeks immediately following the placement change. The social worker is also required to engage the foster parent in conducting a formal child needs assessment in order to assist with the adjustment of the placement change and to promote stability in the new placement.

Social Worker Visitation with Parents of Children in Foster Care
For all initial placements and re-entries into foster care where the focal child has a goal of reunification, the assigned social worker must visit the birth parent at least one time per month in the first 3 months following the child's placement. Additionally, pursuant to policy, the social worker or the FSW or NCM must conduct an additional visit so that at least two per month occur for those first 3 months. At each and every visit, the visiting staff discusses and documents in FACES.NET parent engagement with respect to the permanency goal, case plan, and overall progress toward family stability and permanency.

Visitation between Children in Foster Care and their Parents and Siblings
CFSA's *Visitation Policy* emphasizes the need for weekly visits between parents and children who have a goal of reunification (unless such visitation among siblings is deemed clinically inappropriate according to a Family Court ruling). In the event that such visitation does not occur, the social worker must document in the child's case record and in FACES.NET either why visitation with the parent was not in the child's best interest, is clinically inappropriate, or did not occur despite the best efforts by the social worker and Agency to facilitate it.

While the Agency is required to make reasonable efforts to place siblings together in foster care whenever it is possible and appropriate to do so, if siblings are placed apart, the *Visitation Policy* contains prescriptive minimum visitation requirements. Unless it is not in their best interest to do so, children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings.

Again, several updates have occurred to the *Visitation Policy* since the beginning of this 5-year review period. Included in these updates is clarification on the frequency requirements for visitation among and between parents, children, siblings and social workers. The current policy provides guidance on high-quality visitation, delineates roles and responsibilities among direct service staff with respect to visits, and increases accountability among the clinical professionals responsible for conducting and facilitating visitation.

Both the *2010 LaShawn Implementation and Exit Plan*[42] and CFSA's *2012 LaShawn Strategy Plan* (Strategy Plan)[43] contain explicit performance benchmarks regarding the areas of social worker/child visitation, child/parent visitation, child/sibling visitation, and social worker /parent visitation. As of March 2012, CFSA is consistently meeting most of the benchmarks related to social worker/child visits and sibling visitation.[44] Statistical measures with respect to social worker visits with birth parents of children who have a goal of reunification and visitation between birth parents and their children in foster care reflect inconsistent performance. CFSA' aforementioned strategies[45] for parental (especially paternal) engagement are part of the Agency's approach to addressing these visitation issues as well.

In response to the Agency's *2012 Strategy Plan,*[46] CFSA identified innovative visitation models that have demonstrated success in Georgia, Illinois, New Jersey, and California. The Agency will be working with local stakeholders and representatives from those jurisdictions to determine the feasibility of applying or adapting their models to CFSA cases.

Beginning in May 2012, CFSA supervisors began monitoring visitation each week to ensure that the requisite frequency and quality standards for visitation were being met. This practice has continued with supervisors providing senior management with a monthly report on all clients who did not receive the requisite level for that month. Upon review of the report, program managers, supervisors, and social workers discuss, identify, and strategize on a case-by-case basis to overcome barriers to visitation for future months.

To ensure ongoing and effective visitation for minimizing possible placement disruptions and for expediting permanency, CFSA social workers are required and expected to engage the family early in the case process and to develop a viable visitation plan that can be implemented shortly after a child enters foster care. Engagement is also critical to participation in the initial, formal family team meeting (FTM) which occurs within 72-hours of a child's removal from the home. As of 2013, CFSA has required that the assigned ongoing social worker or supervisor also attend the initial FTM as a critical step in engaging the family early in the case to ensure a seamless transition from the investigation process to the ongoing case. In addition, the ongoing social worker or supervisor's participation in the FTM allows them to be involved with the creation of the visitation plan so that everyone is on the same page from the beginning, resulting in timely implementation of the plan. As is the case with the *Visitation Policy*, these guidelines are set forth in the 2013 *Family Team Meeting Policy*.

Part of the FTM includes participant discussion and completion of a visitation template that includes frequency, duration, location, and other relevant information, such as whether the visit will be

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[42] The 2010 *LaShawn Implementation and Exit Plan* (IEP) includes (1) Outcomes to be Achieved (Section I), (2) Outcomes to be Maintained (those requirements where the District of Columbia's current performance meets proposed exit requirements) (Section II), (3) Sustainability and Exit (Section III), (4) and the 2010-2011 Strategy Plan (action steps to achieve the outcomes) (Section IV). Citations from federal law, District of Columbia law and regulations, the Modified Final Order (MFO), and CFSA policy are included.

[43] The Strategy Plan delineates reasonable strategies, actions, and timelines to achieve the outcomes and Exit Standards of the *LaShawn* IEP.

[44] As of March 2012, the only social worker/child visitation benchmark that CFSA is not consistently meeting is the requirement for weekly visitation with children in foster care for the first four weeks following placement or re-placement.

[45] Engagement is a practice standard for the Agency. Strategies have been listed throughout the previous Goals and Objectives.

[46] The Strategy Plan pointedly requires consultation with peer child welfare jurisdictions as well as technical assistance from national subject matter experts in order to address ongoing issues with visitation, especially with parents.

supervised or unsupervised. The template is filled out with and signed by the family. Addressing visitation early in the case further demonstrates to the family that CFSA is committed to working with them toward reunification.

Reinforcing the protocols outlined in the *Visitation Policy* is the *CFSA In-Home and Out-of-Home Procedural Operations Manual (POM)*[47] which includes guidance for how ongoing social workers can and should utilize intentional visitation for expediting successful permanency achievement. This includes focusing on the environment where the visit is held as well as the intensity, frequency, and focus of the visits. The POM further provides best practice "tips" to ensure the time during visitation is used effectively as a strategy to progress toward permanency. The following tips are just two examples of many included in the POM:

- Visitation should occur as frequently as possible, starting out with a high number of visits in the beginning of the process. In order for this frequency to occur, a team of individuals who know and care about the child must be engaged to support the visitation process…

- Visits should only occur in the office when there are safety concerns.

As noted under Goal 3, the Agency implemented a "dashboard" feature in FACES.NET to address case-related mandates, including outstanding visits in a timely fashion. CFSA also uses management reports generated by FACES.NET to review frequency and documentation of visitation.

DATA – Goal 5
CFSA initiated several modifications to the permanency data measures throughout the 5-year plan period. The purpose was to ensure the measures are aligned with changes in practice related to achieving more timely permanency for children in foster care. While four measures remained consistent, three of the original measures were eliminated from this objective. Two of those four were recaptured in other objectives (Objective 4 and Objective 9). Five new measures were added in FY 2013 as a result of the implementation of the *Four Pillar Strategic Framework*.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The percentage of children in out of home placement for at least 8 days but less than 12 months who experience two or	80%	**88%**	81%	82%			

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[47] As noted earlier in this document, the In-Home and Out-of-Home POM, as with all other CFSA POMs, is considered a living document. As such, CFSA is planning a review and update to incorporate the RED (review, evaluate, direct) team framework towards the end of FY 2014 with the assistance of the Children's Research Center.

Measure							
fewer placements.[48] (Source: PLC234) [MOVED TO Objective #9]							
The percentage of children in out of home placement who have appropriate (by ASFA standards) permanency goals. (Source: CMT268)	92%	**90%**	92%	96%			
The percentage of children in out of home placement with a goal of reunification who have weekly visits with their parents. (Source: CMT012)	52%	**85%**	62%	71%	**85%**	72%	84%
The percentage of children in out of home placement with monthly visits from their social workers. (Source: CMT165) [MODIFIED and MOVED TO Objective #4]	93%	**90%**	94%	96%			
The percentage of reunifications that occur within 12 months of the child's entry into foster care. (Source: CMT367)[49]	71%	**70%**	71%	60%	**75%**	49%	56%
The percentage of finalized adoptions that occur within 12 months of the child's placement into a pre-adoptive home. (Source:ADP075)	36%	**90%**[50]	36%	44%	**90%**	45%	67%
The percentage of children who experience re-entry into the foster care	9.7%	**6%**	12.5%[51]	11.9%[52]	**9.9%**[53]	4.6%	6%

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[48] CFSA has clarified this measure since the CFSP and aligned it with the appropriate National Standard for timely permanency.

[49] CFSA inaccurately reported the baseline and actual value for this measure in the FY13 submission; the baseline for 9/30/12 was 61% and the actual was 49%.

[50] Going forward, this measure will reflect CFSA performance on children who newly enter pre-adoptive homes.

[51] Cohort is exits to reunifications for 24 month period ending May 2011.

[52] Cohort is exits to reunifications for 24 month period ending May 2012.

[53] Goal for this measure is aligned with National Standard for performance.

system within 12 months of reunification. (Source: PLC238)							
Decrease average months to reunification (Source: CMT 367) [NEW][54]					**12**	17	17
Decrease average months to guardianship (Source: CMT 367) [NEW][55]					**30**	37	43
Decrease average months to adoption (Source: CMT 367) [NEW][56]					**36**	48	41
Decrease the number of youth who age out of care (Source: CMT 367) [NEW][57]					**18%**	24%	20%
Increase exits to a permanent home (Source: CMT 367) [NEW][58]					**83%**	76%	79%

Goal 6:   *Improve placement resources for children in foster care.*

Objective: **Ensure that children are placed in the least restrictive and most family-like setting that will meet their needs.**

Even prior to the 2012 implementation of CFSA's *Four Pillar Strategic Framework*, the Agency operated on the third pillar foundation that foster care for all children should be a stable but *Temporary Safe Haven* while services and resources are put into place to expedite the return of the child to his or her family of origin. To this end, CFSA has dedicated its resources over the 5-year review period to continually explore ways to ensure that when a child is removed from his or her home of origin, the available array of placement resources is appropriate to the unique needs of the child not only for well-being and safey but especially to expedite permanency. For this purpose, the Agency has also made consistent efforts to ensure that the most family-like, least restrictive placements possible are afforded for the Agency's unique populations (e.g., sibling groups, children who are medically fragile, or children who may identify as lesbian, bisexual, gay, or transgendered). These overarching efforts to provide the most family-like, least restrictive settings include increasing more available foster care placements within the District to keep children close to their home, community, and school of origin.

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[54] Baseline as of 9/30/12 was 14.
[55] Baseline as of 9/30/12 was 38.
[56] Baseline as of 9/30/12 was 46.
[57] Baseline as of 9/30/12 was 24%.
[58] Baseline as of 9/30/12 was 72%.

In addition to keeping children close to their communities and customary cultural environments, CFSA prioritizes active involvement of relatives in the case planning process as well as placement with relatives. As a demographic, however, many children in the District have relatives and extended family members who have moved out of the District and now reside in Maryland. To secure these kinship placements, the Agency developed a *Temporary Licensing of Foster Homes for Kin* policy process to expedite such placements in Maryland.

The choice to involve kinship placements is a well-established strategy for increasing permanency outcomes when imminent risk to a child's safety is substantiated and it is necessary to remove the child from the home. Simultaneously, the Agency works with the birth parents or caregivers to prevent the potential for re-occurrence of maltreatment. Again, as soon as a child does come into foster care, the Agency prioritizes involvement of family to keep the child amidst familiar faces. Therefore, kinship care continues to be the most desired placement setting for children in foster care, providing both a family-like and non-restrictive home setting.

While kinship placements do allow for continuity, moving outside of the District into Maryland and away from the child's home community and cultural environment may cause additional trauma to a child. This is particularly true for non-relative placements in Maryland. Since relatives are not always available (either in Maryland or the District), the Agency has also been consistent in exploring ways to cultivate resource parents within the District, improving outreach and communication efforts throughout the Wards where children in foster care are generally overrepresented. CFSA's *2014 Recruitment and Retention Plan* provides more thorough discussion of the success of these strategies.

As part of this comprehensive effort to provide the least restrictive and most family-like settings, over the course of the 5-year review period and during the redesign of CFSA's Placement Services Administration (PSA), the Agency initiated implementation of the "utilization management" (UM) model. UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources and services to meet the needs of children in care. Introduced in 2011, the process has been enhanced since 2012 through the addition of a formal Child Needs Assessment (CNA) tool that addresses placement stability, mental and physical health needs, educational issues, and kinship resources in order to establish permanency for the child. A PSA resource development specialist (RDS) conducts the CNA to ensure that children in foster care are first and foremost matched with foster parents who can best meet the needs of the child.

CFSA recognizes that it is essential that children do not linger in inappropriately restrictive placements, including congregate care placements. To address this balance, CFSA expanded the array of family-based placement settings while right-sizing contracts with congregate care facilities. This effort was bolstered by the establishment of Human Care Agreements (HCAs) in FY 2011, giving the Agency the flexibility to modify placement type capacity according to trends and forecasted size (and needs) of the foster care population. Several strategies, including targeted home recruitment, are being implemented to increase the number of family-based homes for "hard to place" populations. As noted earlier, these populations may include sibling groups, those diagnosed as developmentally delayed or medically fragile, as well as those who self-identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ)). Improving the quality and scope of efforts to recruit and diversify resource parents willing and properly trained to care for children in any of these populations is an ongoing priority for PSA.

Interfacing with external as well as internal stakeholders, the Agency also organized a series of permanency forums, stakeholder consultations, and collaborative case reviews on congregate care placements in order to examine effective and evidence-based strategies for placement of children in the least restrictive, most family-like settings possible. These efforts were complemented over the 5-year review period by information gleaned from completion of two *Needs Assessments* (2011 and 2013). These *Needs Assessments* are purposed towards examination of placement resources for children such that the forums and consultations, in addition to the Agency's *Resource Development Plan*, were substantially informed by the data surrounding the assessments. All of these strategies have served as platforms for identifying and discussing individual family, child, and staff experiences around existing and potential strengths and challenges surrounding the placement process. The Agency has been successful in maintaining the majority of children in the least restrictive and most family-like setting appropriate to their needs as evidenced by the findings of the Quality Services Reviews (QSRs) and the Agency's review of children in congregate care.

Objective: **Implement and strengthen foster care services that reflect a continuum of levels of care (LOC) based on children's specific needs, including traditional and specialized foster homes.**

Historically, CFSA's primary contracting vehicle with the provider community was competitive sealed proposals in response to Requests for Proposals (RFPs). In FY 2010, CFSA shifted away from traditional contracting methods toward the use of Human Care Agreements (HCAs) to procure placement resources. Now fully implemented as a contracted service, each HCA demonstrates a provider's capacity to meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive outcomes for children in care.

HCAs must also demonstrate capacity to ensure that children are provided services that employ a family-centered approach to care as well as culturally competent services that build upon ethnic, socio-cultural and linguistic strengths while assisting children to maintain connections with schools, churches, friends and family members. Lastly, HCAs require that providers develop a community-based network of services and affiliations that will facilitate supportive services for children and their families in their community of origin as well as their community of placement. The HCA process has ultimately resulted in a more flexible contract capacity according to population and program type needs.

As an additional efficiency measure, the Agency's PSA instituted the *Quarterly Utilization Management Review* process (based on the UM model cited above) to examine the rate of actual usage and the appropriateness of current, contracted, bed capacity. This process facilitates the allocation of financial resources toward desirable placement types based on the identified needs.

Although the UM review addresses appropriateness of placement, CFSA has also continued to allocate resources toward ensuring that there are adequate placement slots for variable child needs along an entire placement continuum. These may range from kinship homes to high-end residential placement facilities for youth who require an elevated level of supervision and treatment to address their myriad needs.

Additionally, CFSA's Kinship Support Unit continues to earnestly engage kin and identify relatives who are willing and able caregivers. The Agency dedicates considerable time and resources ensuring that kinship options are thoroughly explored before looking beyond relatives for safe and stable foster care

placements. In the event that a viable kinship caregiver cannot be identified, CFSA has in place a diverse array of placement types that are identified during the UM review to meet the individual needs of the child.

In addition to the above efforts, CFSA has continued a large-scale effort to recruit traditional foster family homes within the District of Columbia. This recruitment focus drives the following overarching goals:

- Enhance community awareness of the needs of local children in foster care and the opportunities to foster and adopt.
- Reduce the rate of community displacement caused by fostering children to outside neighborhoods.
- Increase the number of resource parents in the District for traditionally "hard to place" populations, including sibling groups, children with developmental delays or medically-fragile circumstances, and youth who self-identify as LGBTQ (lesbian, gay, bisexual, transgender, questioning).

Placement Types
Within the placement practice, the following levels of care are included in the District's continuum:

Kinship Care – CFSA always endeavors to place children with willing and able kinship caregivers. To be sure, much of the Agency's resources have been allocated toward early identification and engagement of kin, especially for children at risk of entering into foster care. In particular, the Agency provides a temporary licensure process (via the *Temporary Licensing of Foster Homes for Kin* policy) that allows a relative to receive a child into the kinship home immediately upon removal from the home of origin. Using this approach, CFSA does not have to wait for full licensure to place a child with their relatives. Rather, the Agency expedites the process for granting the temporary licensure and then works closely with the kin to help them become fully licensed within designated timeframes.

Traditional Foster Family Care – If a child cannot be placed with kin, CFSA strives to place the child in the most family-like setting possible. Accordingly, CFSA maintains hundreds of licensed, District-based, family-based foster homes for children whenever a family-based setting is appropriate. Among these providers are eight Mockingbird Family Model (MFM) "constellations" that include five to ten resource homes or "satellites" that revolve around a "hub" home. Hub home parents then provide various support services to the satellite parents caring for children in foster care. Serving as a peer-support network model, MFM facilitates access to quality supports and respite services for resource parents. In turn, the resource parents are better equipped and energized to promote the safety, well-being, and permanency of the children in the homes.

Therapeutic Foster Care – CFSA contracts with private child-placing agencies to provide specialized foster care services for children who present with an Axis 1 diagnosis[59] with CFSA-approved clinical justification. To ensure appropriate care, foster parents are trained as part of the treatment team to stabilize and address the behavioral and mental health needs of these children in anticipation of aiding the child to "step down" to a traditional level of care.

Teen Parent Foster Care – CFSA also contracts with private agency partners to serve pregnant and

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[59] Axis disorders are based on the current volume of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

parenting teens. Licensed, foster family homes for teen parents caring for their offspring include therapeutic care for teen parents whose well-being can be more thoughtfully addressed in a family-based setting than in an independent living program.

Stabilization and Respite (ST*A*R) Homes - The ST*A*R home model provides continuous emergency placement capacity for any child cleared for placement with the exception of those requiring psychiatric care. The first home opened 6 years ago and continues to serve children until 21 years old (although most ST*A*R beds are utilized by teenagers). Under this model, children and families are provided essential support immediately following initial home removals or placement disruptions. The program also serves as an emergency placement and provides support for returning absconders. This program further provides a family-setting, short-term (up to 10 days) emergency placement for children who come into care after regular work hours. The average stay under these circumstances is usually 7 days. Regardless of length of stay, services and resources are put into place to facilitate a smooth transition into an appropriate foster home until permanency is achieved. At any given time, CFSA may have between 12 to 15 available ST*A*R slots available, meeting placement needs among the target population.

Congregate Care – Although CFSA is committed to reducing congregate placements, the reality of child welfare requires the existence and availability of such placements for populations where it is most appropriate. CFSA therefore maintains an array of contracted congregate care agencies and facilities providing room, board, and therapeutic services to youth who require a higher-level of clinical intervention than can be addressed in a family-based setting. These placements range from therapeutic group homes to psychiatric residential treatment facilities (PRTFs) for youth with very high-level clinical needs.

Independent Living Programs (ILPs) – ILPs are available for older youth if recommended by the social worker with the input of the youth. These determinations are made only after participation in the Listening to Youth and Families as Experts (LYFE) conferences, as well as planning meetings with the Office of Youth Empowerment. In the past, youth entering an ILP may have transitioned through a "teen bridge program". As a result of the Agency strengthening its placement matching process, CFSA has dispensed with utilizing these programs.

Specialized Placements – In a targeted effort to recruit resource parents for youth diagnosed as developmentally disabled and medically fragile (DD/MF), dedicated staff members provide workshops and training sessions with various local home health care providers, local hospital centers, and a local university. These strategic partnerships have provided CFSA with access to an enlarged network of potential resource parents for children who need these levels of care. The foster parents are hence specially trained to meet the unique medical needs of children in this category.

Placements for Children and Youth who Self-Identify as LGBTQ – CFSA continues to partner with local LGBTQ-friendly advocacy organizations, non-profits, and local church organizations (such as DC 127)[60] to recruit prospective foster parents to serve as LGBTQ-friendly homes. Additionally, recruiters

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[60] DC127 is an initiative of churches working to recruit and support foster and adoptive parents. The organization's vision states that sustainable foster care must include engagement, support, and commitment to children in foster care through the following four networks: (1) immediate family, (2) close-knit community, (3) local churches, and (4) public institutions. For more information, please refer to http://dc127.org.

are participating members of the Human Rights Campaign's, "All Children, All Families" initiative. Through its ongoing efforts to increase awareness and cultural competency among its network of foster care providers, CFSA has made strides in increasing family-setting bed capacity for youth identifying as LGBTQ. Yet still, the Agency strives to identify an accurate number of youth entering care who are identifying as LGBTQ in order to maintain enough foster family placements to meet the current level of need.

Services and Supports

As trends arise with respect to the needs of children in out-of-home care, the Agency continues to develop in-house capacity while simultaneously forging new partnerships with proven service providers to address those needs. Currently, CFSA either provides directly or contracts with partners to provide the following services and supports for children in foster care and for the resource parents who care for them:

Older Youth Supports – Because youth can remain District wards until the age of 21, CFSA has a dedicated administration, the Office of Youth Empowerment (OYE), to address the unique needs of older youth in foster care. This includes transition services starting for all youth at age 15 as well as case management services for youth age 17 ½ and older. Support services address education (including post-secondary education), vocational and employment goals, needs of pregnant or parenting youth, and aftercare services (via CFSA's contracted partnership with the Healthy Families/Thriving Communities Collaboratives). For youth ages 18 to 20 who are enrolled in a post-secondary educational program, OYE also facilitates the use of education and training vouchers (funded as part of the Chaffee Foster Care Independence Program).

Clinical Services/Therapies – CFSA partners with the District's Department of Behavioral Health to provide client access to evidence-based practices that improve functioning in the home, school, or community. These include Trauma-Focused Cognitive Behavioral Therapy, Functional Family Therapy, Parent Child Interaction Therapy, and Multi-systemic Therapy for Youth with Problem Sexual Behavior.

Parent Advocate Project (PAP) – As noted previously, PAP mentors offer their experience and provide consultation for services and referrals, as well as one-on-one support to parents. PAP mentors also facilitate engagement between parents and social workers, and promote a parent's progress toward case goals.

The Rapid Housing Program (RHP) - RHP is a shared effort among CFSA, the above-mentioned Collaboratives, and the Community Partnership for the Prevention of Homelessness (TCP). Funded by CFSA, TCP administers the assistance of payments while the Collaboratives provide case management and support services. In addition to providing short-term assistance to families in need of stable housing for preservation or reunification, RHP also assists eligible youth aging out of foster care with time-limited assistance to facilitate their transition out of foster care and into adulthood and independence.

Family-Link Model – As described above, CFSA implemented the Family-Link Model to informally bring together a child's birth parents and foster parents within 1-2 days of the child's placement. The model reinforces the importance of birth parent participation in the child's case plan and provides valuable information to the foster parent about the child's needs and concerns.

Best Practices

The following existing and new best practices are integral to CFSA's commitment to supporting families with a child in out-of-home care in addition to supporting relatives who have a child placed in their homes, and naturally supporting social workers who case manage children in out-of-home care:

KinFirst Initiative – *KinFirst* coordinates the expertise of multiple interagency resources, including CFSA's Family Team Meeting (FTM) Unit, Diligent Search Unit (DSU), and Kinship Licensing Unit. Collectively, these resources identify and engage family at the earliest possible stages of a case. As a result, the *KinFirst* initiative helps to divert some children from entering care by locating relative caregivers as well as kinship caregivers for those children who must be placed into out-of-home care.

RED Team – Noted throughout the document, the RED (review, evaluate, and direct) team framework gives voice to different perspectives, promotes critical thinking and problem solving, and provides validation and support to assigned social workers while reinforcing accountability with respect to case planning.

Comprehensive Child Needs Assessment (CNA) – CNAs provide social workers with a profile of a child's strengths and needs with an eye toward finding the best foster care placement match. CNAs are first completed when a child enters foster care and are then updated at scheduled intervals. The information is subsequently used to ensure appropriateness of the placement type and to ensure that prospective providers have the necessary tools, qualifications, and skill sets to meet each child's unique placement needs.

Utilization Management (UM) Review – This family-centered model utilizes the CNA and involves a team meeting with the age-appropriate child and his or her family members to discuss holistic needs, appropriate services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the child is then placed in a setting that best meets his or her unique needs until reunification or other permanency goal can be achieved in a timely manner.

Foster and Adoptive Parent Support – CFSA provides various supports and services to help foster parents manage the challenges of fostering, including extensive cross-training with social workers through the Agency's Child Welfare Training Academy, assignment of a dedicated family support worker to the foster or adoptive parent, linkage to local foster and adoptive parent organizations and support groups, short-term respite care, and home renovations, equipment, and supplies to accommodate children with special needs (as applicable). In addition to the above-mentioned supports, adoptive parents also receive subsidy payments and access to the District-based Post-Permanency Family Center.

Nurse Care Management – Children who are diagnosed with significant physical or mental health care needs are assigned a nurse care manager (NCM) who provides case management for the child alongside support and consultative services for their social workers and families.

Progress towards Goal 6 Outcomes

Since the beginning of the review period, the Agency has continued to make the following progress towards the outcomes outlined for Goal 6:

- More children than ever are placed in the least restrictive and most family-like setting possible.

- Fewer children than ever are placed in congregate care settings and more children are placed in kinship placements.
- CFSA has decreased the number of children placed in non-family based settings located more than 100 miles outside of the District.

In addition to the above outcomes, the CFSA 2010 *LaShawn Implementation and Exit Plan* (IEP) outlines requirements and performance standards that the Agency (and its partners) must meet in order to exit the consent decree under which it presently operates. Among these is the standard that 90 percent of children in foster care will be placed in the least restrictive and most family-like setting. CFSA tracks this measure through the FACES.NET[61] system which generates data regarding the number of children in congregate versus family-based (including kin) settings and the number of children placed outside of the District in non-family based homes. In regards to the number of children placed more than 100 miles outside of the District, the Agency has a maintenance standard of no more than 82 children.

As noted in the data measures outlined in the previous section, the Agency has demonstrated substantial progress in improving placement resources for foster children over the past 5 years. Data results remain above the baseline first established for the Agency. At 82 percent as of FY13, the Agency was the closest it has been throughout the review period for meeting the 90 percent standard for more children being placed in the least-restrictive placement setting.

Although CFSA has made great strides towards improving placement resources for children entering the foster care system, the Agency nevertheless recognizes that it must perpetually address the following placement practice elements in order to sustain its successes:

- Clear communication across the case planning team, which includes the kin and foster parents
- Advance planning that will improve placement stability and outcomes
- Consistent and thoughtful planning and action around initial placements and placement changes
- Further development of diverse placement resources to meet the needs of CFSA's populations
- Comprehensive support (e.g., ready access to resources and services, input on practice improvements, specialized trainings, as well as managerial support) for social workers

DATA - Goal 6

Improving placement resources for foster children has evolved alongside the changes in practice and organizational structure of the Agency over the course of the past 5 years. In that regard, the data measures for this goal were modified in keeping with practice changes. First, the Agency met the measure related to the placement of children age 12 and under so this measure was eliminated. Then the focus shifted to reducing the placement of children of all ages in congregate settings. Two measures were also added to reflect changes in the tracking and monitoring of practice, based on the *Four Pillar Strategic Framework*.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014

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61 FACES.NET is CFSA's statewide automated child welfare information system.

The percentage of children in out of home placement who are placed in the least restrictive and most family-like settings (kinship or foster homes). (Source: CMT232)	71%	**70%**	78%	81%	**75%**	82%	82%
The percentage of young children (age 12 and under) in out of home placement who are placed in congregate care settings for more than 30 days. (Source: PLC154)	4.3%	**1%**	1%	Not available - PLC154 has been removed from the packet (.01%)			
The number of children placed in non-family based settings located more than 100 miles outside of the District. (Source: PLC205) [MODIFIED][62]	85	**40[63]**	40	26	**40**	26	23
Increase relative (kinship) placements (Source: CMT232, CMT389) [NEW][64]					**26%**	20%	22%
Decrease placements in group homes (Source: CMT232) [NEW][65]					**4%**	4%	4%

Goal 7: *Enhance services to assure that all teens and young adults in foster care are prepared for adult living.*

Objective: **Refine existing youth services program model to best meet needs of the older youth population.**

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[62] Modified from reading as "the number of children placed in Residential Treatment Centers located more than 100 miles outside of the District."

[63] Goal for this measure has been changed (was 82) and is now aligned with that of a similar measure in CFSA's Exit Plan.

[64] Baseline as of 9/30/12 was 16%.

[65] Baseline as of 9/30/12 was 5%.

Organizational Improvements

CFSA's approach to youth services has undergone major organizational and practice-related improvement since the inception of the current CFSP. In 2010, CFSA implemented a major organizational restructuring of the Agency's Office of Youth Development (OYD),[66] re-branding it as the Office of Youth Empowerment (OYE). In addition, OYE re-located in 2012 from the Agency's main headquarters to a repurposed school building in the Georgia Avenue/Petworth section of the city, increasing the community's accessibility to CFSA resources and service. OYE's presence in the neighborhood has also allowed CFSA to become an active and integrated community partner, forging stronger local ties and accessing supports for youth from community-based organizations. These changes are just the beginning of the dramatic refinement of youth services since the onset of the review period.

Prior to 2010, OYD provided case management services for youth starting at age 15. Although OYE services still begin for every youth at 15 years old, case management is only an option when the youth reaches 17½ years old (per OYE's *Older Youth Services Policy*). An additional shift occurred when OYE increased its staffing of consultative specialists with specific areas of expertise around independent living (e.g., educational and vocational advancement, employment readiness, life skills development, and obtaining and maintaining family connections and community support).

These consultative specialists support youth and their social workers in all critical phases of planning for successful outcomes for youth.

- *Consultative Independent Living Specialist/Social Workers* - The consultative model provides case-carrying social workers with one-on-one consultation to help them move older youth toward independence. Specialists are available for informal mentoring, facilitation of transition planning meetings, coaching on use of the *Foster Club Transition ToolKit*, and assistance with the exit interviews that occur immediately prior to a youth achieving permanency.
- *Education Specialists* – OYE's team of education specialists coordinate educational and post-secondary educational services (e.g., tutoring, after-school enrichment, and computer access) to assist youth in planning for their futures and in making a successful transition to adulthood. They work with social workers and youth to plan educational goals, research programs, complete applications and financial aid forms, coordinate college visits, provide linkages to student academic supports, and manage macro-level data on educational outcomes for CFSA youth. OYE also actively encourages the importance of birth and foster parent involvement in emphasizing to children and youth the importance of completing one's education.
- *Career Pathway Specialists* – OYE's approach to job readiness and vocational training services has changed since the last APSR. There is greater emphasis on the involvement of birth and foster parents taking a pro-active role in helping youth plan for their vocational and employment futures. In addition, career guidance begins at age 18. Legislatively, the *Foster Youth Employment Amendment Act of 2012* introduced a number of provisions to assist youth in successfully procuring employing. This includes youth currently in foster care as well as youth who were formerly in foster care. Principal among these provisions is a 10-point hiring preference for Career Service jobs in District government. This has opened doors into employment opportunities that have not been previously available to youth.

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[66] Prior to 2010 the Office of Youth Development (OYD) bore primary case management responsibility for older youth (age 15 up until to age 21). OYD also staffed a small cadre of independent living specialists to assist social workers throughout the system to access educational, employment, and other independent living resources for older youth on their caseloads. As noted in the above section, the same services along with new services are offered with enhanced practice strategies.

- *Generations Unit Specialists* – OYE introduced the Generations Unit to address the reality of pregnant and parenting youth within CFSA's youth population. Specialists provide supportive services to youth mothers and fathers, as well as their children, regardless of whether the youth is case managed by CFSA or a private agency. Services include prenatal care, birthing classes, parenting classes, support for co-parenting, connection to a nurse care manager (through CFSA's Healthy Horizons Assessment Center), identification and support of teen fathers' involvement in their child's development, as well as partnerships with community resources.[67]

OYE developed the above-cited Generations Unit as the result of a 2012 organizational self-assessment that revealed that the sub-population of pregnant and parenting teens (both male and female) were experiencing unmet service needs. At the same time, OYE began participating in the Center for the Study of Social Policy's (CSSP) National Peer Learning Network (NPLN) on Pregnant and Parenting Youth in Foster Care. NPLN focuses on improving key outcomes for a target population while also informing best practices in working with the population. The Generations Unit is presently staffed by social work case managers exclusively assigned to pregnant and parenting youth in foster care. As noted, these specialists assist youth with a myriad of services, including navigation through the child welfare, educational, employment, health care, and housing systems.

Case Management Tool and Supports
During the first 3 years of the CFSP period, OYE utilized the Ansell-Casey Life Skills Assessment (ACSLA) tool as a means of determining the strengths and challenges that individual youth faced as they prepared for the transition from foster care. The tool was comprehensive but not as nimble and youth-driven as OYE's specialists preferred. It also did not directly correspond to case planning. OYE subsequently partnered in FY 2013 with the *Foster Club* to customize a user-friendly and youth-driven *Foster Club Transition ToolKit* for older youth in foster care. This tool more readily promotes teaming and strength-based case planning than the ACSLA, and it addresses a broader array of key issues and considerations around transitioning out of foster care. It is flexible enough to be deployed on a wide array of youth who have lived through myriad circumstances and who are at various ages and stages of the transition process. In this way, the tool is invariably topical and resonates with older youth.

Older Youth Service Array
Various local eateries, construction companies, and beauty salons provide real world food service, construction, and cosmetology experience to OYE youth seeking a career pathway towards full-time employment.

According to each youth's strengths, challenges, and interests, OYE specialists connect youth to the following various local community resources to help youth prepare for the transition out of foster care into the world of self-sufficiency:

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[67] Currently, CFSA partners with the following resources: (1) Metro TeenAIDS: Stable Families, (2) Healthy Babies/Teen Alliance for Prepared Parenting, (3) DC Department of Human Services, and (4) the Fatherhood Empowerment and Educational Development program.

- **Bank on DC/E$CROW (Establishing Savings. Creating Revenue. Obtaining Wealth.)**[68] works with unbanked or "under-banked" District residents to obtain low-cost, safe, financial accounts and services, as well has high-quality financial education. Through its partnership with CFSA, the Bank on DC/E$CROW program provides multi-faceted education and training services to youth who are referred by OYE. The program features an online financial literacy course, financial education seminars, account enrollment, financial mentoring, and peer learning.
- **New Heights Teen Parent Program** is a unique school-based collaboration with DC Public Schools that assists pregnant and parenting students to further their education, become gainfully employed, and attend to the health and wellness of themselves and their children. OYE's Generations Unit works closely with New Heights to prepare these youth for adulthood.
- **Washingtonians for Children (WFC)** provides mentorships, internships, and meaningful work experiences for youth in foster care who are enrolled at local institutions of higher education. The internships are "high-impact" in so far as they are customized to each youth's area of interest and skill level. Internships are intended to lead to eventual full-time employment.
- **Foster, Adopt, Mentor! (FAM) Treats** is a 12-week paid culinary arts internship during which youth interns learn the skills of licensed food handlers. The program is highly competitive and focuses on youth in foster care who are not engaged in any other educational or employment setting. Youth are exposed to hands-on lessons in food preparation while making weekly site visits to area restaurants to learn and practice their trade.
- **Bennett Career Institute** offers CFSA youth a certification program in general cosmetology, salon management, make-up artistry, barber-styling, braiding, as well as instructorship certification.
- **Career Technical Institute** has a program to which CFSA refers youth for training in office administration, healthcare services, and information technology.
- **Excel Institute** provides training for certification in Automotive Service Excellence (ASE) and National Automotive Technicians Education Foundation Specialty Training.
- **Prince George's Community College** offers a program in early childhood development that leads to a Child Development Associate (CDA) certificate.
- **Vital Management Team** is a training program for Certified Nursing Assistants and Home Health Aides.
- **Westlink** offers a training program in Emergency Medical Services (EMS).

Events and Activities Focusing on Readiness for Adulthood
OYE sponsors the following activities for committed wards of the District. Note that vocational and career opportunities are available only for youth 18 years up until 21 years. While many activities are available for all youth, OYE emphasizes education and life skills for ages 15 to 17.

Vocational Tours (September – March)
OYE's vocational specialists arrange "prospective employer" tours. These tours allow the youth to gain insight and exposure to career fields of their interest. It is a hands-on approach to helping youth determine their career paths and to develop connections with local businesses and business owners.

College Tours

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[68] The Bank on DC/E$CROW program and partnership with CFSA was highlighted in 2013 by the National League of Cities' Institute for Youth, Education & Families as a successful program modeling strategies that city leaders can take to increase family economic security.

Each spring and fall OYE takes youth on a college tour to introduce the youth to post-secondary educational opportunities and experiences. Youth are encouraged to discern personal interests during the college selection process. College tours are a great way to explore college options, to compare and contrast the schools, and to make educated decisions about where to apply.

Youth Holiday Gala (December)
Each December OYE hosts an Annual Youth Holiday Gala to provide an opportunity for youth to enhance their social relationships, peer and adult communication skills, and daily functioning while celebrating the holidays in a youth-engaging and family-friendly environment. The youth play a pivotal role in planning this event.

Career Fair (April)
Each year approximately 30-40 vendors from Washington, DC businesses, DC government agencies, and community organizations gather to learn more about youth in foster care and to meet these potential "future employees". Simultaneously, the youth are exposed to diverse career settings and connected with internship as well as employment opportunities.

Fashion Show (May)
Each spring the youth help to plan and host a fashion show to express their artistic talents and creativity through fashion. The show is also an uplifting way to celebrate academic and community successes. Merchandise for the show is donated both from local and from national designers. This annual fashion show, where all the models are youth in care, serves as a hallmark event for CFSA, bringing together our children, staff, and families in a festive environment.

Serve DC/Global Youth Service Day (Community Service) (April)
Serve DC is a District Government agency dedicated to promoting volunteerism and business partnerships for the benefit of the community. Youth in foster care have participated in many of the Serve DC volunteer-oriented activities, including mural painting and garden planting at schools, removing trash and debris around the Anacostia River, educating youth on emergency preparedness, organizing a "senior prom" for local senior citizens, and preparing meals for homeless individuals.

Youth Recognition Ceremony (July)
During this annual ceremony, high school, college, and vocational graduates are all honored for achieving their educational goals, despite the obstacles they face as youth in the foster care system.

Summer Enrichment Program (June-August)
Youth participate in weekly activities that might include visits to museums, poetry writing, drama classes, dance and yoga, visits with the Metropolitan Police Department's Horse Mounted Unit, and other activities that have engaged youth. CFSA employees who do not generally interact directly with youth are encouraged to share their talents and skills as part of the activity offerings.

National Independent Living Conference (August/September)

Each year OYE offers youth the opportunity to attend Independent Living/Leadership Conferences that bring together youth service professionals, independent living professionals, and youth aged 15 and older. These conferences involve special sessions and workshops designed to help meet the needs of older youth preparing to transfer from care. They provide networking and relationship-building opportunities for youth. Former youth in foster care are also invited. In addition, this conference emphasizes youth-driven workshops and encourages youth to develop and present workshops on their own experiences or on issues or concerns that are important to them.

Objective: **Improve permanency planning for youth by improving the quality of, and youth involvement in, transition planning meetings.**

When the Office of Youth Development transitioned into the Office of Youth Empowerment in 2010, CFSA convened youth leaders from the child welfare system to frame Agency governance regarding the roles, responsibilities, and youth expectations of key stakeholders who directly impact positive outcomes for youth. The end product was the *Bill of Rights for District of Columbia Youth in Care*. This document has become a driving force behind CFSA's model for transition planning which emphasizes the importance of youth owning their individual transition planning process. While CFSA and its partners provide support and resources, the Youth Bill of Rights makes clear that not only does every youth have the right to attend and lead team and transition planning meetings, it is the Agency's expectation and obligation to ensure that youth actually do take the lead.

The fourth pillar of the Agency's *Four Pillars Strategic Framework* (*Exit to Permanence*) further supports the Youth Bill of Rights. Within the pillar framework, youth transition planning involves four key activities: (1) early introduction of planning, (2) use of effective and appropriate planning tools, (3) timely teaming, and (4) family and lifelong connections. In addition, the OYE *Older Youth Services Policy* provides guidelines with respect to youth transition planning. The policy is rooted in the Agency's *Practice Model* and OYE guidelines for case management. Practice emanates from these pieces of governance, which stress youth ownership of their own preparation for independence.

Early Introduction of Planning and Consistent Practice
Transition planning begins when a youth in care turns 15 years old and continues up until the youth's 21st birthday. Even though it is expected that a child will reach permanency as soon as possible, and no matter the issues or circumstances they may be facing in foster care, social work practice with these youth involves ongoing and consistent inquiry and support around transition planning. Social workers introduce tailored transition strategies to the youth and in partnership, the youth and the assigned case managing social worker continue to address, emphasize, and modify (as necessary) these strategies for the remainder of the youth's time in foster care.

Effective Transition Planning Tools
Over the course of the CFSP, OYE researched many transition planning tools, and even implemented one assessment tool that ultimately lacked the depth to appropriately inform case planning. In 2012, the *Foster Club Transition ToolKit*, for reasons already discussed above, emerged as the most appropriate

and flexible transition planning tool for the entire spectrum of youth whom OYE endeavors to prepare for life after foster care.

Timely Teaming

CFSA recognizes that the transition for any adolescent to young adulthood can be fraught with challenges, fears, and doubt. For youth in foster care, the transition process requires additional, solid support from a team of family and community members. Leading this team, as noted above, is the youth. The team is established early on in the transition planning process. It should be noted that it is CFSA's position and policy that the voice and values of every youth are an essential guiding force during decision-making discussions. Youth must be heard and respected by social workers and team members during the transition process. In support of these efforts, OYE connects each youth with community service providers (as cited above) to help youth master an array of skill sets useful for healthy self-sufficiency and well-being. CFSA further requires the following transition team activities for each youth:

- Transition planning begins at age 15 for committed youth and continues every 6 months until the youth reaches permanency or age 20. At age 20, a youth's transition planning increases to every 90 days (and more frequently if needed) until the youth reaches age 21.
- The transition team is established at the onset of transition planning. Team members are integral to the success of the transition process and include but are not limited to the following participants:
  - ✓ The youth
  - ✓ The youth's mother and father, as appropriate, as well as other identified family members, as appropriate
  - ✓ Other supportive or significant individuals identified by the youth and his or her family
  - ✓ Community-based partners, e.g., staff from the Department of Behavioral Health (DBH), the Department on Disability Services (DDS) (including the Rehabilitation Services Administration and the Developmental Disabilities Administration), Department of Employment Services, and non-profit service providers
  - ✓ OYE specialists (i.e., the education specialist, Career Pathways specialist or the Generations Unit specialist), as well as representatives from CFSA's Office of Well Being or other Agency administrations, as applicable
  - ✓ The ongoing CFSA or private agency social worker, as well as the social worker's supervisor
  - ✓ Guardian ad litem
  - ✓ CASA, if applicable
  - ✓ The youth's resource parent or staff from the youth's group home

- A youth's transition team shepherds the youth's transition plan from onset to completion, including close monitoring of goals, tasks, and timelines outlined in the plan.
- Team members meet at a minimum on a quarterly basis to ensure the plan is updated as needed.
- Based on the youth's individual needs, a youth's transition team helps to tailor the plan to special circumstances (e.g., developmental disabilities or incarceration or placement in a residential facility that may be outside of a 50-mile radius of the District).
- As a key member of the team, the social worker is especially responsible for the following activities:
  - ✓ Facilitating and ensuring a seamless transition to adult systems, as needed, e.g., the Department of Behavioral Health, the Department on Disability Services, or any equivalent agency in any other jurisdiction

✓ Ensuring that every youth transitioning from care receives a Transition Care Package, comprised of gift cards for basic household essentials, up to the value of $1000
✓ Facilitating seamless continuation of Medicaid and Supplemental Security Income coverage, as applicable and in accordance with the jurisdiction of a youth's residence
✓ Requesting a consumer credit report on behalf of youth between 15 and 17 years old, and facilitating requests for youth age 18 and older (See administrative issuance CFSA-12-12 *Protecting Children in Care from Identity Theft*.)
✓ Partnering with a youth's attorney to facilitate expungement (as appropriate) of any juvenile justice record for any youth on the social worker's caseload
✓ Ensuring that prior to exiting the child welfare system every youth receives all of their personal, identifying, legal documents (e.g., birth certificate, Social Security card, Medicaid card, school records, and any other relevant documents)

Although transition planning begins at 15 and may continue up until age 21, CFSA social workers endeavor to affect positive permanency as soon as possible, either through reunification, guardianship, or adoption. If positive permanency can't be achieved, however, OYE will have engaged in 6 years of preparation for life after foster care for youth who "age out" of the system at age 21. Successful preparation for that day hinges upon timely teaming among the case management stakeholders involved in the youth's case.

Family & Community Connections and Supports
CFSA and OYE's approach to family and community connections encourages and empowers youth to identify the individuals they feel they need for their successful transition planning process. Focal youth invite either relatives or other adults with whom they have a close, supportive relationship to participate in their team meetings. Engagement is an essential part of this process so that the adults are willingly and proactively playing a role in the youth's transition plans, including support following the youth's exit from foster care.

The community connections involved in transition planning include the employment and vocational readiness services described earlier in this section, as well as the after-care support services outlined in the section below.

Objective: Improve aftercare support services for transitioning youth.

To secure a safe and self-sufficient future, youth must have the support of family and community. Youth also frequently need the additional support of aftercare support services. Social workers are therefore expected to ensure that referrals for any appropriate aftercare services have been submitted in a timely fashion and completed prior to a youth exiting the foster care system.

The youth's case-managing social worker is expected to refer the youth for aftercare services when a youth is 19½ years old. Through CFSA's contracted partnerships with the Collaboratives, and through contracted services from Court Appointed Special Advocates for Children of DC, youth are eligible for the following services for 2 calendar years after the youth's exit from foster care to permanency:

• Assistance in the search for stable housing

- Aftercare case management
- Employment and vocational guidance, including referrals
- Ongoing life skills development
- Guidance for accessing public services
- Parenting classes and daycare vouchers for those with dependents
- Transition to adult systems as needed, e.g., DBH, DDS, or any equivalent agency in any other jurisdiction

Youth who decline aftercare services can still reconsider participation within 2 years of their 21st birthday and remain eligible for services by re-opening their aftercare cases. They can do so by contacting the previously-assigned aftercare provider to indicate reconsideration or by contacting OYE directly.

When youth exit the foster care system, housing and employment are two of the most pressing challenges. While the programs identified below are strongly active while a youth is in foster care, they undergird the youth's capacity for self-sufficiency after foster care, hopefully preventing the need for additional or substantial assistance:

Career Pathways Model
OYE's *Career Pathways Model* began in 2014, building upon CFSA's past progress in promoting job readiness for youth. The Career Pathways Unit assesses youth (using the *[Foster Club Transition ToolKit](#)* as a starting point) for job readiness and "meets them where they are". Youth requiring readiness training receive it at the OYE office. Youth who are ready for employment receive a subsidized internship at a number of area merchants and sister agencies, including internships in the offices of District Council members.

Depending on the venue, the subsidized internships last for 3, 6, or 12 months. They are structured such that at the end of the subsidized period, the employee transitions into the traditional workforce as a full-time employee at the internship placement. Throughout the subsidized internship, OYE provides ongoing consultation and support for both the youth and the employer to ensure successful outcomes. As of April 2014, OYE had secured 98 subsidized internship slots targeting older youth in foster care.

Pathways for Young Adults Program (PYAP)
CFSA continues to partner with the DC Department of Employment Services (DOES) to link youth in foster care with the Pathways for Young Adults Program (PYAP). The program is open to District youth who are 18 to 24 years of age, and who have a high school diploma or General Education Degree (GED). PYAP also provides youth with education supports, case management, and job readiness training. PYAP's case management component includes career coaching to promote employability and life skills attainment and improvement.

When the program first commenced in 2012, it was a 6-week certification program that included a rigorous work-readiness training module, occupational training with the University of the District of Columbia Community College (UDC-CC), and on-the-job training with area employers. In FY 2013, the program expanded into a 6-month program with mentoring and coaching supports, covering "industry focus areas" in DC that have demonstrated a continuing demand for hires, including information technology, hospitality, culinary arts, tourism, allied health, construction, and property management.

As was the case from its inception, the program also features a partnership with the District's Office of the State Superintendent of Education (OSSE) and DC Public Schools (DCPS) to promote continuing education and to provide service interventions and referrals for youth who are literacy deficient.

Rapid Housing Program (RHP)
The Rapid Housing Program has been in existence in the District since 2005, but its scope and impact has varied year to year depending on the District Council's allocation of funds, which has significantly fluctuated. At the time of the program's inception, it had a $700K budget. During some intervening years between its inception and the 5-year review period, RHP was not funded at all. The District's current commitment to RHP is evidenced by the reported budget of $1.3 million for FY 2014. Also during the review period, CFSA moved the RHP component for older youth transitioning from care under OYE's purview in order to streamline the RHP operation and better accommodate the time sensitive nature of these transactions. For all youth, only the Agency's director can vet and approve Rapid Housing assistance. Youth must meet one or more of the following eligibility criteria:

- Demonstration of progressive maturity, and achievement of self-sufficiency goals as outlined in the youth's transition plan
- Part-time employment if currently enrolled in an academic or vocational program
- Full-time employment if not enrolled in an academic or vocational program
- Submission of the Rapid Housing application no later than 90 days prior to the youth's transition from care (Note: for youth who were once in care, applications can be submitted until age 23.)

Objective: Enhance youth capacity to create and maintain lifelong connections.

The *Foster Club Transition ToolKit*, as described earlier, functions as a catalyst for youth and their case management team to identify and engage supportive adults in permanency planning as soon as a youth turns 15 years old. Youth are encouraged to invite and engage such adults who provide the following levels of support for the youth:

- Physical, emotional, social, cognitive, and spiritual support
- A model for understanding and respecting racial and ethnic heritage and traditions
- Encouragement for appropriate maintenance of natural bonds with the birth family
- Lifelong support, guidance, and supervision as the youth transitions from foster care to self-sufficiency

In addition to ongoing engagement being incorporated as a process step in the youth's transition plan, the social worker and team monitor the youth's progress towards identifying and engaging supportive adults. Visitation, as it is with younger children who are working toward reunification with birth parents, is a key activity for building personal bonds and maintaining relationships.

DATA – Goal 7

Changes in this data measure over the past 5 years reflect CFSA's efforts to strengthen practice related to youth in care, particularly with respect to preparing youth for adulthood. CFSA recognizes that enhancement of services assures that all teens and young adults in foster care are prepared for adult living.

To that end, data measures related to youth with a goal of APPLA[69] and related to the number of youth participating in transition planning were fine-tuned with more specificity. These measures now support positive outcomes rather than capturing quantitative data. In addition, four measures were added. These relate to education, employment, housing stability and aftercare services.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The percentage of youth with a goal of APPLA for whom that goal is age-appropriate (age 14 or older). (Source: PLC233)[70]	99%	**99%**	99%	99%			
The percentage of youth with a goal of APPLA who attended a LYFE Conference prior to the goal change. (Source: Manual Data)	95%	**95%**	56%[71]	58%	**[Not yet established]**	76%	61%[72]
The number of youth who participated in developing their Youth Transition Plans prior to exit. (Source: Manual Data)	137	**The number of youth who participated in developing their Youth Transition Plans prior to exit.**					
The percentage of youth, ages 18 to	NA[74]	**90%**	56%	63%	**90%**	55%	77%

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[69] Federal statute considers APPLA (Alternative Planned Permanent Living Arrangement) to be viable as a permanency option only after "the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian" [Title III, Section 302 of the Adoption and Safe Families Act of 1997, approved November 19, 1997; P.L. 105-85, 42 U.S,C. 675(5)(C)].

[70] CFSA has clarified this measure since the CFSP to make it a more relevant measure for older youth in foster care.

[71] Thus far in FY 2011, 16 youth have experienced a goal change to APPLA. Nine of those attended a LYFE conference prior to the goal change. Of the remaining 7 youth, the court changed the goal to APPLA against the Agency's recommendation for 6 of them. In these instances, LYFE conferences may not occur prior to the goal change.

[72] Data represents FY13 baseline; as of February 28, 2014 there has been no change.

20, with a YTP developed every six months and those youth age 20 and older with a YTP developed every three months. (Source: Manual Data) [MODIFIED][73]						
Increase youth in foster care who complete vocational training and/or receive industry certification. (Source: CMT391) [NEW]				**30%**	20%	23%
Increase engagement of youth in after-care services (Source: Manual Data) [NEW]				**75%**	92%	[Data not yet available][75]
Increase youth aged 20+ who are employed or in post-secondary education (Source: CMT391) [NEW]				**50%**	81%	46%
Increase youth with stable housing upon exiting care (Source: Manual Data) [NEW]				**80%**	83%	70%

Goal 8: *Enhance and broaden CFSA outreach and communication efforts to prospective foster and adoptive family resources.*

<u>Objective:</u> <u>Develop neighborhood-based foster care resources.</u>

In FY 2010, CFSA sought technical assistance (TA) from the National Resource Centers (NRCs) for Organizational Improvement, Permanency and Family Connections, and Recruitment and Retention for Foster and Adoptive Parents. The NRCs provided expert assistance for CFSA to enhance the Agency's current and future engagement of localized community family resources. In addition, NRCs' assistance

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74 This measure has changed from a dynamic number to a percentage following modification of the measure narrative and its alignment with the similar Exit Plan measure.
[73] Modified from reading as "The percentage of youth between the ages of 18 and 21 who participated in developing YTP within 180 of aging out of Foster Care."
75 Data reported annually, therefore FY14 is unavailable.

focused on bolstering existing community networks within the District to increase the Agency's access to potential foster and adoptive family resources. Specifically, the NRCs began by providing TA to accomplish each of the following objectives:

- Identify one ward/zip code/geographical area, within the District.
- Identify organizations and individual leaders to serve as "access points" into the community's formal and informal networks.
- Engage the identified individuals and organizations through social and economic support approaches.
- Provide broader strategies on how to engage the community (including businesses, individuals, churches, community organizations, and other social groups) to support the needs of foster families.
- Develop community-driven forums for supporting conversations related to the needs of foster families and to the engagement of a greater number of foster families.
- Develop and implement strategies and resources within the community to support and sustain long-term foster home participation.

The NRCs also coordinated a series of focus groups with foster, adoptive, and kinship caregivers throughout the District to help CFSA determine the best methods, avenues, and approaches for local neighborhood-based recruitment of willing and able foster family homes. Following the focus group effort and the NRCs' formal recommendations, CFSA then engaged in an exciting neighborhood-specific foster provider resource development initiative. The intent was to build community support for fostering as well as to grow the cadre of available services and resources both for foster parents and for the children in their care.

In the geographic area selected, which had the highest concentration of licensed foster family homes in the District, CFSA's Family Resource Division made outreach efforts to local vendors, merchants, transportation providers, and other community-based agencies and organizations to develop supportive relationships for foster providers. To that extent, CFSA accomplished the following tasks:

- Assignment of two dedicated Family Resource Division staff to work exclusively with the Edgewood/Brookland Family Strengthening Collaborative to take advantage of its community capacity building efforts with a specific eye toward benefiting foster parents
- Developing relationships with merchants who have been willing to create coupon/discount/loyalty programs for foster providers
- Partnering with neighborhood business and establishments to disseminate recruitment brochures and information about fostering

Beyond this effort, CFSA had continued to maintain and expand upon its existing foster family home resource development processes. For example, the Agency maintained and updated its annual Community Resources Directory for many years but in FY 2011, CFSA transitioned the directory from a CFSA-specific publication to a searchable online comprehensive *Community Services Directory* sponsored by the District's 211 Help Line This web-accessible and user-friendly database contains contact information for service providers and resources that specialize in issues and areas of interest to many of CFSA's families, such as domestic violence, adult education, emergency assistance, employment assistance,

therapy, food, clothing, HIV/AIDS services, legal services, mental health, mentoring, and subsistence abuse issue.

A most successful partnership, identified earlier in the document, is with the *Foster and Adoptive Parent Advocacy Center (FAPAC)*. FAPAC actively participates in CFSA policy development while remaining the strongest advocate for foster parents. This is a strong and important relationship for CFSA and for the Agency's contracted private providers.

Development of foster care resources is a continually increasing effort within the District so that if children do need to be removed, they can remain within their own communities, cultural environments, and schools of origin. As such, CFSA continues to work with community leaders and merchants to identify and implement additional resources both for current and prospective foster families throughout the District.

An important illustration of this commitment to neighborhood-based placements is the Mockingbird Family Model (MFM) which has been described in detail earlier in the document. CFSA's Family Resources Division (FRD) has provided on-site trainings for private agency partners to continue promotion of MFM as an effective, evidence-based strategy for supporting all resource parents and children in foster care. Based on the MFM organizational structure, the FRD also developed the Family Connection program in 2013. This program is an organized network support system that utilizes the extended family approach to assist resource families for day-to-day needs that can sometimes make parenting challenging and difficult. A "lead parent" is connected with 10-15 families and hosts meetings, arranges outings, shares information and provides the families with as much needed respite services as available. The implementation and success of this program will be further featured and analyzed in the upcoming 5-year plan. For now, the planning and strategies that were developed in 2012 and implemented in 2013 have resulted in 11 Family Connection homes. The established homes support resource families and aid with respite services and placement stability. The benefits of both the Family Connections and Mockingbird Family Models are consistently highlighted in recruitment efforts.

Objective: **Enhance the Agency's recruitment campaign.**

CFSA continues to engage in a wide range of ongoing recruitment activities focused on increasing the capacity of family-based foster care within the District. These efforts have certainly increased over the review period. Efforts include utilizing local media outlets to publicize the District's need for safe and secure placements for maltreated youth as well as recruitment efforts within certain neighborhood or demographics.

In May 2010, CFSA hosted its inaugural Foster Parent Summit, which convened approximately 100 of CFSA's non-contracted foster parents to participate in workshops and panel discussions on child welfare topics. CFSA staff and outside experts presented on the following topics:

- Requirements of the *Fostering Connections Act*
- New changes in District law that affect foster parents
- Child placement needs and trends
- The CFSA In-Home and Out-of-Home Practice Models

- New services in the Office of Clinical Practice[76]
- Foster parent supports and how best to access them
- Self-care and mental health: Tools to balance care for self and others
- How to create LifeBooks[77]
- Understanding the issues facing youth who self-identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ)
- Working with birth parents and kinship families around permanency

Also in 2010, CFSA conducted a survey of social workers and foster parents concerning their attitudes, perceptions, and general understanding of the social worker/foster parent relationship. By identifying problem areas and misperceptions about that relationship, recruitment workers have been better able to assist foster parent support workers to remedy issues and concerns. Equally as important, recruitment staff is able to address and provide insights on the issues during foster parent recruitment informational sessions and events.

Recruitment Strategies
Advertising continues to be an effective strategy for raising awareness of the importance of and need for foster and adoptive parents in the District. Television, radio, and print media, as well as websites and social networking have each proven valuable in generating interest in prospective resource providers.

Television— CFSA has a longstanding relationship with the *Wednesday's Child* segment on NBC4, which features a special segment on specific youth who are in need of an adoptive family. In fact, *Wednesday's Child* is among the Agency's largest referral sources for prospective adoptive parents, especially those with no previous interaction with the child welfare system.

Radio—The Metropolitan Washington Council of Governments and the Freddie Mac Foundation both continue to sponsor a radio advertisement campaign on the "Praise" 104.1 FM (Radio One) Morning Show. The main age demographic of the show's audience coincides on various levels with the potential resource parents CFSA hopes to recruit. During a 2-week time frame in February 2013, there were 75 recruitment commercials aired, each for 30 seconds. Radio One also streamed the segments digitally.

Print media—CFSA also uses paid advertising space to recruit potential resource parents via smaller, neighborhood-based media outlets, such as the *Hill Rag*, *The Blade*, and the *Washington Informer*.

Websites and Social Networking—Online resources have been consistently useful recruitment tools. For example, the *Freddie Mac Foundation Heart Gallery* is an online exhibit featuring photos and personal profiles of 40 children in DC who are in need of a loving, adoptive home. The site allows viewers to explore the profiles of these children, as well as stories of children who were successfully matched with a home as a result of the site. CFSA also uses other adoption-specific websites to feature the profiles of children legally free for adoption or children in foster care for whom CFSA has been able to obtain a

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[76] As a result of CFSA's organizational restructuring, the former Office of Clinical Practice has been assumed into two new separate areas: the Health Services Administration under Entry Services and the Clinical Services unit under Placement Services under Program Operations.

77 LifeBooks are tools to record memories and life events that occurred prior to a child's placement or adoption. LifeBooks can also help children retain connections to people who have been important in their lives and may help the children integrate past experiences with their present circumstances in a healthy, constructive manner.

confidentiality waiver. A few of the local or national websites include the adoption.com photo listing site, as well as the adoptuskids site, and the *Kids Need Families Like Yours* page on Facebook.

In addition to the above media-related efforts, the last few years have really been quite successful for CFSA in designing effective strategies to meet other recruitment goals. As described below, this is particularly true for populations for whom placement in a family-based setting is a challenge due to lack of available homes (e.g., homes for infants, teens, and children diagnosed as medically fragile). Capacity building within the District for these very specific child populations remains a major focus.

Outreach Efforts to Prospective Foster and Adoptive Parents who Self-Identify as Lesbian, Gay, Bisexual, and Transgender (LGBT)
Since 2010 CFSA's LGBTQ (lesbian, gay, bisexual, transgender, and questioning) Taskforce, which is a coalition of LGBT service providers, DC government agencies, and LGBT youth, has advocated for the well-being and permanency of youth in foster care who self-identify as LGBTQ. Historically, the Agency's approach has been to attend and partake in community events sponsored by the LGBT community but in FY 2011, CFSA formulated a full partnership with the organization, Capital Pride,[78] which hosts an annual celebration of the LGBT community in the nation's capital. Capital Pride's scope, popularity, and profile among the LGBT community make it an ideal partner for publicizing the need for foster and adoptive parents among its participants. As a result of this increased dialogue, the Recruitment Unit has made tremendous strides in helping the LGBT community view CFSA as an agency that is supportive and open to working with families of all compositions. Indeed, from FY 2011 to FY 2013, adult members of the LGBT community have attended orientation sessions to learn firsthand the needs of youth in foster care and how they can help. In FY 2013 particularly, 15 new beds were developed for LGBTQ youth, which is an increase of 33 percent.

Lastly, CFSA is also a participating agency in the Human Rights Campaign's *All Children All Families* project, which promotes LGBT cultural competency among child welfare agencies through innovative resources, including an online agency self-assessment tool, comprehensive staff training, free technical assistance and more.

Recruitment of Adoptive Parents for Older Youth in Foster Care
CFSA continues its efforts to help older youth in foster care become more comfortable and open to the idea of adoption via their on-going social work team, in addition to the recruitment social worker. The DC Family Youth Initiative formerly known as *KIDSAVE* is a program that affords teens in foster care the opportunity to interact with families at planned events that are intended to match older youth with a family. The family "hosts" the teens at their home for two weekends a month. The goal of these events and the subsequent matching process is to introduce the teens to the family's lifestyle and its social, cultural, and religious community in hopes that the pairing may lead to a permanent placement. In 2013, host families provided permanency for a 20-year-old youth and an 18-year-old teen mother with a 2-year-old son.

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[78] Capital Pride is a non-profit organization dedicated to serving the needs of the LGBT community and its partners through educational events, entertainment, community outreach, and celebrations of diversity, including the annual Capital Pride Parade and the Pennsylvania Avenue Festival. Capital Pride is managed by a small staff and supported by a large cadre of volunteers.

Additionally, the Agency initiated a review of congregate care placements in 2012 with the goal of right-sizing the use of these placements, and hence increasing the number of children placed with families. A critical component of this review process was hearing directly from the youth regarding their thoughts on being placed with a family. In order to respond to the needs of this population, the Agency had to further increase the number of available homes willing to care for older youth. As part of the review process, CFSA offered trainings on two models: *Unpacking the "No" of Permanency for Older Youth* and the *3-5-7 Model* that includes strategies for adoptions of children with special needs. These trainings continue to be offered to Agency staff, resource families, and youth with the intent of addressing some of the barriers to placing youth with families and achieving permanency.

Recruitment of Homes for Children Diagnosed as Medically Fragile (MF)
To address the need for capable and willing foster and adoptive parents to care for children diagnosed as MF, CFSA's recruitment staff has connected with an array of health care providers, including Children's National Medical Center, Health Services for Children with Special Needs (HSCSN), and various home health agencies. These existing partnerships provide access to an enlarged network of potential resource parents for children who comprise the medically fragile and developmentally delayed populations. In addition, CFSA recruiters participate in in-service trainings that provide opportunities for discussing the special requirements and particular needs of this population.

CFSA was also awarded a grant through the Dave Thomas Foundation, which allowed a *Wendy's Wonderful Kids* recruiter to assist CFSA in its efforts. The recruiter is a professional dedicated to working with children diagnosed as MF, ensuring that the time and resources that they deserve are provided. The recruiter employs aggressive practices and proven tactics focused on finding the best home for a child through the starting points of familiar circles of family, friends and neighbors. The recruiter then reaches out to the communities in which the children live. In 2013, the program worked with eight of CFSA's children diagnosed as MF and identified permanency for four of these children (50 percent).

Recruitment through Neighborhood-Based Community Outreach
Working with the Healthy Families/Thriving Communities Collaboratives is part of CFSA's Recruitment Unit's ongoing strategy. Since December 2010, two CFSA recruiters have been assigned to each Collaborative to connect with community partners and to support the diversified and sustained neighborhood-based recruitment effort. Positive outcomes from this recruitment partnership have included an increased community awareness of the children in foster care and the opportunities to foster and adopt those children, along with an increased number of foster and adoptive placements for children in their neighborhoods of origin.

In 2012, more than 60 percent of children in foster care were placed outside of their community. Sixty-seven percent of the children in foster care were primarily from Wards 7 and 8. Purposeful partnership with faith-based organization became a CFSA strategy to generate more foster parents in the District, keeping children in the community, and examining the highest impacted Wards 7 and 8. By 2013, the Recruitment Unit's neighborhood-based outreach efforts expanded to formulating these purposeful partnerships with faith-based organizations in every Ward of the District. As result, CFSA has conducted recruitment presentations in over 40 District churches, and educated over 2,000 faith-based members on the needs of children in foster care.

Another benefit of this type of partnering has been the birth of the *DC127* campaign. This campaign was inspired by the shared goals of the CFSA Recruitment Unit and members of the District Church, a non-denominational church wanting to keep children in their community by generating more foster parents for children in the District. DC127 has worked with CFSA to educate the District's larger faith-based community on the safety, well-being, and permanency needs of children in foster care. By way of example, in November 2013, DC127 hosted the *Foster the City* event, which brought together over 350 people, government officials, community providers, foster parents and children with the sole purpose of committing to solutions that keep children in the community. At the conclusion of the event, 23 pastors committed to be a part of the campaign, representing a faith-based organization from each of the Wards. Currently, monthly orientations are held in the community but the Foster the City event will be held annually. The success of this partnership was noted in the November 2013 issue of *Time Magazine*. Overall, neighborhood-based outreach and development of effective partnerships will continue to be key components in diligent recruitment efforts.

Objective: Recruit and approve foster, kinship, and adoptive parents in the District.

In May of 2010, CFSA bolstered its licensure processes and its recruitment efforts by introducing the Structured Analysis Family Evaluation (SAFE) modality for licensing foster, adoptive, and kinship parents. This new modality increased efficiencies with respect to the timely completion of home studies while at the same time enhancing the quality of the home study itself. SAFE is still utilized and provides home-study practitioners with unique information-gathering tools, as well as analytical tools and procedures that produce an in-depth, concise, and comprehensive report surpassing the parameters of a traditional home study. The end result remains a uniform home study report that not only contains factual descriptive and identifying information about an applicant but also contains a comprehensive psychosocial evaluation that identifies specific family strengths and addresses issues of concern. The SAFE home study also continues to enhance the child placement process by incorporating these same details into the placement decision-making process.

While effective personal networking helps build a cadre of resource parents, CFSA has also taken advantage of radio advertising and social networking sites such as the Facebook page *Kids Need Families Like Yours*, a community and resource center for current and future foster and adoptive parents in the metropolitan Washington, DC region. CFSA frequently utilizes these social networking sites to notify the public of formal information sessions on fostering and adopting. These sessions are hosted by the Agency on a regular basis.

In keeping with the tenets of the second pillar (*Temporary Safe Haven*), CFSA first seeks out a child's relatives for placement, followed by the most appropriate and homelike setting that will still keep the child connected to his or her school and community. In support of this vision, CFSA took specific steps to identify kinship providers, to address barriers to licensing kin, to increase foster care resources within the District, and to license providers in a timely manner. These strategies have proved quite successful as demonstrated by the increase in the licensing of kinship providers.

A necessary first step in enhancing kinship engagement was the implementation of an updated *Diligent Search Policy*. This policy complies with the federal *Fostering Connections Act* and was incorporated as part of the Agency's CFSR PIP. It thoroughly outlines Agency practice regarding efforts to locate the

parents and relatives of children in foster care. Once relatives are identified, CFSA develops a notification packet for the adult relatives. The packet includes a letter informing the relative that the child was removed from home and explains the various options that the relative has to participate in case planning, including serving as a possible placement resource. The packet further includes a Frequently Asked Questions (FAQ) brochure, a Relative Interest form to formally indicate interest (or lack thereof) regarding participation in the child's case plan, and a Relative Search form for contacting additional relatives whom the recipient may believe might also be willing to become involved in the child's case planning. If age appropriate, the social worker also shares the results of the diligent search with the child to solicit his or her thoughts on the prospective relative placements.

As a result of CFSA's Permanency Forums, the Agency learned that a lack of flexibility for licensing kin as foster parents had proven to be a barrier to permanency. To address this, CFSA revisited District regulations and Agency requirements, recommending legislative amendments related to *non-safety* waivers for licensing requirements set forth by the District of Columbia Municipal Regulations. TThe r*egulatory amendments first enacted in March 2011 on an emergency basis, and then continued on emergency basis until permanently adopted in September 2012.* These revisions are now reflected in the Agency's *Temporary Licensing for Foster Homes of Kin*, which was revised in September 2011. The revisions are also in alignment with those reinforced in the *Fostering Connections Act*.

As noted, CFSA has consistently moved towards building family-based placement capacity in the District. Toward that goal, keeping children in their own communities with access to their family, friends, and their support system is of utmost importance. The Agency employs two concurrent recruitment approaches to build this level of local capacity. One approach is to cast a wide net throughout the District in search of prospective resource parents. This approach includes the macro-level strategies outlined in the objective above, utilizing press and mass communication resources. Additionally, CFSA continues to utilize the following programs:

Targeted Foster Home Recruitment in the Faith Community - While CFSA continues to partner closely with the five neighborhood Collaboratives to recruit and engage potential resource parents from local communities, since 2012 CFSA has also been working with the District's faith-based community, targeting large churches in different Wards to recruit between 10 and 50 new foster family homes. Eight churches have agreed to formulate Safe Haven Ministries with the specific intent of recruiting resource parents within their member ranks. Integral to that recruitment effort are the support circles of foster parents formed within these communities. As is the case with the Mockingbird Family Model (MFM) (see narrative write-up above), the faith-based support circles provide ready-made assistance for resource parents who become licensed together. Support circles also serve as extended family for large sibling groups who may not be able to be placed in the same home. It is important to note sibling placement is CFSA's first priority in finding placements for young people.

Foster Parent Ambassadors - CFSA capitalizes on the willingness of its existing resource parents to act as spokespersons or ambassadors to their own professional and social communities. These foster care ambassadors are the largest source of new referrals of prospective resource family parents. CFSA has specifically targeted existing MFM constellations to play this ambassador's role. CFSA also offers an incentive of $250 to existing resource parents if they refer a prospective provider who completes the

licensing process and has a child placed in that home. Finally, CFSA's Family Resource Division hosts periodic social functions in order to facilitate such referrals.

In addition, CFSA manages various concurrent initiatives to improve child-specific recruitment for foster care and adoption. The following initiatives are included:

- Since October 2009, CFSA has assigned two to three recruiters to each private agency partner and CFSA case-carrying administration to strengthen and expedite the referral process for children when their goal changes to adoption. This strategy has allowed recruiters to obtain and update information about children in FACES.NET to reflect whether or not the child is already in a pre-adoptive home. As well, this strategy has allowed recruitment staff to educate and reiterate to the private agencies the impact of this process on permanency and the overall mission of CFSA.
- CFSA developed the Match Made Forever (MMF) tool in 2011 to bridge the gap between those families that are licensed but still waiting to adopt a child and those children who are available for adoption. Recruiters use the tool to present the families with comprehensive, realistic, and strengths-based presentations about the children. The entire process allows for honest dialogue about the needs of the available children. Response to this new initiative has been overwhelmingly positive.
- CFSA recruiters regularly attend the Post Permanency Family Center trainings for families awaiting child placement. Recruiters present child-specific information and profiles to the licensed foster family providers at least twice a month.
- CFSA developed its Permanency Options Program (POP) model in 2010 to conduct targeted case-information mining and child-specific recruitment for adoption referral. The model also involved a high impact team to identify and reduce barriers to permanency on behalf of children with the permanency goal of adoption. As a result of the Agency's reorganization, the implementation of the *Four Pillar Strategic Framework*, and the RED (review, evaluate, and direct) teaming initiative, POP components have been absorbed into comprehensive permanency practice standards and POP no longer stands alone as an isolated initiative.
- As noted in the last section, purposeful partnering with the LGBT (lesbian, gay, bisexual, transgender) community since 2009 has resulted in a 30 percent increase in licensing of LGBT foster parents and bed development for youth who self-identify as LGBT.

DATA – Goal 8

To enhance and broaden CFSA's outreach and communication efforts to prospective foster and adoptive family resources, CFSA added a data measure in 2013 that captures a significant strategy under the *Four Pillar Strategic Framework*. This new measure was added to the one measure related to recruitment, which was consistently tracked throughout the period and demonstrates the increase in the number of foster care placements within the District of Columbia.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The number of foster/adoptive homes recruited for	138 (through May	**148 (for the entire**	128 (through April	113	**160 (for the entire**	127	131

the FY13 fiscal year. (Source: PRD 097)[79]	2010)	**FY)**	2011)		**FY)**		
Increase foster care placements within the District (Source: CMT232) [NEW][80]					**50%**	43%	44%

Goal 9:   Improve supportive services for existing foster and adoptive parents.

Objective: Strengthen and expand resources and support services for foster parents.

CFSA greatly values the foster parents who serve children in care, realizing that supports and services for these parents are critical for placement stability and positive outcomes for children. As noted earlier, one of CFSA's strongest initiatives to effectively support foster parents and kinship families has been implementation of the Mockingbird Family Model (see description above). Again, based on the MFM prototype, CFSA initiated the Family Connection program in May 2013 as a voluntary support system for resource parents throughout the District. The model includes clusters or groupings of resource parents who are assigned to their group based on geographical proximity. Similar to MFM, the Family Connection program also focuses on the concept of extended family, encouraging peer relationships within the resource parent community and development of healthy emotional relationships among children in care. The cluster coordinator for each group provides respite, organizes monthly meetings and social activities, assists with conflict resolution within the cluster, and serves as a point of contact for information on community resources. At present, there are 11 clusters with approximately 10-15 families assigned to each cluster. The current focus for the program is to increase resource parents' knowledge of program protocols, how it operates, and how to increase its utilization. CFSA is also assessing the program to determine areas for development.

In addition to implementation of the MFM and Family Connections models, CFSA is a member agency of the supportive entity, the Resource Parent Training Coalition (RPTC). RPTC is a partnership between local stakeholders, many of whom contract with CFSA to provide child placing services as well as other entities that partner with CFSA to ensure practice improvement for the District's child welfare system is consistent and ongoing.[81] RPTC provides quality supportive training for foster, kinship, adoptive, and guardian parents who gain the skill sets and expertise for handling the complex emotional, developmental, and behavioral needs of children in CFSA's custody.

With the realignment of CFSA's organizational structure and the subsequent creation of the Office of Entry Services, the Agency ensures that diligent efforts are made to locate and engage every possible family member of all children who have had to enter foster care. These efforts were heightened in 2012 when CFSA began the new Emergency Kinship Placement Process to support relatives who are willing

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[79] Modified from reading as "the number of foster/adoptive parents approved and licensed during the fiscal year."
[80] Baseline as of 9/30/12 was 39%.
[81] Member agencies of RPTC include CFSA, Children's Law Center, Adoptions Together (Post Permanency Family Center), Board of Child Care, Boys Town, Family and Youth Initiative, Family Matters of Greater Washington, Foundations for Home Community, FAPAC (Foster and Adoptive Parent Advocacy Center), KidsPeace, Kayla's Village, Latin American Youth Center, Lutheran Social Services, National Center for Children and Families, Mentor Maryland, and Seraaj Family Homes.

and able to function as an immediate placement option. Essentially, whenever a child is removed from the home, the Child Protective Services (CPS) administration quickly engages the biological parents to identify relatives or fictive kin as potential placement options. The Kinship Family Licensing Unit under the Placement Services Administration (PSA) then takes every measure to ensure that the family can be expeditiously cleared for placement of the child. Social workers in this licensing unit are employed on a 24/7 tour of duty. Further support comes from the Agency's Diligent Search Unit which has also established an on-call process for the same purpose. Both units are able to immediately address any after-hour removals.

Equally important to licensing support, CFSA has established a kinship support fund to provide immediate financial assistance to kinship caregivers to smooth the path for placement. Assistance can apply to housing needs, child care, utility assistance, clothing, food, transportation, and lead abatement. These financial supports are considered as a temporary stop-gap emergency measure until the kinship caregiver's subsidy is processed whereupon regular payments are received. The Kinship Division of PSA has also developed a Kinship Resource Directory that complements CFSA's current online Community Resource Directory but allows kinship parents to easily identify and access services that are unique to their needs, ranging from child care to para-transit services for individuals with disabilities.

As cited previously, the resource development specialist (RDS) position is an overarching support system for all resource parents serving children in care. In addition to responding promptly to any child-related issue or crisis that may arise in the home, the RDS informs resource parents about training opportunities, as well as local and national conferences or meetings that can develop or refresh parenting skills.

Lastly, the CPS RED team meeting, usually held within 24 hours of the removal, includes staff from PSA. As a result of this participation, the PSA staff member can effectively communicate all pertinent child-related information directly to the foster parent. Information or concerns discussed with the resource parents also provides an opportunity for PSA staff to share these issues or concerns with the child's team, including specific needs of the resource parents.

Objective: **Strengthen and expand post-permanency services for children and families.**

CFSA recognizes that post-permanency services are essential to helping children and families promote secure attachments and to build healthy relationships. Within the Agency's *Four Pillars Strategic Framework*, the fourth and final pillar (*Exit to Permanence*) centers around children exiting the foster care system with positive and sustainable permanency. To support achievement of this goal, CFSA has dedicated in-house staff members to manage post-permanency services. Post-permanency services are broken down into two main areas: (1) pre-services and (2) post-services. During the pre-services phase, the post-permanency social worker (PPSW) receives client referrals from ongoing social workers for specific therapeutic services that will ensure successful achievement of the stated permanency goal (i.e., adoption or guardianship). When the PPSW receives a referral, he or she assesses which type of support would be necessary for the referred families.

During the post-permanency phase, PPSWs work solely on cases where permanency has been achieved via guardianship or adoption. For example, a family may contact the PPSW for assistance with managing

certain behaviors of their adopted child, or challenges in the home could result in the adoption placement being disrupted. The PPSW may also need to assist families to select and legally identify a successor guardian if the legal parent becomes incapable of continuing in that role. In rare cases, a PPSW will assist youth who have transitioned from foster care and who may need referrals for a variety of services and community supports.

PPSWs also generate internal referrals to CFSA's Family Team Meeting (FTM) unit when specific challenges could potentially lead to an adoption or guardianship disruption. FTMs bring all pertinent parties to the table to discuss a range of preventive services that will assist the family to diminish any current crises and maintain family stabilization. These services include crisis management, referrals for services, triaging, and overall linkages to a variety of community supports.

CFSA also contracts with two essential partners, the Post-Permanency Family Center (PPFC)[82] and the Center for Adoption Support and Education (CASE), both of which receive CFSA referrals for supports and services for guardianship or adoptive families. PPFC in particular offers counseling and support to children and families before, during, and after their adoption or guardianship petitions have been finalized. The Center also links families to supportive community resources, offers support groups for children and families, and provides training in permanency-related issues for parents and professionals. In a complementary vein, CASE uses an adoption-centered therapeutic approach to enhance the well-being of the children and families it serves. In addition to a counseling staff, CASE services include professional and adoption competency trainings, parent and family education, and other permanency-related workshops and seminars. All of the above services are available for any family and child who has achieved permanency via adoption or guardianship from the District, no matter the length of time since permanency has been achieved.

Both organizations are equipped to offer in-home therapeutic services on a case-by-case basis to families. Given the level of intensity and the type of clinical supports each case brings, the CFSA PPSW determines which of the two providers is the most appropriate to the needs at hand. Both organizations also provide integrated family therapy to facilitate the transition to guardianship or adoption while continuing to provide support once permanency has been achieved. Whereas CASE is equipped to manage more challenging cases (e.g., cases that involve overturned adoptions, competing adoptions, and more heavy court-involvement), PPFC offers monthly respite services and crisis support 24 hours a day, 7 days a week. Respite services include a program called, *A Place to Go and Grow*, which targets kinship, foster, adoptive, and guardianship families caring for children who exhibit emotional and behavioral challenges (ages 5 to 14). Direct services include case management, crisis intervention, and advocacy to assist families with accessing services and resources to meet their individualized needs.

In FY2013, CFSA awarded a contract to CASE to provide lifelong connections therapy for those youth who have aged out of foster care without being adopted or securing a legal guardian. This therapy includes the youth's immediate family. The therapeutic focus is on the youth and family working together to establish a plan whereby they can stay a part of each other's lives. The plan includes the commitment and expectations each will have of the other.

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[82] PPFC is a partnership and collaboration between CFSA and Adoptions Together, Inc.

Objective: **Provide foster and adoptive parents with the tools and skills to attend to the varying needs of children in foster care.**

CFSA continues to train resource parents utilizing the evidence-based pre-service training curriculum, *Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting* (PS-MAPP). PS-MAPP is a 10-week program that highlights the benefits of strength-based approaches to fostering. It familiarizes parents with what to expect from a child placed in their care, as well as providing opportunities for the child's birth and resource family to team with service providers. These opportunities are essential for positive permanency outcomes because resource parents can share their direct experience with the child during case planning and decision making.

After pre-service training and licensure, resource parents continue to benefit from in-service trainings provided by CFSA's Child Welfare Training Academy (CWTA). Each resource parent (couples must individually take training) receives 15 hours of in-service training per calendar year (at a minimum) in order to maintain their resource parent license in good standing. They may select from a variety of carefully crafted, relevant topics. While some coursework is required (e.g., Cardio-Pulmonary (CPR)/First Aid training), other courses may be selected according to a resource parent's interest in broadening their personal capacity for promoting the safety, permanency, and well-being of children in their care. CWTA offers coursework for this purpose, including but not limited to the following subject areas:

- Therapeutic fostering (e.g., brain function of a traumatized child)
- Kinship parenting (e.g., challenges)
- Separation and attachment (e.g., grief and loss)
- Caring for children of different age groups (infants and toddlers, pre-school, school-aged, adolescents, older youth)
- Caring for children with developmental disabilities (e.g., autism spectrum)
- Co-parenting (e.g., working with incarcerated parents)
- Fostering children who have sexually abused (e.g., sexualized behavior)
- Preparing youth for independent living (e.g., preparing for post-secondary education)

Recognizing that resource parents have busy lives, CWTA expanded scheduling options over this past review period to include evening in-service training hours at convenient, accessible locations, including training in the homes of resource parents, in the community (e.g., a public library), and at a private agency. These scheduling options have noticeably increased foster parent training attendance. An additionally successful option was initiated in FY 2012 when CWTA began *Marathon Training Weekends.* Not only to increase in-service training attendance but also to increase the numbers of resource parents who successfully seek relicensing, these training weekends occur once every 3 months at CFSA headquarters. Sessions begin on Friday evenings and then continue all day Saturday, concluding Sunday morning. This schedule allows resource parents to meet licensure time frames by catching up on hours that they may be missing. Additionally, CWTA has recently approved vetted online training at the following two websites: www.fosterparentcollege.com and www.fosterparentstest.com. Resource parents are encouraged to augment their required training hours if they are interested in pursuing additional hours.

The foundation of pre-service and in-service trainings for resource parents is further strengthened and reinforced by periodic 3-hour in-service cross training sessions with social workers. These sessions

purposefully introduce and outline any new Agency policies and procedures that may have been recently formalized and implemented. Cross-training on policy not only establishes consistency of practice, it ensures that resource parents are well informed and equipped to comply with appropriate Agency protocols. It is important to note that all resource parents, just like the public, have free access to any CFSA policy through the Agency's online policy manual.

DATA – Goal 9

At the onset of the 5-year plan, CFSA identified two data measures to examine how the Agency has improved supportive services for existing foster and post-permanency parents, i.e., securing placement stability. In FY 2013, one measure was eliminated and replaced with three more specific measures, which are also tracked through CFSA's management reports to enable the placement timeframes to be separated out for more meaningful and accurate data collection.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The percentage of children in out of home placement who have experienced three or more placements in the last 12 months[83]. (Source: PLC108)	22%	**5%**	24%	22%			
The percentage of children who re-enter foster care within 12 months of achieving permanency. (Source: PLC208)	8%	**5%**	8%	19%	**5%**	7%	7%
% of children in out of home placement for at least 8 days but less than 12 months who experience two or fewer placements. (Source: PLC234) [MOVED FROM Objective #5][84]					**83%**	81%	86%
The percentage of children in out of home placement for at least 12 months but less than 24 months who					**60%**	56%	65%

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[83] CFSA has clarified this measure since the CFSP to include time and placement activity parameters that make it more precise and meaningful.
[84] Baseline as of 9/30/12 was 80%.

experience two or fewer placements. (Source: PLC234) [NEW][85]							
The percentage of children in out of home placement for at least 24 or more months who experience two or fewer placements. (Source: PLC234) [NEW][86]					**75%**	76%	77%

WELL-BEING

Goal 10:　　　*Improve the assessment of educational needs and the achievement of positive outcomes for children involved in the child welfare system.*

Objective:　　　**Identify educational decision-maker for children in foster care.**

Outcomes from the 2007 Child and Family Services Review (CFSR) revealed that four in-home cases received no formal assessment of educational needs, even though the case record revealed that there were education-related problems such as failing grades or poor attendance. In two other cases, there was no evidence that children were receiving the appropriate services to address identified education needs. As a result of these six cases, Item 21 (Educational Needs of Children) under Well Being Outcome 2 was rated as an *Area Needing Improvement* for the District. These 2007 findings mirrored findings from the 2001 CFSR, although there were fewer cases in 2007. To address these shortcomings, the District's CFSR Program Improvement Plan (PIP) included a strategy "to implement formal protocols and case management tools to support social workers in their efforts to assess educational needs and improve educational outcomes for children." Specific tasks associated with this strategy resulted in the development of a comprehensive educational assessment tool to guide social workers in collecting and assessing information related to each child's educational needs. This strategy was implemented throughout the PIP implementation period and now includes an Agency practice mandate for social workers to complete an educational assessment for all children receiving in-home or foster care services, and all youth up to age 21 receiving special education services.

The resulting comprehensive assessment incorporates a section on educational decision-makers and their roles and level of engagement in the child's case plan. CFSA provides clear guidance to social workers and resource parents on educational decision-making protocols, both in training and in the *Educational Services* policy and the Agency's *Education Practice Guide for School-Aged Children*. The two documents emphasize the importance of engagement and involvement of a child's educational decision-maker, including selection of an educational surrogate parent (ESP) when necessary. ESPs may be

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[85] Baseline as of 9/30/12 was 56%.
[86] Baseline as of 9/30/12 was 78%.

appointed either by the District's Office of the State Superintendent of Education or by the District's Family Court in the event that a birth parent is not engaged (for whatever reason) in the educational decision-making process for a child.

During the review period, CFSA's *Education Checklist* was another strategy related to identifying an educational decision-maker. Both CFSA and the Family Court collaborated on this strategy which included CFSA providing the checklist to the Family Court judges during court proceedings. The checklist required social workers to review all court orders to determine whether or not the parent maintained educational decision-making authority. If not, the specific individual designated as the education decision-maker was named in the order. The status of the decision-making authority is discussed at every court hearing and updated as needed.

In its determination to ensure that the child welfare system promotes the educational needs of children, CFSA has also designated two dedicated staff members as education services specialists. These specialists provide technical assistance, guidance, and consultation to social workers and resource parents. The specialists also emphasize the importance of ensuring that all school-age children have an educational decision maker.

Objective: **Improve educational teaming, planning, and decision-making between child welfare and the state and local education agencies (SEA & LEA).**

CFSA's focus on educational teaming, planning, and decision-making with state and local education agencies has led to great collaborative efforts and initiatives to benefit children and youth served. In 2010, CFSA partnered with Office of the State Superintendent for Education (OSSE) to develop the educational assessment tool currently used by social workers. The partnership also created procedures for social workers to identify educational decision makers and revised the school enrollment process for children in foster care. By 2012, a formal agreement was created between CFSA and DC Public Schools (DCPS) that allows CFSA investigative social workers to have direct access to the DCPS student management information system. Through this, children's school enrollment and recent attendance status can be accessed.

By 2013, the teaming, planning, and decision making between CFSA, OSSE, and DCPS grew even more. Partnerships with both of these entities ensure that developmental screenings are completed within 30 days of a child's entrance into the foster care system. The youngest children, ages 0-3, are screened at CFSA's on-site clinic, the Healthy Horizons Assessment Center. Children ages 3-5 are screened by CFSA's Office of Well Being. If delays are revealed at the completion of the screenings for children ages 0-3, they are referred to Strong Start through OSSE. If delays are revealed at the completion of the screenings for the 3-5 population, the children are referred to Early Stages (Interventions) through DCPS.

The primary focus of this cross-system coordination between CFSA, OSSE, and DCPS continues to be the timely sharing of information to support children's educational needs. Additionally, a memorandum of agreement (MOA) was developed between the three entities to improve monitoring of educational needs and progress of children placed in out-of-home care who are designated as special education

students but who attend schools in jurisdictions other than the District. The MOA clarifies each participating agency's responsibility for the children who fit into this category. The MOA also ensures that the children receive free appropriate public education (FAPE) and are monitored according to federal and local regulations.

Another important CFSA collaboration includes *Raise DC*, a city-wide partnership focused on raising educational outcomes for District of Columbia children. This growing partnership is composed of committed local business, philanthropic, government, education, and non-profit leaders. Specifically, CFSA is part of two of the *Change Networks* within Raise DC: (1) Early Childhood and (2) College and Credential Completion (C3N). The two primary goals for Early Childhood are for every child to be prepared for school and to succeed in school. For C3N, the goal is for every youth to attain a post-secondary credential (i.e., college or an industry-recognized license or certification).

Additionally, in 2013, CFSA hired an education supervisor in the Office of Well Being to provide direct oversight of all education-related matters affecting CFSA-involved children. The education supervisor serves as the primary point of contact and liaison to government and community partners for education-related child welfare practice issues.

For teens and older youth, CFSA's Office of Youth Empowerment has established a partnership with *Washingtonians for Children* (WFC), a local organization that advocates for youth in college. The mission of this organization is to ensure that youth not only enter college but that they remain in school, have a successful experience, and graduate. To facilitate this mission, CFSA has direct contact information for several local college officials[87] who can address any questions or concerns in a timely manner. This partnership has resulted in an overall support network to ensure the success of our youth in college. WFC reported a baseline of 35 youth who are assisted annually, depending on service level needs.

Objective: Conduct timely and thorough assessments of children's educational needs.

As noted earlier, CFSA initiated education assessments in 2010 to track and improve educational outcomes for school-aged children served by CFSA. The tool served as a benchmark in CFSA's PIP and achieves the following objectives:

- To provide social workers with a tool to assess the educational strengths and needs of children on their caseload and to guide them in addressing challenges as they arise.
- To provide supervisors with insight into the educational needs of the children on their workers' caseload and to support supervision by guiding discussions re: follow-up and interventions, if necessary.
- To enhance the completion of education screens in FACES.NET.
- To provide information on education-related referrals.
- To establish Agency-wide education baseline data.

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[87] Institutions include Prince George's Community College, University of the District of Columbia (UDC), Community College of DC (UDC's Community College), Montgomery College, Bowie State University, and Trinity Washington University.

The education assessments were designed for submission twice annually. CFSA also hired two education services specialists to support social workers in addressing children's educational needs. Eventually, CFSA added the component of vocation to the education assessment to include needs of youth in foster care who are in a vocation program (age 18 up until age 21). The tool was subsequently renamed the education/vocation assessment (EVA). The use of EVAs has continued for every school-age child including children receiving in-home services. The Agency also set a process requirement that the EVAs be completed within 30 days of a child's entry into foster care and within 30 days of opening an in-home case. They were then completed twice annually, every November and April.

By the end of 2012, the use of EVAs were discontinued due to the increased information sharing between CFSA, OSSE, and DCPS. Shortly thereafter in 2013, education-related responsibilities moved to CFSA's Health Services Administration and the Office of Well Being. At this time, CFSA initiated use of the *A+ Learning Link Assessment*. This tool assesses baseline academic proficiency data for children in out-of-home care. A+ Learning Link is a valid and reliable formative assessment that measures a student's existing knowledge, comprehension, and mastery of basic skills in reading and mathematics aligned with state educational standards and objectives.

In the past few years CFSA has been working on the following new initiatives to support timely and thorough assessments of children's educational needs:

- The Agency revised its contract with a tutoring provider, *Alternatives for Crime (AFC) Scholarship Foundation*, to conduct educational assessments for all school-age children before the end of FY 2013. These assessments use the *A+ Learning Link Assessment* tool to determine student proficiency and to target areas where more support is needed.
- CFSA now has access to OSSE's Statewide Longitudinal Data System to track educational records for all children in out-of-home care who attend DC public schools, charter schools, or special education programs in surrounding counties.
- CFSA also has access to education records for children in foster care who attend school in Prince George's County.
- Further educational outcomes are captured through multiple proposed assessment tools, including the Child's Needs Assessment (CNA).

Objective: **Improve educational stability for children in care.**

As referenced above, CFSA began collaborating in 2010 with OSSE and the LEAs from surrounding jurisdictions for the purposes of promoting awareness around the new educational stability requirements of the *Fostering Connections Act*. CFSA and OSSE also worked collaboratively to create a tip sheet for DCPS administrators and teachers, highlighting educational stability requirements and the importance of teaming with child welfare social workers to make best-interest determinations for impacted children. Best-interest determinations could result in either maintaining children in their schools of origin following a home removal or facilitating their rapid enrollment in the neighborhood school closest to their foster care placement. Internally, CFSA also developed an *Educational Stability Quick Reference Guide* that guides social workers through a series of considerations and action steps for determining a child's best interest with regard to school placement following a home removal.

CFSA continues to develop transportation resources to ensure that children can attend their schools of origin. When appropriate, the Agency will seek newly available Title IV-E funding to offset costs associated with transportation to the child's school of origin. CFSA has also made it a priority to facilitate local school enrollment for District youth placed jurisdictions within relative proximity, such as jurisdictions in Maryland and Virginia. In keeping with the educational stability requirements of the *Fostering Connections Act*, CFSA further provides District social workers with the enrollment requirements for various neighboring counties so that in the event that a child in foster care cannot remain in his or her school of origin, the enrollment in the new school may occur without any unnecessary delay.

CFSA continues to emphasize the importance of building a strong foster care network within the District of Columbia whereby children, when they absolutely have to be removed from their homes, can potentially remain in their community, and therefore in their school or daycare of origin. As well, kinship resources are identified quickly due to the realignment of the Family Team Meeting (FTM) unit, the Diligent Search Unit, and the Kinship Family Licensing Unit under Entry Services.

Objective: **Strengthen early intervention supports and services for children in foster care ages 0-5.**

CFSA has made numerous successful efforts in the past few years to strengthen early intervention supports and services for children in foster care. CFSA's on-site clinic, the Healthy Horizons Assessment Center (HHAC), is a primary vehicle for referrals to local early intervention programs. Every child coming into foster care or experiencing a placement change has a health screening at HHAC, at which point CFSA's clinical staff and nurse care managers (NCMs) may initiate further developmental screening referrals if they feel that there are issues that merit such course of action. For CFSA-involved children who may be exhibiting potential developmental delays or learning disabilities, they can be referred by parents, social workers, or any member of the case management team (with parental consent).

The federal *Individuals with Disabilities Education Act (IDEA)*, Part C mandates that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. When delays are identified for a child ages 0 to 3, a referral is made to *Strong Start DC*, a statewide, comprehensive, coordinated, multidisciplinary system that provides early intervention, therapeutic, and other services for infants and toddlers with disabilities and developmental delays. Services are also provided for these children's families. These services are flexible, culturally responsive, and most importantly, tailored to meet the individual needs of the child and the family.

The OSSE *Early Intervention Child Find program* for children from birth to age 2 years and 9 months is a system that locates, identifies, and refers children who may have a disability or developmental delay in speech, language, fine or gross motor skills, social or emotional skills, vision, and hearing. The program features a Child Find Information Line through which concerned parents, family members, providers, or other professionals may obtain referrals for a full developmental screening for a particular child at Howard University Hospital, Children's National Medical Center, or Mary's Center for Maternal and Child Care. The DCPS Early Stages Child Find program for children ages 2 years and 10 months to 5 years also receives phone calls from parents, family members, educators, child care professionals, and clinicians who are interested in conducting early intervention assessments for the District's children.

Further reinforcement of these efforts include training of staff members from CFSA's Office of Well Being to conduct developmental screenings for all youth entering foster care who are ages 2 years and 10 months to 5 years of age. An Ages and Stages Questionnaire (ASQ) is utilized and if delays are suspected in the screening, children are referred to Early Stages for further evaluation and consideration of interventions.

Childcare is another essential support for resource parents. In August 2011, the DC State Early Childhood Development Coordinating Committee (SECDCC) began work to ensure that high quality early childcare and education is available to all District residents, irrespective of the financial resources of the family. The SECDCC is a State Advisory Council comprised of members from public and private entities including CFSA, OSSE, DCPS, the Department of Health, and DC Private Charter Schools. The initial work of this body agreed that school preparedness is a multidimensional concept that crucially relies on parents, families and communities to support environments where children can learn.

Also during this review period, partnering in these efforts provided quality supports and services for the youngest children. The Family Court contributed by overseeing the well-being of this age group and providing an extra level of accountability. At each hearing, the assigned judge would complete the education checklist cited earlier. This checklist included sections that specifically addressed the developmental needs of children ages 0 to 5. Questions from each section were designed to guide the judge's information gathering process. The checklist further prompted judges to ask questions regarding case management planning for the child's developmental transitions from early childhood to school age, as well as information on the specific types of services the child is receiving, where applicable. In 2012, the education checklist process was actually upgraded by being phased out and being replaced with the _A+ Learning Link Assessment_ tool, cited above.

To supplement the responsibilities of CFSA's education specialists, CFSA designated an early education specialist in 2014. This position focuses on children 0-5 with the goal of supporting resource parents in making informed decisions about early education, including Pre-K, Early Head Start, Head Start, and other child care programs. The specialist also assists with enrollment into programs and processing vouchers and subsidies.

From a strictly fiscal perspective, Child Care Subsidies and Child Care Vouchers programs have had improvements that benefit CFSA cases. For example, childcare subsidies rates increased on April 1, 2014 for first time in 14 years. This was an average increase of 39 percent for DC and out-of-state providers. The childcare vouchers have also evolved to include categorical eligibility for resource parents, parents with children under protective supervision, and teen parents in care. This has essentially eliminated the bureaucracy of the application process and streamlined services for everyone involved.

DATA – Goal 10

To improve the assessment of educational needs and the achievement of positive outcomes for children involved in the child welfare system, CFSA introduced the Well Being pillar (from the _Four Pillar Strategic Framework_ cited throughout the document) which has helped to increase focus on educational outcomes for all children in care. As a consequence, the data measure for Goal # 10 was modified significantly in FY 2013. The revised data captures more specific goals related to development of children aged 0-5 as well as the educational progress for children of compulsory school age and beyond. These

new measures, coupled with the phase-out of the educational checklist, eliminated the need for the original data measure from FY 2010.

Measure	2010 Baseline	FY11/FY12 Goal	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The percentage of children in foster care who have a current educational checklist. (Source: Manual Data)	44%	**55%**	55%	46%			
Increase children ages 0-5 getting a developmental screening upon entering into foster care (Source: Manual Data)[88] [NEW]					**85%**	77%	80%
Increase children in foster care and in 3rd grade who perform at grade level (Source: Manual Data)[89] [NEW]					**[Not yet established]**	17%	[Data not yet available]
Increase youth in foster care who graduate from high school (Source: Manual Data) [NEW][90]					**60%**	71%	[Data not yet available]
Increase youth in foster care who graduate from college (Source: Manual Data) [NEW][91]					**30%**	18%	[Data not yet available]

Goal 11:   *Provide health and well-being services for children receiving CFSA services.*

With the implementation of the *Four Pillars Strategic Framework* in 2012 and the establishment of the Office of Well Being, CFSA has continued to reinforce the importance of child health and well-being throughout a family's involvement with the child welfare system. For example, the Health Services Administration (HSA) under Entry Services is designated to oversee health-related services for children by providing direct service provision or by coordinating services with the Agency's network of local

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[88] Baseline as of 9/30/12 was 78%.
[89] Baseline as of 9/30/12 was 66%. Data will be available by the end of FY14 and reported annually.
90 Data will be available by the end of FY14 and reported annually.
91 Data will be available by the end of FY14 and reported annually.

providers. HSA also provides a variety of quality services (detailed below) to assure that children's health and well-being needs are being met.

Healthy Horizons Assessment Center

In 2009 CFSA opened and began operating the Healthy Horizons Assessment Center (HHAC) as an on-site 24-hour medical clinic to serve some of the medical needs of children newly entering care and custody, or experiencing a re-placement in foster care. HHAC is staffed daily by one nurse practitioner, one medical assistant, and one medical records technician. Clinic staff performs various screenings and assessments for the purpose of early identification, diagnosis, and referral of children's health-related issues. The following services are delivered at HHAC:

- Medical screenings: Screenings occur immediately upon initial placement in foster care or upon a change in foster care placement. The screenings are intended to identify any urgent medical needs, including signs of trauma, psychiatric needs, medications, and food allergies. Results of the screening are passed on to the child's social worker to thoroughly inform the placement process.
- Comprehensive health assessments: Assessments occur within 30 days of a child's initial placement in foster care. These assessments follow the requirements of the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services program (known locally as DC HealthCheck). DC HealthChecks incorporate the following components:

  - ✓ Complete recording of child's medical and developmental history
  - ✓ Physical examination by a qualified health care practitioner
  - ✓ Preventative services such as immunizations and health and reproductive education as appropriate
  - ✓ Development of a current and previous diagnosis list
  - ✓ Development of healthcare treatment plan
  - ✓ Referral for mental and behavioral health screening and/or developmental screening and assessment

Following the comprehensive assessment, children are referred back to their primary care provider (PCP) of record or they are assigned a new PCP for ongoing health care needs while in foster care. Social workers follow the governance in CFSA's health care policies to monitor those ongoing needs.

A few years after opening HHAC, CFSA launched the Health Assessment Marathon to ensure that children were consistently seen within 30 days of entering foster care. These marathons occurred on the last Saturday of each month when HHAC would open for the entire day to see children who needed their initial DC HealthCheck, or children who required a placement change medical screening. By January 2014, however, the Health Assessment Marathon strategy had not yielded great results. It was apparent that many children were not being brought in during the designated time of the monthly event. As a result, HSA has implemented the following strategies to promote practice changes:

- Joint collaboration/communications (weekly face-to-face meetings, phone calls, emails) with Permanency staff of specific children that have not received medicals and/or dentals
- Participation in social worker unit meetings
- Encouraging supervisors/managers to remind staff of the Clinic operating hours and the availability of the mobile dental van
- Including articles in the foster parent newsletter
- The development and implementation of an HHAC check list for foster parents

Nurse Care Managers
As of 2014, the Agency employs 15 registered nurses (RN) who provide case management and supportive services for children with significant medical, physical, or mental health needs. NCMs perform the following activities and services:

- Completing comprehensive assessments on medical, mental health, social, and emotional well-being
- Developing and maintaining care plans to address medical, educational, social, and other unique needs
- Coordinating, facilitating, and implementing physical, mental, and behavioral health services
- Educating clients, providers, and social workers about activities supportive to health and any related social and educational outcomes (otherwise known as health promotion)
- Monitoring and evaluating service outcomes and the progress of client patients
- Advocating for options within the service array to meet individual health and related social, educational, and other needs
- Communicating, promoting, and linking quality available resources in a comprehensive and proactive manner for positive, cost-effective outcomes

NCMs also reduce crises through HHAC's preventive and supportive focus, which has positive long-term implications for enhancing the safety, well-being, and quality of a child's life. Always, HHAC strives to ensure seamless service provision.

Child Protective Services (CPS) Nurse Consultants
CFSA also has two RNs detailed to the CPS administration to offer consultative support to investigative social workers. In instances where medical neglect specifically may be a mitigating factor, or if there are any children in the home who appear to have health-related issues in general, the CPS nurse consultants are quickly available to review and discuss case specifics with the investigative social worker. RNs may also provide recommendations for conducting a thorough investigation of presenting health-related factors. Through their involvement, RNs help the Agency make early identification of (and interventions with respect to) child health issues.

Dental Services
In March 2013, CFSA launched a new dental program in partnership with the Children's National Medical Center (CNMC). This program ensures that children entering foster care are able to access dental services within 30 days of their removal from the home. Through this partnership, CNMC brings its specially equipped mobile health van to CFSA on a monthly basis to provide services on site. The van is staffed by a dental health team consisting of a licensed dentist and dental hygienist. Services include cleanings, examinations and screenings, as well as the applicant of sealants and minor fillings when applicable.

In addition to the initiatives described above, CFSA has also implemented the following series of health care policies and quick reference guides to govern practice in this area:

- *Dual Medicaid*
- *Food Sensitivities in Children*
- *Health Care Coordination*
- *Healthy Horizons Assessment Center and the Nurse Care Manager Program*

- *HIV and AIDS*
- *HIV, Sexual, and Reproductive Health Services*
- *Initial Evaluation of Children's Health*
- *Medicaid Cards*
- *Medical Consents*
- *Medical Records Maintenance*
- *Medication Administration and Management*
- *Preventative and Ongoing Healthcare*

Efforts over the past 5-year review period continue to support the great strides CFSA has made since implementation of the above policies and establishment of the significant changes to practice or procedures for health related services under HSA. CFSA anticipates sustaining this increase to the overall health and well-being of children served by the Agency.

Objective: Improve medical documentation and follow-up for children in foster care.

In an effort to maintain effective medical documentation and applicable follow-up treatment for children in foster care, CFSA has developed a series of policies and updated existing governance in this area (see also above listings of health-related policies). Specifically, the *Medical Records Maintenance* policy provides the following guidance to CFSA social workers and health practitioners on the requirements for health care documentation:

- Individuals who may access child medical records, when they may access them, and under what circumstances is such access appropriate
- Maintenance of medical records, including the minimum of information needed to fulfill data requirements, the use and alignment of hard copy and FACES.NET-related records, and use of medical consent forms
- Confidentiality of documentation and records, including special provisions for children and families affected by HIV/AIDS
- Billing requirements for services and clients that are eligible for Medicaid reimbursement

These guidelines standardize medical documentation practice which, in turn, improves information sharing. The results are increased efficiency of service provision alongside the monitoring and follow-up of service delivery.

In regards to Medicaid, CFSA has created comprehensive processes (see also the policy and reference guides listed above) to ensure that children who enter foster care are provided with Medicaid coverage within 5 days of entering care, and that issuance and receipt of the card occurs within 45 days on entering care. While CFSA has routinely met mandates for ensuring coverage, resource parents have previously experienced challenges with timely receipt the Medicaid card for the children in their home. Despite the occasional delays for distribution of the actual card to the resource parent, CFSA has found great success with the processes that are currently in place to ensure that the Medicaid cards are properly and efficiently distributed. Resource parents are also informed that if medical care is needed for the children in their home, the medical provider can access the children's Medicaid information and eligibility via the DC Medicaid interactive voice response (IVR) system.

Objective: **Improve mental health service provision for children entering foster care.**

From FY 2009 to the present, CFSA has continued to work alongside the District's Department of Behavioral Health to expand the system of qualified community service providers and to meet the on-going mental and behavioral health needs of the children serviced by CFSA. This partnership and collaboration remain critical to ensuring that the District is providing quality mental health services to CFSA's children.

As of 2010, all children who enter CFSA's care undergo a mental health screening as a part of the comprehensive health assessment that occurs within HHAC. The screening is completed within 30 days unless there are urgent challenges recognized sooner. Clinical practitioners (one psychologist and one clinical social worker) from the Department of Behavioral Health (DBH) are co-located at CFSA to conduct the screenings for all children ages 1 year and older. The purpose of the mental health screening is to obtain a complete picture of the child in order to identify any emotional and behavioral needs, issues or problems, or risk arising from their unique situation. On the basis of the initial screening, children are referred as needed to a selected mental healthcare practitioner who provides specific diagnostic information and develops treatment plans that include objectives, methods, interventions, and services.

With respect to the range and availability of mental health services for children, CFSA and DBH continue to build local clinical capacity and to further mitigate the frequency of distant out-of-state placements in specialized facilities.

One major project jointly created by DBH and CFSA is the *Family First* project which began in FY 2013 as an evidenced-based initiative to expand the range of mental health services for families and children. Treatment modalities in this initiative include but are not limited to Parent-Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), and Trauma-Focus Cognitive Behavior Therapy. Each practice is proven to strengthen family life; to meet the needs of the children who experience depression, anxiety, and acting out behaviors in reaction to trauma and violence; and to help avoid more complex, long-term challenges. In addition to children in the District, eligibility includes children's biological, foster, and adoptive families and caregivers. Eligibility also includes children who are in the custody of the District of Columbia but living in Maryland or Virginia. *Family First* services are provided by qualified *community-based providers* who receive comprehensive training and coaching to deliver these services.

Described earlier, DBH also provides the Children and Adolescent Mobile Psychiatric Service (ChAMPS) service. ChAMPS' goal is to stabilize the child and avert inpatient hospitalization or placement disruptions in the case of children in foster care.

Also described earlier in detail, CFSA has implemented the transformational Trauma Systems Therapy (TST) model, funded in part through a $3.2 million 5-year federal grant (*Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare*). TST hinges on CFSA and its partners' ability to build service capacity in evidence-based practices that are specifically designed to help children and families work through trauma-related behaviors and issues.

In an effort to better serve children in foster care who are placed outside of the District, CFSA secured the services of *JMD Counseling* as the result of issuing a solicitation for mental health services to be provided

for District children living in the state of Maryland. CFSA also initiated conversations with the DBH choice providers in July 2013 to determine if any of the providers were willing to increase their capacity and serve children in Maryland. On January 7, 2014, a Memorandum of Understanding (MOU) was executed between CFSA and DBH for expansion of those choice providers who are able to provide services in Maryland starting in March 2014. Utilization data for these providers are available through DBH under the MOU. DBH's choice providers are also participating in the Agency's RED (review, evaluate, direct) team meetings for home removals. In this manner, the providers are immediately available to assist with efficient linkages for CFSA children who need access to mental health services.

DATA - Goal 11

To provide health and well-being services for children, CFSA continued to trace two original data measures throughout the five-year plan period but also added three new measures in FY 2013. The three new measures reflect the Agency's expanded focus on mental health, substance use and abuse, teen pregnancy, and the overall well-being of children and older youth. These are all foci that have infused CFSA's practice in the latter half of the period.

Measure	2010 Baseline	FY11/FY12 Goal [92]	2011 Actual	2012 Actual	FY13/FY14 Goal	Actual as of 2013	Actual as of 2014
The percentage of children who receive a health screening at point of entry, re-entry and placement change in foster care. (Source: HTH004) [MODIFIED][93]	63%	**95%**	92%	100%	**95%**	80%	91%
The percentage of children, with placement activity in last three months, who receive a (medical evaluation) comprehensive EPSDT assessment within 30 days of entry into foster care. (Source: HTH005) [MODIFIED][94]	70%	**85%**	82%	62%	**85%**	75%	81%
Decrease number of teen mothers, ages 12 and older, in foster care (Source:					**17%**	17%	5%

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[92] FY11/FY12 projected goals for both measures under this objective have been revised since last year so as to be aligned with measures/requirements of CFSA's consent decree Exit Plan.

[93] Modified from reading as "the percentage of children entering foster care who receive an initial health screening."

[94] Modified from reading as "the percentage of children who receive a comprehensive EPSDT assessment within 30 days of entry into foster care."

CMT075; CMT366) [NEW][95]							
Increase the number of children and youth who receive a mental health screening (Source: Manual Data) [NEW][96]					90%	55%	64%
Youth age 11+ receive a substance abuse screening before a foster care placement. (Source: Manual Data) [NEW][97]					90%	87%	91%

Serving Children Ages Zero to Five

A high quality, well-coordinated early childhood strategy is an effective way to ensure that all children grow up healthy, safe and able to achieve their highest potential, but the earliest stages of development are an especially critical time to begin working toward positive outcomes. The District has established partnerships between the child welfare agency and early education system, and is leveraging linkages with the court as well as other systems including mental and maternal health. CFSA is the District's lead agency for the Community-Based Child Abuse Prevention (CBCAP) program, and in this role, the Agency has been a stakeholder with the District's Department of Health (DOH) on the Maternal, Infant and Early Childhood Home Visiting Program, funded by the US Department of Health and Human Services, Health Resources and Service Administration as well as with the Department of Mental Health (DMH) on the Project *L*inking *A*ctions for *U*nmet *N*eeds in *C*hildren's *H*ealth (LAUNCH) grant, funded by the Substance Abuse and Mental Health Services Administration.

With specific respect to children in foster care, CFSA has historically referred children 0-3 years to OSSE for early intervention screening. The District of Columbia's *Individuals with Disabilities Education Act* (IDEA) *Part C Early Intervention* program for children ages 0-5 is administered jointly by OSSE and DCPS. Children ages 0-3 years are served through the DC Early Intervention Program (DC EIP) – Strong Start Child Find Program under OSSE. Strong Start is a system to locate, identify and refer children 0-3 who may have a disability or developmental delay in one or more of the following areas: speech, language, fine and/or gross motor skills, social/emotional skills, vision, and hearing. The Strong Start DC Early Intervention Program serves as the single point of entry for infants and toddlers for whom there are concerns about their development. At the point of referral to the Strong Start program, the family is assigned an Initial Service Coordinator (ISC) who will make a referral for an evaluation to determine eligibility and gather information for an Individualized Family Services Plan (IFSP) if warranted. Based on the outcome of the evaluation, the family may be assigned a Dedicated Service Coordinator (DSC) who facilitates the linkages to early intervention services. IFSP's are reviewed semi-annually (minimally), and evaluations are completed annually to determine the need for continued services.

The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back to CFSA through the nurses who are then responsible for notifying the

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95 Baseline as of 9/30/12 was 18%. Current count does not include known teen fathers (n=2) or pregnant teens (n=10) in foster care.
96 Baseline as of 9/30/12 was 49%.
97 Baseline as of 9/30/12 was 73%.

assigned social workers of the outcome of the screening and subsequent evaluation. However, because of limited capacity within the Child Find[98] provider network, there has been an accumulation of referrals for the initial screening and a subsequent delay in identifying those children who may require more specialized services to address a disability or developmental delay. In order to expedite the process of linking children to specialized services, CFSA's Nurse Practitioners have been trained to complete the Ages and Stages Questionnaire[99] and in 2012 began completing the tool for children ages 0-3 years as part of the comprehensive medical evaluation that all children receive within 30 days of entering foster care.

The outcome of each screening is sent to OSSE[100] for review and determination of which children should be referred for a more in-depth evaluation to identify the need for specialized services or supports to address a disability or developmental delay in one or more domains (speech, language, fine and/or gross motor skills, social/emotional skills, vision, and hearing). As the child approaches their 3rd birthday, there is a transition period to move the provision of services from OSSE to DCPS if the evaluation demonstrates a need for continued intervention.

Children ages 3-5 years who are entering foster care are being screened by the Office of Well-Being and the outcome of the screenings are being sent to the Early Stages program within the District of Columbia Public Schools to determine the need for a more in-depth evaluation (see process for 0-3 above). Early Stages is a diagnostic center that serves any District child including those wards who reside outside of the District of Columbia. All children referred to Early Stages receive a developmental screening (Ages and Stages Questionnaire or ASQ). If necessary, a child will receive a more in-depth evaluation and services for a diagnosed delay. Early Stages can recommend specialized instruction, speech/language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services. Beginning in October 2011, CFSA began referring all children who entered foster care between 3-5 years to the Early Stages Child Find. In February 2012, CFSA began conducting these screenings in-house using staff trained in administering the ASQ.

In FY 2012, the Office of Well-Being began coordinating efforts with the Clinical and Health Administration to develop an initial report on the 0-5 population which will identify the outcome of initial screenings and any subsequent in-depth evaluation including linkages to specialized services or supports to appropriately address identified disabilities or developmental delays. In FY 2014, the Agency added an early education specialist to the Office of Well Being. Targeting the 0-5 population, the early education specialist will support resource parents in making informed decisions about early education, including Pre-K, Early Head Start, Head Start and other child care programs. The early education specialist will also provide assistance with enrollment into child care programs and processing vouchers and subsidies.

III. COLLABORATION

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[98] Child Find is the District of Columbia's program for responding to the requirements of the Individuals with Disabilities Education Act (IDEA). Under IDEA, the District of Columbia is required to identify all children with disabilities from birth to 21 years of age. In the District, children 0-3 are served under OSSE and children 3-5 are served under DCPS.

[99] The Ages and Stages Questionnaire (ASQ) is a developmental and social-emotional screening for children from one month to 5 ½ years. Considered highly reliable and valid, the ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children. The tool is a parent interview that can be completed on-line, over the phone or in person in less than 30 minutes.

[100] In the District of Columbia, the DC Early Intervention Program for children 0-3 is housed under the Office of the State Superintendent for Education (Strong Start) while children 3-5 are served through Early Stages under the District of Columbia Public Schools.

Throughout the 5-year review period, CFSA continued collaborations with long-standing partners while building new partnerships based on the Agency's reorganization and according to the changing needs of the District's child welfare population. Some of these collaborations have resulted in new or expanded services for children and families while others, like the Agency's partnership with the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN), provide overarching assistance for review and recommendations to support improvements of the entire system. In 2013, MACCAN re-constituted itself and began convening bi-monthly for the purpose of reviewing and analyzing the District's child welfare system. In concert with CFSA's input, MACCAN continues its purpose to make recommendations to the Mayor on policy and legislation that can lead to improved overall child welfare functioning. Importantly, MACCAN will be providing consultation for the 2015-2019 Child and Family Services Plan, and contributing to the monitoring of CFSA's ongoing progress during the development of ensuing Annual Progress and Services Reports.

CFSA also continues its close working relationship with the District's Citizen Review Panel (CRP). As is mandated by the Child Abuse Prevention and Treatment Act (CAPTA), CRP is a panel of interested DC residents, child welfare professionals, and community advocates who convene regularly to review CFSA service delivery and to make formal recommendations to the CFSA director for service and practice improvements.

Additional supportive collaborations exist as a result of CFSA's consistent convening with its sister agencies including the District of Columbia's Public Schools (DCPS), the Public Charter School Board, and the DC Department of Human Services' (DHS) Strong Family program. As noted earlier, CFSA and DCPS have greatly improved the system's ability to serve children's educational needs through DCPS' data sharing. The data sharing also helps CFSA monitor and track attendance. In support of families at large, DHS' Strong Family program strives to strengthen the individual and family unit, foster healthy development, and help address issues that create ongoing challenges, particularly those that might bring a family to CFSA's attention.

The above-cited collaborations provide a brief snapshot of the many other specific partnerships discussed throughout this document, all of which are assisting CFSA's mission to promote safety, well-being, and permanency. CFSA's *Four Pillars Strategic Framework* is the guiding force and strategy for incorporating the benefits of all current collaborating partners. Again, the mortar of this framework is the broad and ever-growing collaboration that CFSA engages in with sister agencies, community partners, and the Family Court of the District of Columbia Superior Court. The District is very fortunate to have within its borders a number of child welfare organizations and advocacy groups that are national in scope but locally focused on improving the child welfare system in the District. The narrative below outlines specific collaborative relationships that continue to enhance Agency policy and affect major systemic improvements.

Adoptions Together
CFSA partners with Adoptions Together, Inc., a community-based organization, to administer services to children and families throughout the District. In particular, Adoptions Together offers resources and support to birth parents through the *Parent Advocate Project* (PAP), cited earlier.

In complement to PAP for birth parents, the *Post Permanency Family Center (PPFC)* is a resource specifically for adoptive and guardianship families. CFSA ensures these families are notified of PPFC's supportive services which prepare families for the transition and support them after permanent guardianship or adoption has been achieved. As a "one stop shop", PPFC offers direct service case management, advocacy, and family counseling as part of their resource and service array. There are also support groups for children, teens, and adults, as well as parenting classes. Additionally, PPFC offers regular trainings throughout the year on topics germane to permanency. Moreover, it maintains a vast information and resource library for guardians, adoptive parents, and professionals.

Behavioral Health (Department of)

CFSA has been actively collaborating with the DC Department of Behavioral Health (DBH) to implement the $3.2 million 5-year trauma grant awarded to CFSA in October 2012 from the US Department of Health and Human Services' Administration for Children and Families.[101] This award represents the first competitive federal grant that CFSA has received, allowing CFSA to implement the Trauma Systems Therapy (TST) organizational model that is already transforming the District into a trauma-informed system.

As noted earlier in this document, key facets include building a trauma-informed workforce that recognizes the prevalence of trauma among children who interface with the child welfare system. With specialized training, social workers, resource parents, and other staff are adept at identifying children and families dealing with trauma. TST also hinges on CFSA and its partners' ability to build service capacity in evidence-based practices that are specifically designed to help children and families work through trauma-related behaviors and issues.

TST activities are also being integrated into the expanded District's System of Care (SOC) based on DBH's recently awarded multi-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). SOC agencies include those falling under the purview of the Deputy Mayor for Human Services (Human Services Cluster). These agencies are strong supporters of the trauma grant's objectives and have endorsed its application to the entire SOC system. Accordingly, the inter-agency coordination and collaboration is maximizing resources and economies of scale to transform family-serving agencies into trauma-informed entities.

TST training was enthusiastically received in 2013 by over a thousand resource parents, social workers and staff from family-serving agencies (such as CFSA, DBH, and other SOC agencies). Other trainees included clinicians from the direct service provider community and community-stakeholders who work with children in foster care. This training approach (i.e., including a comprehensive audience) fosters a shared understanding among decision-makers and among those who have direct or tangential influence organizationally when working with children and families. Training is continuing throughout FY 2014.

The following additional, collaborative efforts between CFSA and DBH are TST-focused:

- DBH and CFSA convened a core grant project team that meetsregularly to coordinate key activities for the Trauma and SOC grant implementation.

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[101] This grant was awarded under the *Initiative to improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare*.

- In an unprecedented collaborative effort, CFSA, DBH, the Department of Youth Rehabilitative Services (DYRS) and the Department of Human Services (DHS) are all implementing the Child and Adolescent Functional Assessment Scale (or CAFAS). This tool interfaces with the child welfare and mental health systems, and allows the participating agencies to share child-specific information to inform case and treatment planning. As a matter of course, the shared tool also promotes and reinforces inter-agency teaming.
- Lastly, the CFSA and DBH executed a memorandum of understanding (MOU) that co-locates an additional mental health coordinator at CFSA. The coordinator supports expanded coverage, i.e., after-hours, for mental health screening as necessary. In addition, the MOU includes a funding agreement for the external evaluator for both grants.

Consortium for Child Welfare (CCW)
CFSA has been collaborating for many years with the member agencies of the Consortium for Child Welfare (CCW). CCW is a coalition of private community-based human services providers that for over 30 years has worked to develop and maintain a responsive and accountable system of care for the District of Columbia. CFSA regularly works with CCW to ensure that social work practice and philosophy are aligned across the District's system of care.

Community Partnership for the Prevention of Homelessness (TCP)
The Community Partnership for the prevention of Homelessness (TCP) is a non-profit organization that provides prevention services, street outreach, emergency shelter, transitional housing, and permanent supportive housing for families as well as individuals. TCP helps to support CFSA's Rapid Housing Program (RHP) to provide short-term assistance to families in need of stable housing for preservation or reunification. Joining this collaborative effort is the Healthy Families/Thriving Communities Collaboratives. Funded by CFSA, TCP administers the assistance of payments while the Collaboratives provide case management and support services. The RHP program also assists youth aging out of foster care with time-limited assistance to facilitate their transition into adulthood and independence.

DC127
Toward the end of this CFSP period, CFSA broadened its resource parent recruitment efforts by reaching into the faith-based community to increase the number of available foster homes in the District. As noted earlier under Goal 8, the *DC127* campaign was inspired by the shared goals of the CFSA Recruitment Unit and members of the District Church, a non-denominational church wanting to keep children in their community by generating more foster parents for children in the District. DC127 has worked with CFSA to educate the District's larger faith-based community on the safety, well-being, and permanency needs of children in foster care. By way of example, in November 2013, DC127 hosted the *Foster the City* event, which brought together over 350 people, government officials, community providers, foster parents and children with the sole purpose of committing to solutions that keep children in the community. At the conclusion of the event, 23 pastors committed to be a part of the campaign, representing a faith-based organization from each of the Wards. Currently, monthly orientations are held in the community but the Foster the City event will be held annually. The success of this partnership was noted in the November 2013 issue of *Time Magazine*. Overall, neighborhood-based outreach and development of effective partnerships will continue to be key components in diligent recruitment efforts.

Disability Services (Department on)
CFSA's collaboration with the District's Department on Disability Services (DDS) ensures quality services for children transitioning from CFSA to DDS through a systematic, multi-disciplinary, multi-agency, and multi-modality review of procedures and policies. DDS is a particularly important CFSA partner for older youth aging out of the foster care system, who are diagnosed as medically-fragile or developmentally delayed and will continue to need specialized care. DDS also identifies housing that is appropriate to meet the needs of the youth making the transition.

Employment Services (Department of)
CFSA partners with the District's Department of Employment Services to administer a subsidized employment program for older youth in care. This program features job readiness training and services, paid internships, and mentoring and coaching. The intent of the program is to transition youth into stable full-time jobs as they are leaving the District foster care system. The importance of this collaboration cannot be underestimated as self-sufficiency for youth aging out of the system requires this level of support for stable employment.

Family Court
CFSA's collaborative relationship with the District of Columbia Superior Court Family Court Division (Family Court) and the Court Improvement Project (CIP) has been integral to CFSA's progress since the initial implementation of the CFSP. In general, Family Court input occurs at the macro-level with program planning and development but specifically on the micro-level for each case presented before a Family Court judge. The following sections describe areas of specific collaboration between CFSA and the Family Court:

The Safe and Sound Initiative
As noted earlier in the document (under Goal 1), the *Safe and Sound* program was a Family Court initiative that supported at-risk families in jeopardy of having children removed and entering the foster care system. This program ended due to the development of the RED (review, evaluate, direct) teams[102] which, in effect, duplicate the original *Safe and Sound* process.

Court Order Revisions
In 2012, the Family Court created new official court orders (and standard forms) for use in abuse and neglect proceedings. CFSA and the Family Court collaborated on language modifications to align the documents with the requirements of the *Fostering Connections Act* and the *Safe and Timely Interstate Placement of Foster Children Act of 2006*. New orders were piloted in 2012 and then further modified before being finalized and fully implemented in January 2013.

Case Data Interface
Also in 2012, CFSA and the Family Court worked together to update their electronic communication protocols to enable two-way transmission of electronic case filings. That is, the electronic interface allows the Family Court to accept and integrate CFSA social worker reports, documents, and other filings while also

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[102] RED (review, evaluate, direct) teams are comprised of individuals representing various administrations within the Agency, depending on the case being reviewed. For example, RED team members may be staffed from CFSA's Child Protective Services (CPS) administration, the In-Home and Permanency administration, mental health and kinship services, and/or CFSA's contracted community partners, the Healthy Families/Thriving Communities Collaboratives. Each RED team has a unique focus depending on the program area.

allowing the Family Court to transmit data (and image files of actual court orders) back to CFSA. These efforts increased efficiencies for both entities by reducing data entry errors, eliminating manual document scanning, decreasing paper volumes, and streamlining the delivery of case-specific reports to judicial officers. Further enhancements in 2013 added attorneys from the Council for Child Abuse and Neglect (CCAN) to the streamlined communication process. These attorneys represent parties in abuse and neglect proceedings so the increase of communication among the Family Court, CFSA, and CCAN has been a useful effort.

Family Celebration Day
For 2 years in a row (201-2011), the Family Court and CFSA jointly sponsored *Family Celebration Day,* an event purposefully designed to acknowledge families involved in the child welfare system that were able to successfully reunify following CFSA's intervention. The day's activities not only recognized the accomplishments of the families who reunified but also demonstrated to other families still working toward reunification that it is possible to confront and resolve the issues that led to a child's removal.

The Family Treatment Court Program (FTC)
FTC is an effective partnership among the Family Court, CFSA, the Office of the Attorney General (OAG), and DBH's Addiction Prevention and Recovery Administration (APRA). Over its 10-year history, the interagency steering committee has also collaborated with various inpatient treatment facilities, outpatient treatment and support facilities, and community-based transitional housing programs and supportive service providers.

Although the program began as an intensive inpatient program for substance abusing mothers at-risk of having their children removed from their care, it has evolved over time to include service delivery to mothers who are working toward reunification. Throughout its existence, the central goal of the program has been to give mothers the chance to rebuild their lives and their families without losing legal custody of their children. It particularly assists mothers whose cases involve a nexus between substance abuse and child neglect. It further enhances family reunification through the provision of comprehensive substance abuse treatment and supportive services, and it supports system-wide compliance with the *Adoption and Safe Families Act (ASFA)* mandates for achieving timely permanency for children.

As part of CFSA's commitment to the engagement of fathers, CFSA and its FTC partners began discussions in 2013 regarding a redesign of the FTC program so as to include program access for fathers (and male caregivers). This endeavor seeks to build capacity for a broader continuum of available and appropriate interventions. Supporting the effort is a capacity-building grant from the Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). The grant funds are helping FTC expand the scope of the existing model beyond inpatient services, including home-based, outpatient, intensive outpatient, and residential services. With the OJJDP funding, FTC is able to employ dedicated recovery specialists who work with clients in the various treatment modalities and ensure that client interventions are individualized and appropriate. The program's ultimate goal is to enhance safety, permanency, and well-being outcomes for participants, and also to improve engagement, access, and retention among those who could most benefit from participation.

Mayor's Services Liaison Office (MSLO)

The Mayor's Services Liaison Office (MSLO) collaborates with the Family Court as mandated by the *District of Columbia Family Court Act*. This is a multi-agency partnership where liaisons from various District agencies are assigned to an onsite service center at the Family Court. MSLO representatives work together with families to provide information and referrals about available services, to facilitate access to those services, to coordinate and facilitate the interactions between families and the legal system, and to report to the Family Court about the needs of the children and families soliciting their assistance. Agencies represented in MSLO include CFSA, DCPS, DBH, DYRS, DDS, DC Housing Authority, Metropolitan Police Department, Department of Human Services, Department of Employment Services, APRA, the Rehabilitative Services Administration, and the Hill Crest Family & Children Center.

Foster and Adoptive Parent Advocacy Center (FAPAC) and DC Metropolitan Foster and Adoptive Parents Association (DCMFAPA)

CFSA also continues to work with community-based organizations that focus on providing supports and resources to the resource parents who keep District wards safe in their homes while the child's case management team works toward permanency. These organizations offer supports to resource parents and address issues and barriers affecting their recruitment and retention. Principal organizations include the Foster and Adoptive Parent Advocacy Center (FAPAC) and the DC Metropolitan Foster/Adoptive Parents Association (DCMFAPA). CFSA leadership maintains a close and ongoing dialogue with both groups, including feedback that helps the Agency plan implementation of various system changes and practice reforms that impact resource parents and the children in their care. Representatives from both groups are also invited to participate in policy development workgroups (according to the relevant subject areas).

Health Care Finance (Department of)

The Department of Health Care Finance (DHCF) operates the Elderly and Individual Physical Disability (EPD) waiver program. This is a choice program for the elderly and persons with physical disabilities who are able to safely receive supportive services in a home and community-based setting. CFSA works closely with the EPD program to assist youth who do not meet the criteria for DDS intervention to transition independently or with family members.

Public Schools (District of Columbia)

In the educational arena, CFSA and the District of Columbia Public Schools (DCPS) expanded their existing data sharing arrangement through a 2012 memorandum of agreement (MOA). Both entities now exchange important educational enrollment and achievement data for District wards in CFSA's care and custody. Before enactment of the MOA, the two agencies exchanged information only for school-age youth who were the subject of a CPS investigation. Under the MOA, CFSA education specialists have "read only" access to the DCPS student tracking system, as well as its special education management information system. This latter system provides important case-specific information to be used by CFSA social workers as they steward the development of educational plans for each school-age child.

Rehabilitative Services Administration (RSA)

The District of Columbia's RSA operates an independent living services (ILS) program that promotes self-sufficiency despite the presence of one or more significant disabilities. The objectives of ILS include, but are not limited to, living independently, decreasing dependence on family members, decreasing the need for supervision in activities of daily living, and increasing a self-directed lifestyle. This is another crucial collaboration for age-appropriate youth under the care and custody of CFSA.

Young Women's Project

For the specific purpose of improving the lives of older youth in the foster care system, CFSA has found a key partner in the Young Women's Project (YWP), a local advocacy organization with a mission to empower young women to improve their lives and their communities through education, training, advocacy, and support. In conjunction with YWP's Foster Care Campaign, CFSA assessed the current financial support structure for youth in foster care, including its stipend or "allowance" model to determine how and to what extent it could be enhanced as a resource. In 2013, CFSA put in place significant increases to its stipend requirements, structure, and operation in order to facilitate access to the resource and to stretch its impact for youth. Per CFSA policy, these stipends will be regularly reviewed for appropriateness to serve the needs of youth in light of current economic considerations. Like many of CFSA's partners, YWP is also invited to participate in policy making decisions as they pertain to youth.

IV. PROGRAM SUPPORT UPDATES

DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

Training

In August 2010, the Office of Training Services was renamed the Child Welfare Training Academy (CWTA) to reflect the robust professionalism of training specifically tailored to improve child welfare outcomes and therefore offered to social workers, staff, and resource parents. The CWTA curriculum incorporates a training program that includes both pre-service and in-service trainings. Pre-service training is required for all case-carrying social workers and includes both CWTA classroom training and Applied Professional Training (APT), which is housed within each administration and/or private agency. As a hands-on approach, each administration and/or private agency provides a specialized APT experience that allows new social workers to apply skills and knowledge gained in the classroom into simulated practice experiences and exercises.

While in-service trainings include courses that reinforce the principles of the Agency's *Practice Model* for all social workers, there is also a component for specialized intensive supervisory training. This curriculum is mandatory for all new supervisors of case-carrying social workers. In addition to the required trainings, CWTA has developed and delivered trainings on specialized topics in response to best practice initiatives or based on needs identified through quality assurance measures. All of the pre-service and in-service courses offered by CWTA are approved for Continuing Education Units (CEUs) by the District's Board of Social Work. Some are also approved by the District's Board of Nursing, as applicable.

A paramount component of the CWTA curriculum is cross-training between social workers and resource parents, encouraging consistency of practice and understanding of policies and legislation. Specifically for resource parents are a series of online training offerings through www.fosterparentcollege.com and www.fosterparents.com. These online courses supplement the on-site courses offered and provide resources parents with greater flexibility and more options to meet their required 15 hours of in-service training. Additionally, CWTA implemented individual development plans (IDPs) for resources parents who need training specific to their strengths, challenges within their home, and the age and developmental needs of the children living with them. IDPs hence allow individual enhancement for resource parents who may have unique placement circumstances surrounding children in foster care.

As noted under Goal 1 and Goal 11, Trauma Systems Therapy (TST) is actively being integrated into the District's child welfare practice. Accordingly, CWTA has worked closely with the Agency's chief of staff and trauma grant specialist to ensure that the majority of CFSA's social workers, family support workers, and resource parents have all been TST trained. Further, CWTA has integrated a trauma-informed focus as a general overlay to its established curricular offerings. CWTA is currently working with various entities to bring additional trauma certification programming to the Agency to ensure the sustainability of trauma-informed care.

In 2014, CWTA continued meeting the Agency's vision and to fulfill the Academy's mission through the following three strategies:

1. Expand child welfare-related technical and leadership training for employees and resource parents to build upon their current skills.
2. Increase professional development opportunities for mid- and upper-level managers.
3. Enhance training efficiency and outreach by making changes in communication vehicles, e.g., using webinar technology.

Technical Assistance
CFSA has received assistance from the National Resource Center (NRC) for In-Home Services for improving effective in-home visits, safety, general documentation, and measuring how well in-home services are achieving desired outcomes. As well, NRC for Permanency has assisted the Agency with to redesign the meaning of concurrent planning within the District as well as reshaping guardianship within the permanency landscape.

Additional technical assistance has been received from the Children's Research Center (CRC) for upgrading the Agency's Structured Decision Making (SDM) tools. These tools include the Hotline tool, the Caregiver Strengths and Needs Assessment, and the Consultation and Information Sharing Framework (RED teams). Since May 2014, the RED team consultation has been provided by another consultant, KVC Nebraska. KVC Nebraska also provides technical assistance on the functioning and enhancement of foster parent recruitment, licensing, placement stability, and overall placement practices.

Research and Evaluation
CFSA continually engages in various program research, evaluation, and quality assurance activities, all of which inform policy enhancements and practice improvements resulting from the insight and information they yield. Principal among these activities are the bi-annual *Needs Assessment* and the annual *Resource Development Plan* (RDP). The *Needs Assessment* and RDP are complementary documents insofar as the

findings and recommendations of the former allow the Agency to effectively describe and plan for the allocation of resources through the latter.

Bi-Annual Needs Assessment

Over the past 5 years of the review period, CFSA has continued to conduct the *LaShawn*-mandated comprehensive *Needs Assessment.* The assessment examines existing placement needs in light of available resources while also projecting future placement needs based on historical data. It is an exhaustive process through which CFSA gathers placement-related insights, experiences, and perspectives from youth, families, providers, collateral stakeholders, and social workers. CFSA then integrates this qualitative data[103] with the qualitative data culled from the FACES.NET child welfare information system. Collectively, the data is used to develop, recommend, and implement appropriate interventions. The *Needs Assessment* also examines services and resources needed to prevent entry or re-entry into foster care, as well as supports and resources needed to ensure stabilized placements. Most importantly, it seeks to identify placement-related factors that support or hinder achievement of permanency goals for children in care.

Results from the *Needs Assessment* led to the establishment of the Youth Advisory Board, which served to solicit recommendations from youth on areas related to program planning. In 2012, the Youth Advisory Board was disbanded and restructured into the Youth Ambassadors, a group of select youth who work directly with the youth ombudsman in reviewing complaints and concerns while also providing the Agency with a representative voice of other youth. The *Needs Assessment* has also helped the Agency to build upon successful strategies that impact positive permanency outcomes, such as an increase in family stabilization services, a reduction in the overall time that children remain in out-of-home care, and projections that reveal that the overall number of children placed in out-of-home care is on a steady decline.

Resource Development Plan (RDP)

The RDP is the Agency's roadmap for action with respect to the issues and needs identified in the *Needs Assessment*. In response to the findings, CFSA sets its program and placement development agenda in the RDP, and then uses it quarterly to track progress on its action steps. The RDP concisely lays out service development goals and helps CFSA to manage processes and maintain accountability for their timely implementation.

Through implementation of previous RDPs, CFSA has made significant progress in bridging service gaps by strengthening those services and operations already in place, identifying additional service and resource requirements, and developing and implementing strategies to better meet the needs of the children and families who enter into, or who are at-risk of entering the District's child welfare system. Of note, the RDP included implementation of the *Four Pillar Strategic Framework* and the Agency's *2012 Strategy Plan*,[104] as well as implementation of the Agency's strategy to expedite licensure of kin and to increase placement of children with kin.

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[103] Quantitative methodologies include surveys, focus groups, and individual interviews.
[104] The Strategy Plan delineates reasonable strategies, actions, and timelines to achieve the outcomes and Exit Standards of the *LaShawn* Implementation and Exit Plan.

Management Information Systems
In 2006, just a few years prior to the period under review, the District of Columbia became the first jurisdiction in the country to fully implement an internet-accessible statewide automated child welfare information system (SACWIS). The District's web-based system, called FACES.NET, is readily accessible to CFSA and private agency social workers. It has laid the technological groundwork for creating a more mobile workforce and relocating CFSA staff closer to the communities served.

CFSA understands that improved data quality allows the District to make better decisions for children and families. Accordingly, CFSA continues to make substantial progress in data quality which has been demonstrated by tracking performance on several management reports, in addition to looking at the data longitudinally. Employees are consistently held accountable for updating information in real time for the Child Protective Services (CPS) Hotline or within 48 hours for all data requirements. All data related to federal reporting measures[105] are recorded in and generated from FACES.NET. Additionally, the vast majority of data pertaining to the *LaShawn A*. v. Gray Implementation and Exit Plan is captured in the system. The application generates over 100 monthly reports that are used by managers to monitor best practices and case management activities.

Over the past 12 months, the District has made significant changes to its CPS intake processes and procedures which needed to be reflected in FACES.NET. These changes included the introduction of a new Structured Decision Making (SDM™) tool that was updated through CFSA's collaborative efforts with the Children's Resource Center. SDM tools guide CPS Hotline staff and the RED (review, evaluate, direct) team process for screening and pathway assignment (i.e., based on the Differential Response model, either a traditional investigation or family assessment). Changes to the SDM tool has allowed for greater flexibility while taking information from reporters but also enforces defined business rules before an intake can be finalized.

The District has completed a number of enhancements to address practice changes, to examine the findings from the most recent review of the FACES.NET system, and to remain current with system architecture technologies. In particular, the District went "live" with two significant enhancements in FY 2013 that give social workers more direct information and assist with managing their activities and case level decision-making. These enhancements include the social worker dashboard, as described earlier in detail, and the case timeline.

The District has continued to determine best practices for reducing the number of duplicate clients in FACES.NET. An analysis was initiated in FY 2011 and CFSA came to the conclusion that the majority of multiple identifying records are created at the time of intake due to a lack of identifying information at the time the reports of abuse or neglect are initially received. The District has taken a threefold approach to this problem:

- Prevention: The first approach was to reduce the creation of duplicate clients in FACES.NET. In light of the FY 2011 finding, the District continues to make strides in reducing the creation of duplicate clients. Client merge functionality was revised and deployed in March 2013 to better identify and merge matched clients. Staff level support included the following: (1) revising the

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[105] These include the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), monthly visitation data, and the National Youth in Transition Database (NYTD).

logic of an existing management report to alert staff of any newly created, potentially matched clients, (2) identifying key program staff to review management report and complete merges when appropriate, and (3) disseminating a duplicate client tip sheet outlining a step-by-step process for merging clients. Future endeavors include upgrading the primary search engine governing the matching process to produce better and more reliable results.

- Early Intervention: The second approach was to allow the current FACES.NET functionality to perform client merges, which consequently allows for better data integrity.
- Chronic: The third approach involved both the improved merge functionality but also an improved business process for addressing long-standing duplicate clients. It naturally required user analysis and data cleanup.

Also in FY 2011, the District created the *Youth Speak Out!* survey and portal. The survey is fully integrated into FACES.NET and uses existing client data (e.g., date of birth, current placement, client identification number, and email address) to identify the baseline survey population. An email notification is generated annually on the birthdates of all youth in the baseline population who have an email address entered in FACES.NET). The email informs (or reminds) the youth of the survey and asks for their participation.

Other FACES.NET changes were made to the employment, education, and medical appointment screens and to the Title IV-E claiming logic in accordance with the District's approved *State Plan Amendment* (SPA) which allowed for Title IV-E claiming for youth in foster care from age 18 to 21.

FACES.NET was modified even earlier in 2010 to integrate the Title IV-E guardianship subsidy eligibility determination process. This kinship guardianship assistance project involved creation of new screens and modifications to the existing FACES.NET modules. The enhancement allowed for the capture of data as soon as the guardianship referral is initiated by the program staff. In addition, the enhancements validated all required data elements for Medicaid claiming purposes and for other applicable approvals, again increasing efficiency of data reporting.

The most recent improvements in the management of data systems is the collaboration between CFSA and the Family Court. Together, the entities have completed several data exchange projects that have improved communication and timeliness of joint activities. These projects include an electronic case initiation process that resulted in creation of an online complaint form in FACES.NET, electronic submission of court reports, and electronic receipt of court orders.

AFCARS Improvement Plan

As a result of the federal Administration for Children and Families' (ACF) 2004 assessment review of the District's use of the Adoption and Foster Care Analysis and Reporting System (AFCARS), three main areas of data quality and accuracy were found to be areas in need of improvement. The resulting AFCARS Improvement Plan was issued in April 2005 and required the District to provide quarterly updates that included tracking improvements in the identified areas. The District made its final AFCARS Improvement Plan submission in May 2008.

The identified three areas in need of improvement included (1) the enhancement of processes to capture timely and accurate information, (2) provision of training to users, and (3) the creation and utilization of management reports based on the AFCARS Data Quality Utility and Frequency Utility tools. These main areas were addressed by activities that made the following significant improvements:

- The AFCARS component of in-service training for social workers was finalized.
- An initiative to receive and implement technical assistance from the National Resource Center for Child Welfare Data and Tracking (NRC-CWDT) was concluded.
- Online management reports are now used as a case management tool to assist social workers in the timely monitoring and updating of foster family demographic data.
- CFSA provided a response to ACF's letter of concern, dated January 2007, in regards to specific data elements embedded in the AFCARS Improvement Plan (IP).

On February 2008, the District received instructions and 16 Test Deck Case Scenarios to be entered and extracted from FACES.NET as part of the AFCARS IP closeout. In May 2008, the following information was submitted to ACF:

- AFCARS Test Deck 16 Case Scenarios and FY 2008B TEST Foster Care and Adoptions
- AFCARS Extraction Code Files for Foster Care and Adoption
- AFCARS Picklist Codes Reference Table
- FACES.NET Screen Prints of AFCARS Foster Care Elements 10, 11-15, and 16
- SARR Requirement 84 – for Foster Care Element 62 – Title IV-D (Child Support)
- Re-submission of the District's 2004B AFCARS Foster Care and Adoption
- Re-submission of the District's 2006B, 2007A, and 2007B AFCARS Foster Care

After the AFCARS IP submission in 2008, the District received a revised 2009 version of the AFCARS IP based on ACF's review of the submission. The District informed ACF that its AFCARS extraction code has changed since the last submission as a result of the system upgrade from Microsoft .Net version 1.1 to version 3.0. ACF requested that the District resubmit its AFCARS extraction code from 3.0. Therefore, the District submitted the 3.0 version extraction code to ACF in 2010. As the review process continues, the District has updated documents from the AFCARS IP to respond to ACF's latest comments from 2013. On January 17, 2014, the following documents were submitted to ACF for their review:

- AFCARS Assessment Review Improvement Plan: General Requirements
- AFCARS Assessment Review Improvement Plan: Foster Care/Adoption Data Elements
- Screen Print of Element 8 – "Race"
- FACES.NET Tip Sheet – Entering Race and Ethnicity Data
- Screen Print of Element 16 – "Has Child Ever Been Adopted?"
- Screen Print of Element 17 – "Age When Previous Adoption Legalized"

- The District's Extraction Code: (dcafcars2014.zip; FUN AFCARS TYPE OF HOME ACF.SQL; FUN DECRPT ID ACF.SQL)
- FACES.NET Schema Data Dictionary

Currently, the District is waiting for ACF to review and provide comments.

Identifying Populations at Greatest Risk of Maltreatment
The District of Columbia (DC) is quite geographically small relative to its neighboring states. Similarly, the child welfare arena in DC is rather intimate. That is, target areas of service implementation for child welfare as well as other arenas, such as public safety, are neighborhoods and city blocks as opposed to counties, cities, and towns. Of all DC neighborhoods, or Wards, the vast majority of child maltreatment reports (and hence the majority of children in foster care) originate from Wards 5, 7, and 8. In terms of demographics, these Wards are the most highly concentrated areas of poverty and unemployment. In addition, Wards 7 and 8 account for almost 70 percent of the entire District foster care population (23 and 46 percent, respectively).

In comparison to national data, DC has one of the highest percentages of children living in poverty (approximately 30 percent compared to 22 percent nationally).[106] Commensurately, DC also has a high proportion of children in foster care. According to the Census Bureau's 2010 Demographic Profile Data, 1.7 percent of the total number of children in DC (101,000) is in the foster care system (although the actual number of children in out-of-home care has been declining over the past 12 months). The census data also indicate a disproportional distribution of children throughout DC's eight Wards. For example, six Wards of eight account for almost 90 percent of the District's children yet the majority (69 percent) of children in foster care originate from the abovementioned two wards east of the Anacostia River. Families involved with in-home cases also have the highest representation in Ward 7 and 8.

Racial and ethnicity composition for DC children varies from 63 percent Caucasian in Ward 3 to over 90 percent African American in Ward 7. Children in DC's foster care population are about equal in gender distribution but older than in most jurisdictions. These CFSA-involved children are at higher risk for poor educational outcomes, chronic health issues, early parenthood, as well as dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

As noted earlier, identifying and tracking geographic and demographic information for DC's child welfare population occur through CFSA's web-based management information system, FACES.NET. This system also has Geographic Information Systems (GIS) technology at its disposal. The GIS application allows the Agency to produce overlays of maps and charts that inform decisions regarding effective and efficient allocation of resources. This includes a visual assessment of statistical information at a detailed level.

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106 Child Welfare League of America (2012), State Fact Sheets
http://www.cwla.org/advocacy/statefactsheets/statefactsheets12.htm

Since 2003, CFSA has conducted a variety of geographic analyses, producing the following very useful and crucial information:

- GIS technology analyzes and compares socio-demographic characteristics of neighborhoods against abuse and neglect reports by Ward and by ZIP Code™. This data is used to inform the Healthy Families/Thriving Communities Collaborative Council[107] about the neighborhoods that are in greatest need of prevention and family support services. GIS information has been crucial for this purpose as well as the Collaboratives' process of resource allocation.
- During licensure of contracted congregate care facilities, GIS information informs CFSA's Facilities Licensing Unit of potential regulatory guidelines that prohibit congregate care facilities from being within certain proximity of one another.
- CFSA utilizes GIS to map the locations of fatalities throughout the District to support and inform the work of the Child Fatality Review unit.

Quality Assurance
As CFSA evolves from a compliance-driven agency to a quality-focused agency, there is still an acute understanding that quantitative and qualitative data must be measured together with ongoing equanimity. Yet, in order to engage employees in strategies that improve practice, more emphasis must be placed on the latter, i.e., ensuring that employees really understand how the quality of practice drives the numbers. By looking at the responsiveness and effectiveness of the services from a variety of voices, including the child and family, and then facilitating the learning/solutions/feedback loop, CFSA continues to improve services for District residents in need.

Just prior to FY 2013, under the direction of the Office of Planning, Policy, and Program Support, CFSA's Quality Improvement (QI) Division completed an exhaustive review of the Agency's continuous quality improvement (CQI) activities to address any identified gaps, as well as to determine the impact of each CQI process on practice improvement. Firmly grounded in the Agency's *Four Pillar Strategic Framework*,[108] CQI activities focus on the business-driven tasks that influence the reduction of children coming into care, and for those children who must enter foster care can be temporarily provided safe havens, as well as supports for well-being and transitions to permanency (*see also CQI Overview section following*).

Since the CQI review, the Agency has initiated development of an updated CQI plan in compliance with federal mandates[109] while simultaneously expanding the intersection between quality service reviews (QSRs) and CQI activities. In addition, the following primary recommendations from the QI

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[107] As noted earlier in the document, the Collaboratives are long-standing contractual partners with the Child and Family Services Agency. The Collaborative Council supports the work of the Collaboratives and provides leadership in advocating for public policies and investments that will improve the lives of vulnerable children and families. Together, the Collaborative Council and Collaboratives model an effective approach to improve family functioning, increase neighborhood capacity building, and simultaneously elevate issues to a public policy level to effect positive change.

[108] In 2012, CFSA established the *Four Pillars Strategic Framework* as a bold offensive to improve outcomes for children, youth, and families at every step in their involvement with District child welfare. These include (1) narrowing the front door entry to services, (2) providing a temporary safe haven through foster care, (3) ensuring well-being for children and families, and (4) ensuring that any child exiting from the District's child welfare system arrives to positive permanency.

[109] On August 27, 2012, the Administration on Children, Youth and Families (ACF) released the *Continuous Quality Improvement in Title IV-B and IV-E Programs* Information Memorandum outline CQI principles and requirements for each state to follow.

review have been successfully implemented to directly impact and elevate the Agency's capacity to improve practice outcomes:

- Quality Assurance (QA) Partnership with Program Operations and Private Agencies
  Program staff are trained and educated on how QA efforts can positively impact outcomes for clients. In addition, by dedicating QA staff to individual program areas, communication is augmented and staff is afforded a more profound understanding of how to address challenges in practice. The partnering of QA and program staff has renewed practice camaraderie while also increasing the validity of concrete data and "real time" outcomes. Most importantly, program staff has reported benefit from the streamlined support they receive, increasing morale and professional satisfaction.
- Quarterly Trend Report Published and Disseminated
  To ensure that CFSA and private front-line staff are fully informed of the outcomes gleaned from CQI activities, the QI Division publishes a *Quarterly Trend Analysis Report* that focuses specifically on CQI-related themes, revealing both quantitative *and* qualitative data. This user-friendly mechanism for sharing information and impacting practice helps highlight patterns and themes that program staff can clearly identify for practice enhancements. This includes the extent to which the results can be used to improve performance on quantitative outcome measures. Staff also provides feedback and suggests solutions for improving outcomes and tracking the progress of changes made in response to the previous quarter's recommendations.
- Defined Roles and Functions of the QI Division and Office of Agency Performance (OAP)
  By clearly defining the roles between the QI Division (ongoing assessment and feedback on quality practice) and OAP (tracking and monitoring of CFSA's progress towards *LaShawn*-mandated benchmarks), management staff has the strength of position to advance employee-driven strategies for self-assessment. Such strategies increase staff "buy-in" for improving outcomes while yet still maintaining momentum to comply with the benchmarks. A crucial component is the continuous feedback loop from and to employees, which also provides an opportunity for employees to learn how to translate findings into concrete actions steps and how to associate that information with direct benefits to their daily work.
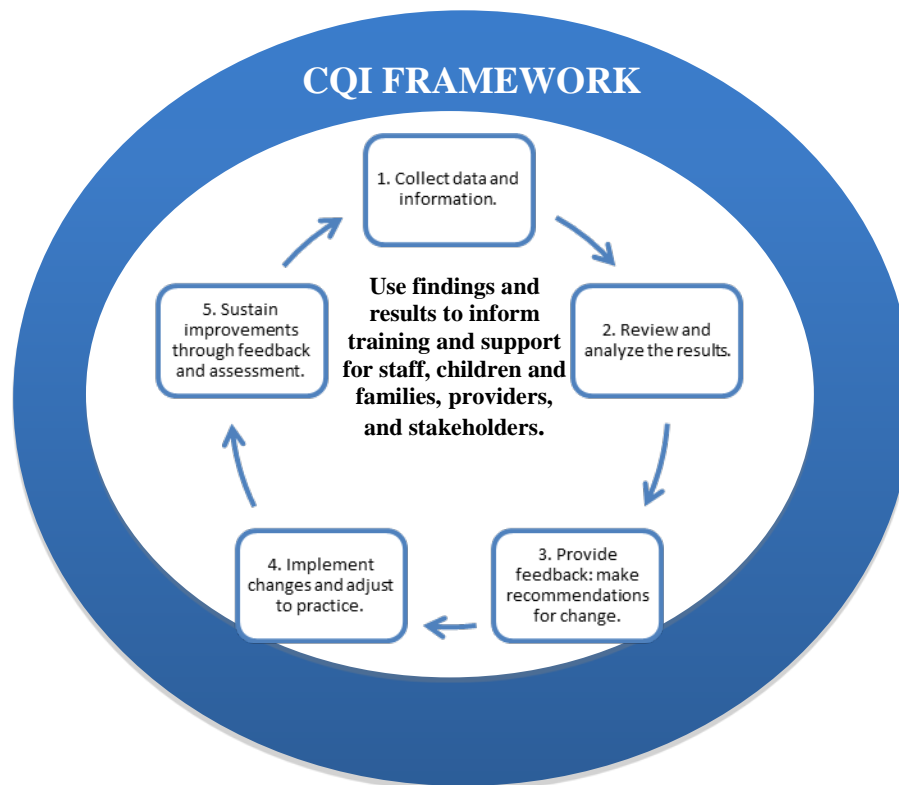
Another special focus resulting from the review of CFSA's CQI activities is the recently developed shared QSR protocol between CFSA and DC's Department of Behavioral Health (DBH).[110] As an organizational learning process, the QSR protocol provides a clear connection between the results of case reviews and the use of feedback to drive effective practice and changes in service delivery. As such, the QSR is foundational to the CQI system. Since many of CFSA's clients are also receiving DBH services, the shared DBH/CFSA protocol encompasses a comprehensive panorama for staff to understand how multiple services are (or are not) appropriately identified, accessed, and providing for client needs. Most importantly, the shared protocol allows the two systems to consciously join hands for addressing the safety and the mental health of children and families.

In addition to the above QA processes, CFSA has also incorporated additional reviews conducted by the RED teams, detailed throughout the document. When applicable, reviews by the RED team can function as a case transfer staffing between internal and external partners. This is a consultative process for social workers as well as a teaming framework. Ultimately, each RED team shares information to guide practice.

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[110] Formerly the Department of Mental Health (DMH)

CQI Overview

Since 2010, the QI Division has been presenting senior management with detailed descriptions and summaries of the activities used by CFSA to inform ongoing development and refinement of direct service activities to improve outcomes for children and families.[111] It is important to note that the activities currently employed by the QI Division, and other parts of the Agency, all comprise the CQI framework. In particular, the QSRs are an indicator of quality at the most significant level: the client. Yet still, CFSA has adopted the position that all of the Agency and its partners' functions are significant to assure quality services.

CQI FRAMEWORK

1. Collect data and information.

2. Review and analyze the results.

3. Provide feedback: make recommendations for change.

4. Implement changes and adjust to practice.

5. Sustain improvements through feedback and assessment.

Use findings and results to inform training and support for staff, children and families, providers, and stakeholders.

The diagram above captures the following primary functions of the Agency's CQI framework:

1) **Collect data (quantitative and qualitative):** QA staff collects data and information to assess whether the implementation of practice adheres to clearly defined expectations in order to achieve desired outcomes.
2) **Analyze the results:** Review and analysis of data identifies areas where implementation has been successful or where there are challenges.
3) **Make recommendations for change:** In response to analysis of the data, QA staff provide feedback and with program and support staff, make recommendations for the Agency to reassess its priorities or expectations to address challenges or further improve success.
4) **Implement changes in response to recommendations:** In response to the recommendations, changes are implemented and functions are adjusted as necessary.

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[111] See 2010 and 2011 CQI reports.

5) **Sustain improvements through ongoing feedback and assessment.**

The above framework reflects best practice standards for quality improvement activities while simultaneously providing structured guidance for the QI Division. Collectively, all of the components described above help to ensure that QA processes both satisfy or exceed federal requirements while simultaneously reinforcing the Agency's current *Four Pillar Strategy Framework* and *Practice Model*.

V. CONSULTATION AND COORDINATION WITH TRIBES

The District of Columbia does not have a federally recognized tribe within its geographical boundary, but when necessary to engage in tribal consultation, the Agency consults with the National Resource Center for Tribes (NRC4 Tribes). In 2011, the NRC4 Tribes provided CFSA with technical assistance as the Agency developed an Administrative Issuance (AI) on Compliance with the Indian Child Welfare Act. In 2012, when ACF promulgated new rules regarding procedures for the transfer of placement and care responsibility of a child from a State to a Tribal title IV–E agency or an Indian Tribe with a title IV–E agreement (§1356.67), CFSA updated its ICWA AI with a new section addressing tribal transfers. The new section is entitled "Transfer of a Child to a Tribal Agency". The tribal transfer language therein largely mirrors the federal language in the referenced rule. The Agency is currently engaged in another round of technical assistance with the NRC4 Tribes to review this updated section to ensure its compliance with the intent of the federal tribal transfer rules.

VI. FOSTER AND ADOPTIVE PARENT RECRUITMENT

Section I, Sub-section B, Goal 8 of this report outlines CFSA's progress on its plan for recruiting and retaining foster and adoptive parents. The Agency's first overarching recruitment goal has been to heighten public awareness of the need for quality caregivers who have the willingness and ability to welcome children of all needs into their homes. As noted under Goal 6, the Agency has invested resources to develop an ample and diverse pool of prospective foster and adoptive parents. This includes CFSA's collaboration with the LGBT (lesbian, gay, bisexual and transgender) community to ensure placement options for children who self-identify as such. As well, increased training, as well as cross-training in policy and trauma systems therapy, has helped caregivers to feel more competent and confident in their capacity to address the needs of children in their homes. Most recently, CFSA has made concerted efforts to recruit prospective caregivers within the District of Columbia so as to keep children as close to their communities of origin as possible for their temporary stay in foster care.

VII. ADOPTION INCENTIVE PAYMENT

Adoption incentive payments are utilized to support adoption promotion and support services. Previous adoption incentive payments have been utilized to enhance the Agency's marketing and public relations strategy for recruitment and retention of adoptive parents.

VIII. CHILD WELFARE WAIVER DEMONSTRATION PROJECT

The Agency's Title IV-E waiver demonstration project seeks to ensure that services and resources strengthen family functioning by providing families with hands-on skills development. To achieve this goal, the Title IV-E waiver demonstration project has expanded the continuum of services in the child welfare system, including two major family preservation programs: 1) Project Connect – an intervention to support families during and after reunification to expedite permanency and prevent re-entry into care, and 2) HOMEBUILDERS® – this intervention stabilizes families when a child is at risk of being placed into foster care.

CFSA has also expanded early intervention services to families who have been assessed to be at low to moderate risk for future maltreatment and are subsequently involved with the Differential Response (DR)[112] Family Assessment protocol or in-home services. Services are designed to increase parents' knowledge of child development, coping skills, and healthy interactions with their child. Also through the Title IV-E waiver, CFSA has been able to further the capacity of the Collaboratives to serve as community "hubs" where residents can gain access to supports that address all of their needs.

The Collaboratives have further worked with CFSA on the development of one comprehensive and universal family functional assessment tool, in consultation with the Children's Research Center (CRC). Using this shared caregiver assessment tool has allowed CFSA and the Collaboratives to improve their mutual data-sharing capacity which has, in turn, enhanced the capacity of both entities to come together in a coordinated manner and jointly address the needs of the family with one consistent voice. The assessment tool also collects relevant data to assess progress related to well-being outcomes and changes in overall functioning as part of the comprehensive evaluation of the Title IV-E waiver.

As noted under Goal 1, CFSA is also partnering with the District's Department of Behavioral Health (DBH, formerly the Department of Mental Health) and the Department of Health (DOH) to more efficiently address gaps in services for children and caregivers with mental illnesses. All services are expedited through the addition of DBH and DOH staff being co-located at the Collaboratives. DBH

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112 With Differential Response (DR), traditional child protection investigations are no longer the sole approach to engaging families around allegations of maltreatment. Under DR, CFSA may refer families under certain neglect allegations and with no immediate safety concerns for a Family Assessment (FA) which differs from a traditional investigation in that the FA social worker utilizes clinical skills to partner with the family, who must agree to participate, to develop a service plan to meet their needs. Families who participate in the family assessment are not assigned a substantiation decision. Additional information is located on CFSA's website:
http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPS%2520DR%2520Family%2520Assmnt%2520GUIDE.pdf

mental health specialists, for example, assess families for co-occurring disorders, refer them for services based on the findings of the assessment, and assist the families with accessing the services. The DOH infant and maternal health specialists provide comprehensive nursing care and case management to young mothers with at least one child under the age of 6 by assessing their needs, developing a care plan, and providing direct care or referring the mother to other community based services based on the need. These resources were developed to address current gaps in services for these vulnerable populations and also to complement the supports already available to families involved with waiver-funded services.

IX. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) PLAN UPDATES

There have been no substantive changes to local law or regulation that affect the District's eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) State grant. There has also been no significant change to how CFSA plans to use funds to support the fourteen CAPTA program areas. For the foreseeable future, all of the following CAPTA-sponsored activities are focused on reinforcing the first pillar (front door) of the Agency's *Four Pillar Strategic Framework*:

- Intake, assessment, screening, and investigation of reports of abuse and neglect
- Case management, including ongoing case monitoring, and delivery of services and treatment that are provided to children and their families
- Enhancing the child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of the Differential Response (DR) model

CFSA expends the majority of its CAPTA allotment on direct services for children and families on the Child Protective Services (CPS) caseload. The District also uses CAPTA funding to support the activities of the District's Citizen Review Panel (CRP). CRP is comprised of citizens who meet regularly to examine CFSA policies, procedures, and practices as well as to periodically evaluate the extent to which the Agency is effectively discharging its child protection responsibilities under CAPTA.

X. CHAFEE FOSTER CARE INDEPENDNCE PROGRAM (CFCIP)

DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

CFCIP funding is designed to serve youth who are likely to remain in foster care until age 18; youth who have left foster care for kinship guardianship, adoption, or reunification (after attaining 15 years of age); and young adults ages 18-21 who have "aged out" of the foster care system. The CFSA Office of Youth Empowerment (OYE) is responsible for implementing CFCIP programming and services for youth transitioning out of foster care into adulthood and self-sufficiency. This service delivery model involves

both case management and specialty consultation for youth and for their social workers. In this manner, the youth and social worker can more readily address particular issues that may arise during transition planning. The narrative in Section I, Goal 7 contains additional, detailed information about OYE's organizational structure and program design.

OYE utilizes CFCIP funding for various educational and vocational supports and transitional aftercare services. The services and resources listed below complement those also outlined in the narrative of Section I, Goal 7.

Educational Services
All social workers with youth on their caseload are guided by policy to emphasize to youth the importance of completing a high school diploma or a general equivalency diploma (GED), as well as discussing the option of pursuing a post-secondary education. Through the Chafee Education and Training Vouchers (ETV) program, which was added to CFCIP in 2002, OYE facilitates partial funding for the cost of attendance at an institution of higher education (including but not limited to colleges, universities, community colleges, and training institutions). Eligibility for the ETV program includes the following criteria for youth:

- Youth are aged 18 to 20 years old. *Note: only youth receiving ETV funds at the time they age out of the foster care system may re-apply up to age 23*.
- United States citizenship or legal residency.
- Out-of-home care at the age of 15 years or older, <u>or</u> adopted or under legal guardianship at the age of 16.
- High school diploma or equivalent.
- Enrollment in post-secondary school or training program as a full-time or part-time student.
- An application for financial aid, including the completion of a FAFSA (i.e., Free Application for Federal Student Aid) has been submitted to the post-secondary school or training program.
- The post-secondary education or training was initiated before age 21.
- Satisfactory academic progress (i.e., at least a cumulative grade point average of 2.0 on a 4.0 scale) or academic standing consistent with the institution's FAFSA graduation requirements.

Up to $5000 worth of ETV funds are provided to youth only after all other forms of financial aid have been explored and utilized, including but not limited to the granting of a scholarship or completion of a FAFSA (Free Application for Federal Student Aid). ETVs are distributed on a first-come, first-served basis if we have not exhausted fund during the period of report. Youth must re-apply for an ETV each academic year. In FY 2013, for example, 80 youth were able to benefit from ETV funds with the average voucher amounting to $3,222. These vouchers primarily supported tuition, fees, books, and other related college expenses.

Career Discernment and Development
OYE's Career Pathways Unit provides the following vocational and employment services for youth ages 18-20, including those who have graduated from high school or who have a GED (regardless of age), those who have graduated from college, and those who have chosen not to pursue the college pathway:

- Assistance in identifying appropriate vocational services, including completion of vocational assessments and referrals to or completion of vocational training, including dual track GED programs
- Job readiness support, including but not limited to the following services:
  - ✓ Instruction in basic employability skills
  - ✓ Referral to industry specific programs
  - ✓ Assistance with career exploration
- Financial assistance for vocational training

In addition to the above programs, CFCIP funding supports items youth may need in preparation for their vocational programming. The following items (though not exhaustive) are examples of vocational-related items that might be funded for purchase:

- Uniforms
- Nursing equipment
- Classroom supplies
- Transportation cost
- Costs not covered by ETV

Support for Transitioning to Adulthood
To prepare for the transition to adulthood, CFSA youth who receive in-home services are linked to the Healthy Families/Thriving Communities (HFTC) Collaboratives and Court Appointed Special Advocates (CASA). For youth in foster care, the transition process requires additional, solid support from family, community, and the youth's transition planning team. Regardless of whether the youth is receiving services in-home or through foster care, CFSA listens to the voice and values of every youth as a guiding force during decision-making discussions for the transition process. In support of CFSA's overarching efforts for transitioning older youth, OYE connects each youth with community service providers that can help the youth master an array of skill sets useful for the successful transition from the foster care system to healthy self-sufficiency and well-being. Transition planning begins at age 15 for committed youth and continues every 6 months until the youth reaches permanency or age 20. At age 20, transition planning occurs every 90 days (and more frequently if needed) until the youth reaches age 21. OYE accomplishes this mission by requiring all case managing social workers to complete the activities outlined in the Agency's *Older Youth Services Policy*.

A youth's assigned social worker works closely with the youth and his or her team to shepherd the youth's transition plan from onset to completion. This includes documentation and close monitoring of goals, tasks (including who is responsible for each task and the deadline for completing each task), and the timelines outlined in the plan.

Aftercare Services
While CFSA provides aftercare services for youth who age out of the system, these services are funded separately from CFCIP funds. For a full description of aftercare services, please refer to the *Older Youth Services Policy* on the CFSA website at www.cfsa.dc.gov.

OYE Special Events
In 2011, OYE re-located from the Agency's main headquarters to a repurposed school building in the Georgia Avenue/Petworth section of the city, increasing the community's accessibility to CFSA resources

and services. Petworth is a thriving and active neighborhood with a myriad of public transportation options in the immediate vicinity of OYE's headquarters. OYE's presence in the neighborhood has allowed CFSA to become an active and integrated community partner, forging stronger local ties and accessing supports from community-based organizations. Its location has also increased the accessibility of staff and services to youth.

OYE sponsors many special events, based on available funding and staff resources. Some of the following events take place annually, and others may occur when interest and support are identified and direct OYE intervention is warranted.

- *Fashion Show (May)*
- *Youth Recognition Ceremony (July)*
- *Summer Enrichment Program (June-August)*
- *College Round Up (at the beginning and end of each semester)*
- *Youth Holiday Gala (December)*

CFSA has also forged strategic partnerships with various sister agencies and community organizations to deliver educational, vocational and employment services to older youth in care.

National Youth in Transition Database (NYTD)
NYTD is a federal requirement for states to collect information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. States began collecting data in 2010, and the first data set was submitted in May 2011. CFSA is pleased to have fully implemented the National Youth in Transition Database (NYTD).

CFCIP-Specific Training Initiatives
Each year OYE sets aside CFCIP funds for the following youth-focused training initiatives:

- Sending team members and youth to national conferences to explore on-going collaborations and to initiate new collaborations
- Taking advantage of cross-system networking opportunities
- Promoting effective solutions for working with young people
- Sharing strategies for involving youth and family members in the development and delivery of transition services

Starting in 2014, OYE has also been working with a national consultant to conduct training with CFSA supervisory and management staff, as well as resource parents, to inform the areas of permanency and parenting adolescents.

XI. STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items
The following narratives describe the data elements reported as a result of the CAPTA state grant:

Information on Child Protective Service Workforce

As noted under Section 8, CFSA continues to utilize the Child Abuse Prevention and Treatment Act (CAPTA) state grant funds for Child Protective Services (CPS) activities focused on reinforcing children's opportunities to remain with and grow up with their families. These activities begin with intake, screenings, and assessments, in addition to case management and ongoing monitoring and delivery of services and treatment.

As noted earlier, CFSA expends the majority of its CAPTA allotment on direct services for children and families on the CPS caseload. As well, CAPTA funding supports the activities of the District's Citizen Review Panel (CRP), which examines CFSA policies, procedures, and practices. CRP will also periodically evaluate the extent CFSA effectively discharges its CPS responsibilities.

Pursuant to CAPTA, CPS personnel are responsible for intake, screening, assessment, and investigation of child abuse and neglect reports. Staff is required to meet the following minimum educational requirements and qualifications established by the District:

- Master's degree in social work from a Council of Social Work Education-accredited school
- DC graduate or independent social worker license
- Valid driver's license
- At least 1 year of specialized experience to equip the applicant with the particular knowledge, skills, and abilities to perform successfully the following duties of the position:
    - ✓ Thorough knowledge of the child welfare field to provide social work services for individuals and families.
    - ✓ Knowledge of related psychiatric, psychological and medical practices used in the evaluation and treatment of children and families, to serve as an effective member of the multi-disciplinary treatment team.
    - ✓ Thorough knowledge of human behavior dynamics; sensitivity to cultural diversity, age, and religious differences affecting child rearing, family and kinship patterns; attitudes about illness and medical care; and communication patterns. This knowledge is specific to the staff member's ability to conduct home visits or investigations, develop case plans, and to provide counseling.
    - ✓ Knowledge of pertinent resources, legal status, and related policies and procedures as they affect children and families.
    - ✓ Ability to communicate effectively orally and in writing.

The majority of the case-carrying social work personnel at CFSA reflect both the demographics of the District of Columbia and of the District's foster care population in that the majority of staff are African-American. As is typical in the social services field across the nation, the majority of employees are also female. CFSA maintains active efforts to recruit qualified male staff, as well as Latino or bi-lingual staff to better serve the Spanish-speaking population.

At present, all social workers currently employed by CFSA meet the educational requirements and qualifications established by the District. Approximately 32 percent of all CPS social workers have an independent clinical social worker license (LICSW) in addition to meeting the qualifications above. For CPS social workers interested in promotion to a supervisory position, they must first obtain their LICSW, apply for a supervisory vacancy, and then interview for the position. Selections are usually determined by a panel of staff.

Direct service social workers are required to complete 80 hours of pre-service and 30 hours of annual in-service training hours in order to maintain licensure and employment. Newly hired supervisors must complete 40 hours of pre-service training within 8 months of assuming their supervisory responsibilities. Additionally, supervisors and administrators with casework responsibility must complete an additional 24 hours of annual training.

The current CPS administration consists of two CPS divisions and two CPS Family Assessment divisions. Each division has a social work program manager and approximately five to seven supervisory social workers, including Hotline supervisory social workers. Each supervisor manages five to seven investigative social workers or intake Hotline workers per unit. In addition, there are family support workers and clerical assistants who also assist. The total number of full-time employees in both divisions is 166 with the total number of CPS social workers at 52.

CFSA's current breakdown of CPS social worker units is as follows:

- Two Hotline units- staff members are responsible for taking reports of abuse and neglect over the CFSA Hotline.
- Eleven Investigation units- staff members are responsible for investigating accepted reports of abuse or neglect.
    - ✓ Three Daytime units compromised of Hotline workers and investigative social worker who take reports and conduct investigations during normal business hours
    - ✓ Six After-Hours units compromised of Hotline workers and investigative social workers who take reports and conduct investigations after normal business hours
    - ✓ One Special Abuse unit comprised of staff members who investigate child fatalities, sexual abuse of children of all ages, and allegations of severe physical abuse of children under the age of 5
    - ✓ One Institutional unit comprised of staff members who investigate allegations of neglect and abuse, including some allegations of sexual abuse, reported in foster homes, congregate care or residential hospital facilities, boarding schools, daycare facilities or homes, and "New Beginnings", which is a juvenile detention facility in Laurel, MD that falls under the jurisdiction of the District's Department of Youth Rehabilitation Services (DYRS)
- Nine Family Assessment (FA) units responsible for implementing CFSA's FA response, working with families screened by the Hotline as low-to-moderate risk, based on the allegations reported

The average caseload of each investigative social worker is eight to nine cases in keeping with the standard of 15 open cases.

Juvenile Justice Transfer
CFSA does not transfer custody of youth in foster care to the state juvenile justice system. The Agency retains custody of children in foster care regardless of their juvenile justice status until they achieve permanency, age out of the child welfare system, or until their commitment to the Agency is terminated through court order. Youth who are in the juvenile justice system and the foster care system are known as "dual-jacketed" youth. CFSA plans jointly with the juvenile justice system and the children are tracked and receive services by both systems. Currently, CFSA and DC Superior Court share data on dually-jacketed youth, but the District could benefit from creating a report to capture this population more easily.

At the time of this report, the Agency is able to identify approximately 48 youth who have received services from both CFSA and the DYRS.

Sources of Data on Child Maltreatment Deaths
CFSA typically obtains child maltreatment-related fatalities from the CPS Hotline. There are instances, however, where information is received from the District-wide Fatality Review and www.homicidewatchdc.org. The Agency only addresses child fatalities of children known to CFSA within 4 calendar years preceding the death while the Office of the Chief Medical Examiner (CME)/District-Wide Fatality Review looks at all child fatalities of the District's children. CFSA also participates on the District-Wide Child Fatality Review.

CFSA's internal child fatality review looks at the quality of service delivery to the child and family, identifies the patterns of risks and trends in cases, and alerts the Agency to any systemic issues that need attention. A report and findings are formulated and presented to an internal review panel made up of a multidisciplinary team from Quality Assurance, Training, Health Services, Program Operations, Policy and Program Support, General Counsel, and external stakeholders. CFSA also presents its findings to the District-Wide Child Fatality Review for the purpose of supporting the committee's mission of developing recommendations and strategies to address the risk factors for preventable child deaths from a broad systems perspective.

When reporting child maltreatment fatalities to NCANDS, CFSA uses information from the Metropolitan Police Department and CME. CFSA also interfaces with the Vital Records Division (VRD) of the District Department of Health but generally does not utilize VRD as a source for child maltreatment death information as it is generally redundant to the information that CFSA receives from CME.

Education and Training Vouchers (ETV)
Youth in foster care continue to have various federal (such as the Free Application for Federal Student Aid program) or local (such as the DC One Student aid program) resources to assist them with education-related expenses. CFSA's Office of Youth Empowerment (OYE) encourages all youth in foster care to explore and utilize these and other available resources, e.g., local community-based scholarships. The ETV program supplements a youth's efforts to fund their post-secondary educational costs when the above-cited resources do not fully cover the anticipated expenses. Based on need, youth may be eligible to receive up to $5,000 in financial assistance per year. In order to receive ETV benefits, first-time applicants must be at least 18 years old but still younger than age 21. District regulations also require that a youth be in foster care on or after his or her 15th birthday, or be adopted from foster care with the adoption finalized after age 16.

The table below outlines the current distribution of ETVs that CFSA administered to District youth over the last 2 school years.

PERIOD	NEW AWARDS	ONGOING AWARDS	TOTAL AWARDS
July 2012-June 2013	43	60	103
July 2013-June2014	45	56	101

Inter-Country Adoptions

At present, CFSA has no documented reports of children adopted in foreign countries who subsequently entered the District foster care system. Nevertheless, there were seven children in FY 2013 who were previously adopted and who subsequently entered foster care as the result of a substantiated allegation of abuse and neglect. CFSA does not currently track, however, whether those specific adoptions were dissolved or if those children returned home. Reports of abuse or neglect of any such child residing in the District would be assessed through the CPS Hotline and the Agency would respond in the same manner as any other referral.

In effect, CFSA does not routinely have a role in inter-country adoptions. Rather, the Agency refers individuals to private adoption agencies in the area. These agencies can provide families with access to pre- and post-adoption services as well as support groups.

Monthly Caseworker Visit Data

CFSA makes every effort to place District children as close as possible to their neighborhood, school, and community of origin. Occasionally, however, children are placed outside the District due to kinship resources and specialized placements. Sometimes these placements require medium to long-distance travel for social workers to visit those settings. CFSA utilizes federal Monthly Caseworker Visitation (MCV) funds to cover costs associated with airfare, rail tickets, car rentals, and other expenses that facilitate social worker visits to youth placed in other states. MCV also reimburses for vehicle mileage for local visitation.