

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY**



CFSA FY2019



ANNUAL PROGRESS & SERVICES REPORT

200 I STREET SE, WASHINGTON, DC 20003
www.cfsa.dc.gov | www.fosterdckids.org | www.adoptdckids.org
202-442-6100 | facebook/cfsadc | twitter@dccfsa

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SECTION C: REQUIREMENTS FOR THE 2019 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

1. GENERAL INFORMATION

The federal Administration on Children, Youth and Families (ACYF), Program instruction ACYF-CB-PI-17-05, requires all states to submit an Annual Progress and Services Report (APSR) whenever state agencies administer or supervise Title IV-B, subparts 1 (IV-B 1) and 2 (IV-B 2), and Title IV-E of the Social Security Act. The District of Columbia's Child and Family Services Agency (CFSA or Agency) serves as the local and the "state" agency charged with the legal authority and responsibility for administering child welfare programs under Titles IV-B (Sub-Parts I and II) and Title IV-E of the Social Security Act.

The 2019 APSR describes the qualitative and quantitative federal reporting requirements associated with the following programs:

- Title IV-B of the Social Security Act (the Act) Sub-Part I (Stephanie Tubbs Jones Child Welfare Services [CWS] Program)
- Title IV-B Sub-Part II (Promoting Safe and Stable Families [PSSF] Program)
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant Program
- Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETVs)
- Child and Family Services Review Performance Improvement Plan

In addition to the above, CFSA's 2019 APSR provides an accounting of the programs and services delivered in the District of Columbia. CFSA is responsible for funding and providing services along the child welfare continuum to promote the safety, well-being, and permanence of children and families.¹ The primary vehicle for ensuring that services meet a family's needs is engagement of the family and subsequent completion of a comprehensive, quality assessment. Results of the assessment serve to identify the appropriate services for mitigating those circumstances bringing the family to the attention of the child welfare system. Services further support a child's path to permanency whenever children must be separated from their families of origin. Preferably that path leads directly to reunification with a child's biological parents or permanency with a relative. In other circumstances, services support the path to adoption or legal guardianship, including post-permanency supports. For older youth who are transitioning out of the child welfare system to independence, services uphold their advancement to self-sufficiency and may continue into aftercare as appropriate.

A. Four Pillars Strategic Framework

¹ The 2019 Annual Progress and Services Report uses the term "child" as inclusive of all children and youth from birth to age 20, except when context requires specifying age brackets (e.g., older youth services). In addition, the terms "foster parent" and "resource parent" are both used to refer to caregivers of children in foster care. However, "resource parent" is a more inclusive term that refers to all caregivers whether they are not related, kin, or an adoptive parent.

CFSA continues its commitment to the *Four Pillars Strategic Framework*, which was established in 2012. The following four key practice areas are included:

1. Front Door: Families stay together safely.
2. Temporary Safe Haven: Children and youth are placed with families whenever possible and planning for permanence begins the day a child enters care.
3. Well Being: Children and youth in foster care maintain good physical and emotional health, get an appropriate education and meets expected milestones. Youth in foster care pursue activities that support their positive transition to adulthood.
4. Exit to Permanence: Children and youth leave the child welfare system quickly and safely. Youth actively prepare for adulthood.

Also in 2018, CFSA incorporated the following four principles, known as “the four P’s,” into the Agency’s practice focus:

1. Prevention: Strengthening and focusing CFSA support of the Healthy Families/Thriving Communities Collaboratives to serve more families before they become involved with CFSA
2. Placement Stability: Developing an array of options to meet child and youth needs (so the first placement is also the best placement), improving wraparound services, and increasing support for foster parents
3. Permanence: Redoubling efforts to work with birth parents either to speed reunification or to gain early recognition of the need for an alternative permanency goal
4. Practice: Providing intensive bi-weekly support and coaching for front-line supervisors to improve critical thinking and clinical focus

CFSA also completed revisions to the Agency’s Practice Model in early 2018 to provide the Agency’s workforce with further clarity of practice guidance. The model comprises the following six core actions:

1. Engage Families: Building relationships characterized by respect, empathy and equity; recognizing the impact of trauma, while focusing on strengths and being culturally responsive; lifting up families’ voices and choices in all decision making; clearly communicating the expected, actionable steps to permanence.
2. Team: Bringing together the family and children, all CFSA staff who have engaged with the family, external service providers, the family’s informal supporters, and the child’s current caregivers; sharing ownership of information, plans, and action commitments with the team; openly navigating disagreements and conflicts to build the consensus, collaboration, and coordination needed to move families to permanence.
3. Continually Assess: Using a range of assessment strategies (from formal tools to clinical observations) to identify family members’ strengths, barriers, and risks, and to focus on what will resolve safety concerns; being rigorous and balanced in findings— thinking as a clinician, not only as a case manager.

4. Plan Targeted Interventions: Choosing interventions that address behaviors that affect parenting and also build family resilience; ensuring the case plan is specific, measurable, and achievable within a set time frame.
5. Track and Adapt: Providing clear and timely documentation of all work done with a family; continually asking whether the Agency's efforts are helping families overcome difficulties and improve their situation; being flexible and able to change course when needed.
6. Be Part of a Supportive Workplace: Working collaboratively within and across administrations, breaking through silos and communicating directly and clearly; recognizing the potential for secondary trauma of staff and providing clinical consultation and support when needed; ensuring that decision-making includes voices and experiences from all levels of the organization.

B. Data Collection

CFSA's Child Information Systems Administration (CISA) tracks and ensures accuracy of data through the Agency's statewide automated child welfare information system (SACWIS), which is known locally as FACES.NET. As a web-based system, FACES.NET is the central repository for all client-level information in the District. It operates uniformly District-wide and encompasses all geographical and political subdivisions which administer programs provided under title IV-E. FACES.NET also serves as the technological infrastructure for compliance with required federal SACWIS recordkeeping, program, and reporting functions. For federal and local data submissions, CISA and the Office of Planning, Policy, and Program Support (OPPPS) collaborate with program areas to gather, track, and analyze data that are subsequently shared with program staff and management. Data sources comprise FACES.NET's child-specific information, including but not limited to child status, demographic characteristics, location, and placement goals for every child **who is (or has been within the immediately preceding 12 months)** in foster care. The information is readily retrievable from any location for CFSA and private agency staff members. **The system further performs functions related to recordkeeping, practice support, and data reporting within the following federally required SACWIS domains:**

- Intake management
- Case management
- Foster care provider resource management and licensure
- IV-E eligibility determinations and re-determinations
- Court tracking
- Financial management (for client-specific services and expenses)
- Administration and quality assurance
- Federal reporting, including AFCARS,² NCANDS,³ Monthly Visitation, and NYTD⁴

² *Adoption and Foster Care Analysis and Reporting System*

³ *National Child Abuse and Neglect Data System*

⁴ *National Youth in Transition Database*

Every user, whether they are a CFSA or private agency employee, receives system training in the use of FACES.NET prior to receiving access to it. Program managers and managers of case-carrying CFSA and private agency social workers from across the entire child welfare system receive comprehensive training on each FACES.NET case management module.

Child-specific information in FACES.NET is the basis for the formal case record for every child in foster care. Every CFSA and private agency social worker with case management responsibility is required to use FACES.NET as the primary case management tool.⁵ Within FACES.NET, there are specific core data fields, including the four statewide data elements, which are “required” fields. These fields are identified with a yellow background, triggering the social worker to complete them. A FACES system data check prompts the social worker to update the case management data entry and precludes any further data entry activity on that specific case or client until he or she does so.

In fiscal year (FY) 2017, CISA completed the following modifications to FACES.NET to reflect initiatives that were implemented that year to improve practice and performance:

- Expanded the Child Protective Services (CPS) hotline screen to include allegations specific to sex trafficking of a child by a non-caregiver.
- Expand the allegation screen to include evidence or suspicion of controlled substances for all cases involving newborns and infants impacted by substance abuse, withdrawal symptoms, or fetal alcohol spectrum disorder.
- Created a Well Being Profile to provide a comprehensive view of caregivers and children through real-time analysis of all assessment and case management information.

In FY 2017, CFSA initiated plans to transform the current SACWIS to the Administration for Children and Families’ (ACF) newly required Comprehensive Child Welfare Information System (CCWIS). CFSA began by performing feasibility studies, engaging the vendor community, and discussing approaches and options with other states. CFSA also engaged an experienced technology firm (Courage IT) to work with managers, information technology personnel, and program stakeholders to evaluate options for moving forward. After determining that a complete overhaul of the FACES.NET system was not feasible, the Agency elected to achieve CCWIS compliance by acquiring a new system that supports intuitive integrated engagement for the user.

CISA performed the following analyses to identify the best approach for the new system:

- Investigated commercial off-the-shelf (COTS) solutions in use by other child welfare agencies. While COTS solutions were seen as a legitimate means to development of an application in a shorter amount of time, the District found many of these solutions to be

⁵ It is not uncommon for private agency partners to employ custom systems, forms and practice tools, in addition to FACES.NET, to support their own case management functions. However, CFSA requires partners to utilize the core case management modules and tools that are built into FACES.NET.

extremely restrictive in the Agency's ability to edit or change any of the functionality to meet the needs of social workers.

- Engaged the CFSA end-user community through a series of workshops.
- Conducted three sessions with program staff to map business processes, determine potential areas of redundancy, and identify key areas for modernization. Over 50 agency staff attended and participated in the working sessions.
- Analyzed user data from the current system, including usage patterns, enhancements, number of Help Desk tickets, and response times.
- Reviewed the CCWIS regulations and initiated dialogue with the Agency's assigned ACF analyst. ACF representatives participated in a three day seminar to provide clarity on the newly adopted regulations, offer recommendations on CCWIS development options, and give feedback on the Agency's annual Advanced Planning Document (APD).
- Created a set of evaluation criteria for each approach for acquiring a new system.
- Numerically ranked each approach against the evaluation criteria. The following evaluation criteria were included:
 - ▶ Total cost of ownership
 - ▶ Ease of maintenance
 - ▶ Flexibility
 - ▶ Customization
 - ▶ Compliance
 - ▶ Timeline to production
 - ▶ Data migration
 - ▶ Leveraging the Office of the Chief Technology Office⁶
 - ▶ Organizational impact
 - ▶ Speed of follow on delivery

Based on the findings of the feasibility study, CFSA's director approved CISA's recommendation in July 2017 to build a tailored solution to completely replace FACES.NET. This approach involves working with a systems integrator to develop a software application customized to meet CFSA's needs. The opportunity is also available to evaluate and leverage similar development in other states, Open Source components, or ACF community assets. In addition, the organization of the system can leverage CFSA's institutional and technical knowledge base, be responsive to CFSA's needs from the beginning, and grow into the solution in an iterative

⁶ The District's Office of the Chief Technology is made up of many departments that develop, implement, and maintain the District's information technology (IT) and telecommunications infrastructure; develop and implement major citywide applications; establish and oversee IT enterprise architecture and website standards for the District; and advise District agencies on technology solutions to improve services to businesses, residents and visitors in all areas of District government.

and incremental manner. The approach further allows the Agency to retain ownership of the source code, which will facilitate compliance with ACF requirements for code sharing. Presently, the District has drafted a request for proposals (RFP) to locate a contractor to build the system. CFSAs tailored the RFP to meet the Agency's need for modernization, flexibility, and integration.

Under the purview of OPPPS, the Performance Accountability and Quality Improvement Administration (PAQIA) supplements SACWIS data by tracking and reporting on qualitative factors that inform the Agency's performance on local and federal benchmarks and data measures. For more details about PAQIA's roles, objectives, and outputs, please refer to the Quality Assurance Section. In addition, data collection and analysis is completed within various program administrations for a number of data measures that identify program trends and address program improvement.

C. Organization of Goals and Sections on Safety, Well Being, and Permanency

This APSR provides an overview of current CFSAs practices and performance measures, which continue to align with the Four Pillars and the CFSR outcomes. In addition, the structure of this APSR better aligns with that of the 2015-2019 Child and Family Services Plan (CFSP), including the identified goals and data provided. The sections on safety, permanency, and well-being typically include an overview of the practice area and primary objectives, a list of any key collaborators, a discussion of performance metrics, and a summary of noted strengths, challenges, and strategic initiatives that have been developed to meet identified needs.

- Targeted practice interventions are included within the CFSP goals sections aligned by safety permanency and well being. For example, Safety: Goal #1 (Narrowing the Front Door), interventions include the following: the reorganization of Entry Services, Levels of Care, Community Papering practice changes and changes to Diligent Search.
- Targeted interventions for Goal #2 (Temporary Safe Haven) include, the Temporary Safe Haven Redesign (TSHR), changes to the case planning process, new teaming approach, revamping of Family Team Meetings (FTM).
- Targeted interventions for Goal #3 (Well Being) include the mental health redesign and the Office of Youth Empowerment Bootcamp.
- Targeted interventions for Goal #4 (Exit to Permanence) include Parent Engagement Education and Resource (PEER) Unit, Shared Parenting and Kinship 2.0.
- Targeted Interventions for Goal #5 include changes to Quality Service Reviews (QSR).

The aforementioned examples of the targeted interventions are further explained in the Goal sections.

D. Key Collaborators in the Development and Implementation of the CFSP

On a routine basis, CFSA collaborates with internal and external stakeholders about progress of the Agency’s Child and Family Services Plan five-year goals, and obtains input into the development of strategies, policies, and practices to achieve those goals. As stated in Section A above, CFSA’s Four Pillars Strategic Framework, corresponding Four Pillars Scorecard, and all data metrics incorporate the five-year goals. CFSA will provide data, and policy and practice change ideas to stakeholders for their perspectives and insights into those changes. Similarly, internal and external stakeholders will share system issues and concerns, or policy and practice change ideas to CFSA leadership, either directly or through forums; workgroups and standing committees; or the CFSA Ombudsman. CFSA will engage stakeholders in the development of the 2019 – 2024 Child and Family Services Plan and the five-year prevention plan in addition to ongoing and routine stakeholder involvement.

Surveys and Focus Groups

In addition, as a part of a comprehensive needs assessment and resource development planning process for FY2019-2020, during the writing of the APSR, CFSA was in the process of conducting a series of stakeholder interviews and focus groups. Conducted in June 2018, these surveys and focus groups provided an opportunity to collaborate with stakeholders about the Annual Program and Services Review; discuss practice, service needs and recommendations, barriers to supports and services, and their overall partnering experience with the Agency. The combination of the survey and focus group responses will inform the Needs Assessment and Resource Development Plan due on October 1, 2018. Included in this section will be survey results focused on the CFSR systemic factors.

Surveys: Over the course of three weeks (May 29, 2017-June 22, 2017), stakeholders had the opportunity to complete one of four surveys (youth, birth parent, resource parent and child welfare professionals), In all, 269 surveys were distributed to external and internal stakeholders. Using the online survey software data collection tool, *Survey Monkey*, the Needs Assessment team developed customized surveys regarding those being served across the *Four Pillars child welfare continuum*: front door, temporary safe haven, well-being and exits to permanence. CFSA received a response rate of 145 surveys (54% response rate). The affiliations of the survey respondents include the following:

1. Adoption’s Together, Inc.	19.Department of Youth and Rehabilitation Services (DYRS)
2. Center for the Study of Social Policy (CSSP)	20.Department on Disability Administration
3. CFSA Employees (All Staff)	21.Fair Hearing Officer
4. Children’s Law Center (CLC)	22.Family Court or Hope Court Judges and Attorneys

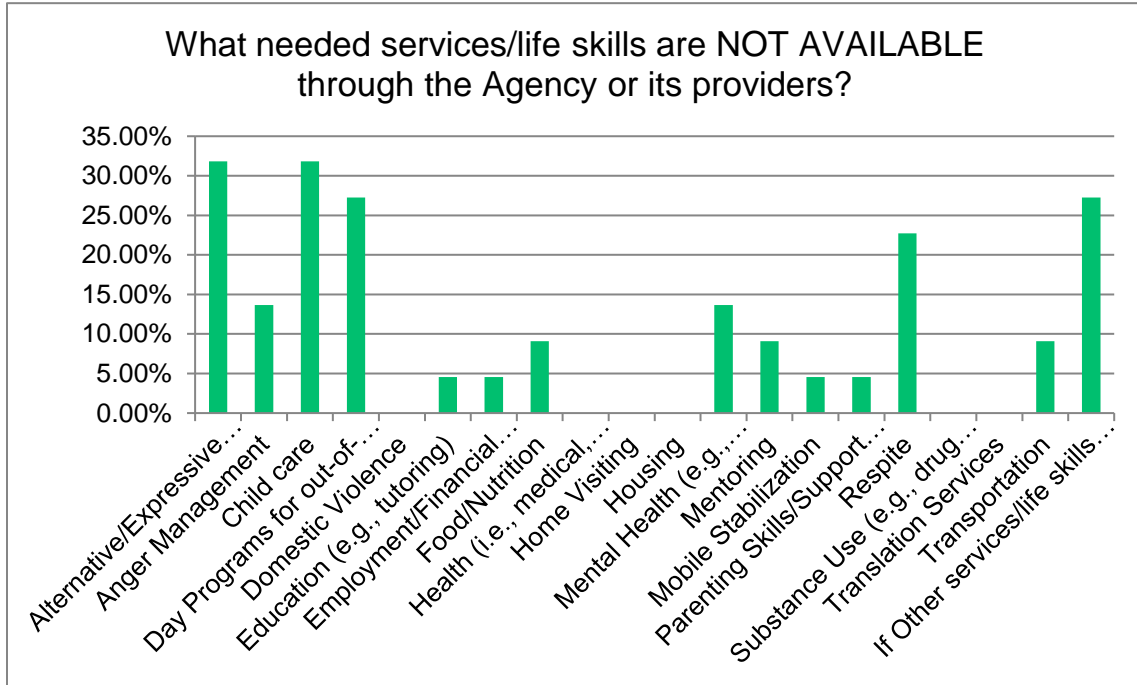
5. Children's National Medical Center	23. Foster and Adoptive Parent Advocacy Center (FAPAC)
6. Children's Justice Act Taskforce (CJA)	24. Group Home/Residential Provider
7. Citizen Review Panel	25. Guardians ad litem (GALs)
8. Collaborative Staff	26. Mayor's Advisory Council on Child Abuse and Neglect (MACCAN)
9. Council on Child Abuse and Neglect (CCAN)	27. Metropolitan Police Department
10. Court Appointed Special Advocates (CASA) for Children of DC	28. Nonprofit Legal Services Organization (unspecified)
11. Court Improvement Project (CIP)	29. Office of The Attorney General (OAG)
12. Court Social Services	30. Parent Advisory Council (PAC)
13. DC Action for Children	31. Private Agency Employees (NCCF, LSS, LAYC direct practice staff)
14. DC Family & Youth Initiative	32. Public Defender Service for DC
15. DC Metropolitan Foster and Adoptive Parent Association	33. Residential Facility Provider
16. DCPS Educators	34. Safe Shores/Children's Advocacy Center (CAC)
17. Department of Behavioral Health (DBH)/Mental Health Providers	35. Sex-Trafficking Providers (i.e. Courtney's House, Fair Girls)
18. Department of Health and Human Services	36. Young Women's Project (YWP)

The survey results below are preliminary and will be further analyzed for the annual Needs Assessment due October 1, 2018.

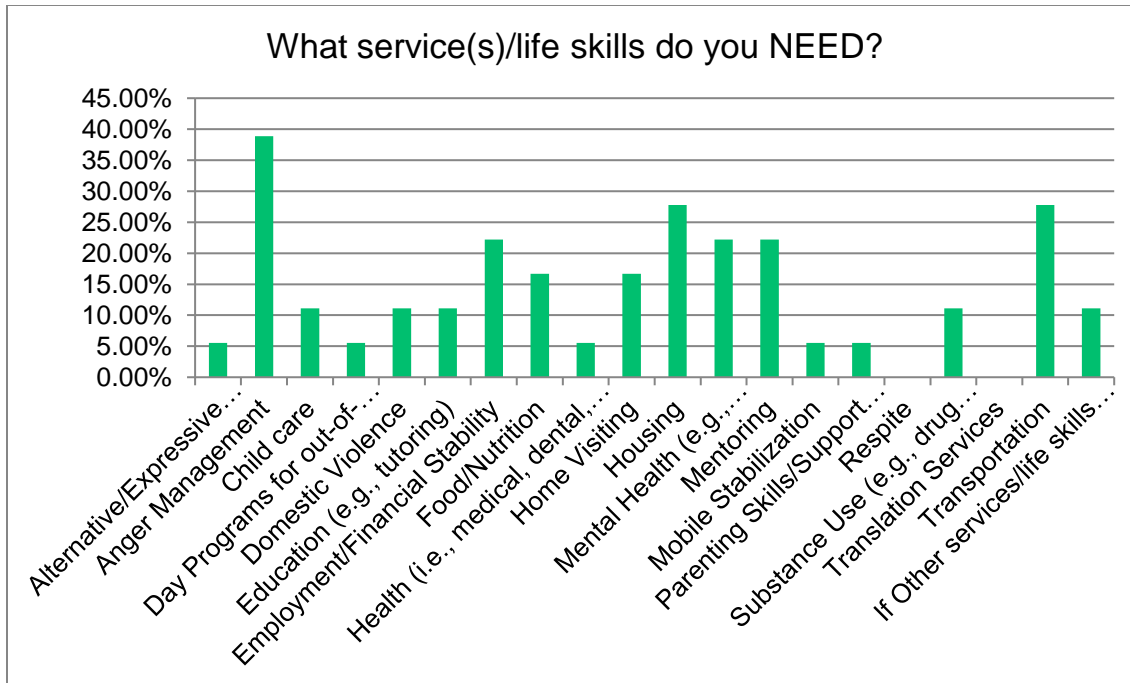
CFSA received survey results from 37 birth parents, youth and resource providers. Highlights from the surveys are below.

- **Birth Parents.** Housing, mental health and substance abuse were among the services birth parents indicated as a gap. Among the most useful services received by birth parents were education and employment. Another was support for financial challenges.
- **Resource Providers (Family-Based and Congregate Care).** Among services needed but not available, resource providers identified: alternative and expressive therapies, day programs, respite resources, child care and mental health. Comparatively, resource

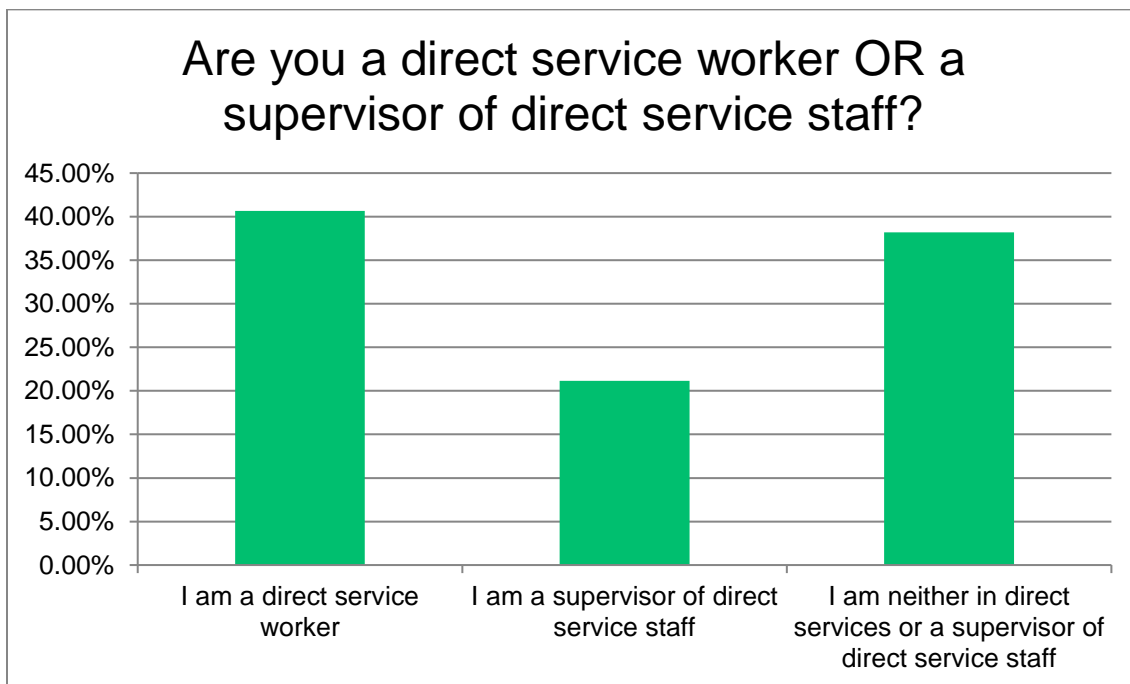
providers identified child care, mentoring and respite among the top five offered services. Resource provider responses to barriers to services highlighted the following key areas: geographical barriers, programmatic resources barriers, client resource barriers and as well as financial barriers.



- Youth.** For youth, service needs that were identified as gaps included domestic violence, anger management and employment/financial. Anger management, housing and transportation were identified as highest needed skills indicated by the youth. Identified barriers included geographical resources, client resources and financial barriers.

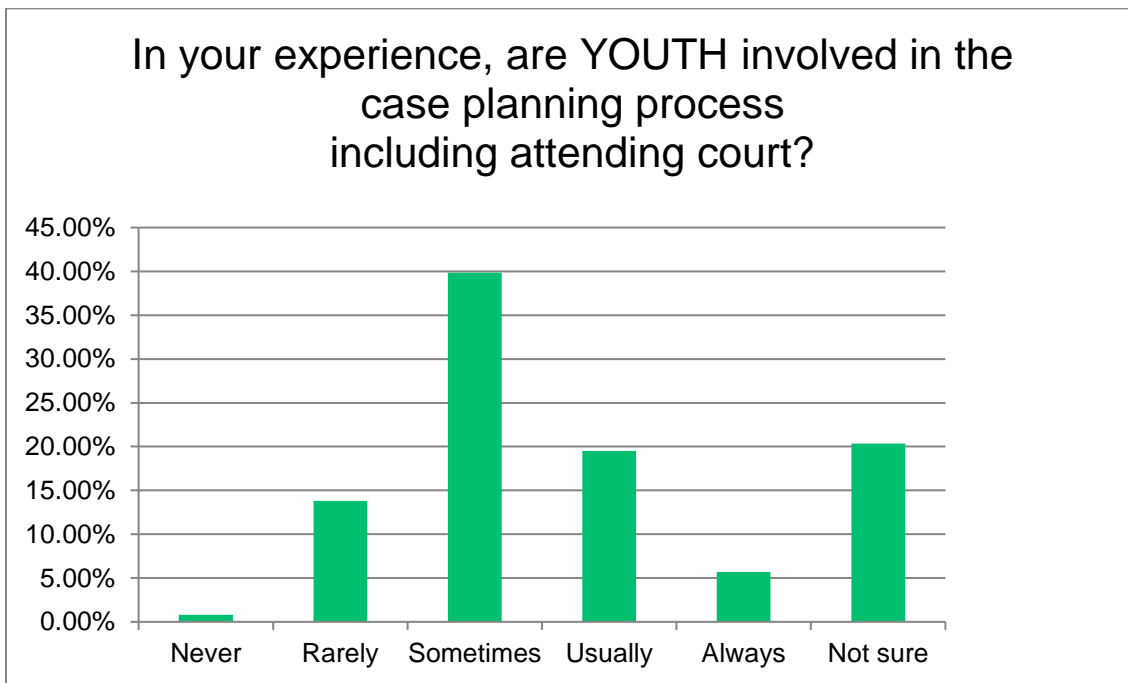
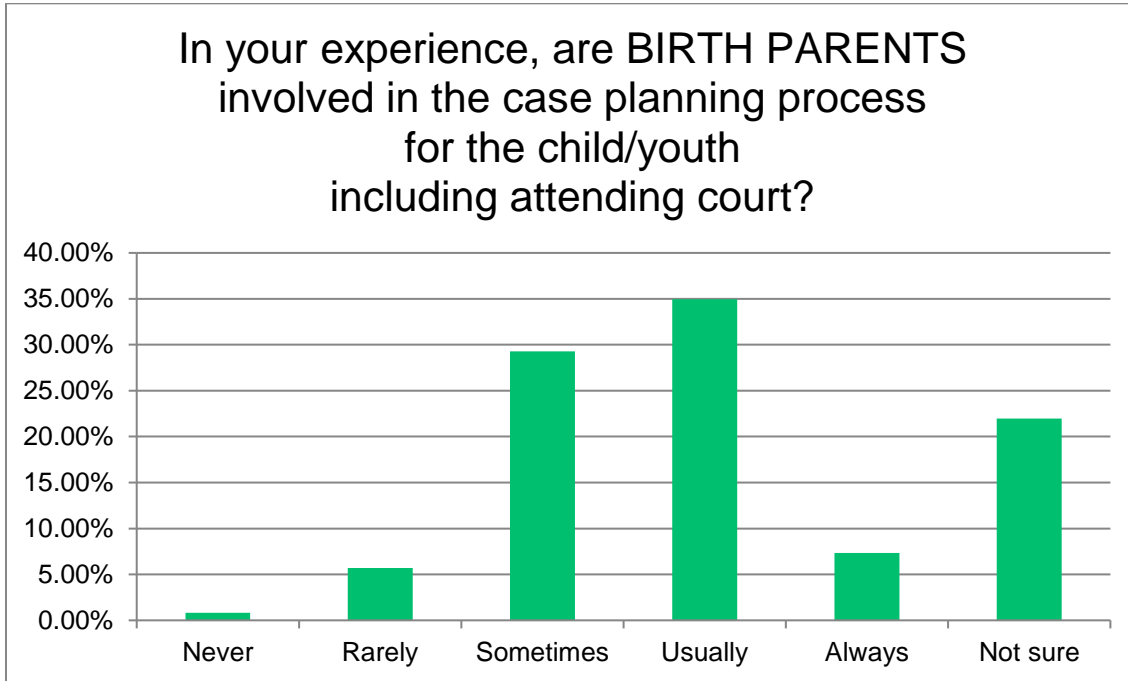


- Child Welfare Professionals.** Of the 123 respondents, 50 are direct service social workers, 26 supervisors and 47 are neither a supervisor nor direct service social workers.

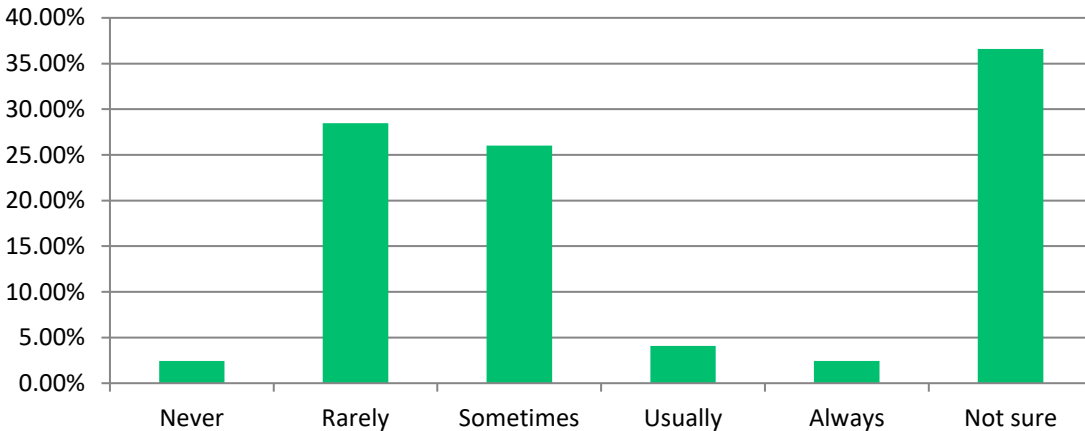


- Involvement in the Case Planning Process and Birth Parents Written Notice of Court Hearings.** Of the 123 child welfare professionals who answered questions about

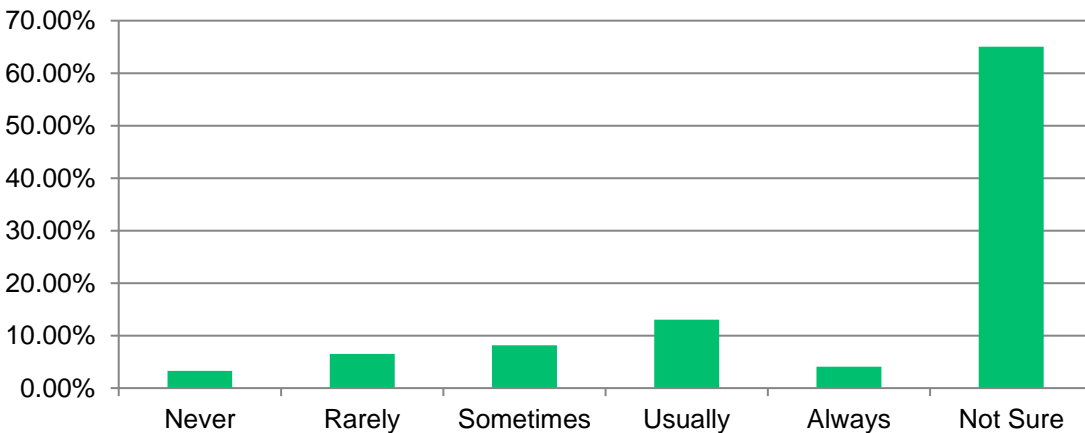
involvement in the case planning process, birth parents and youth were sometimes or usually involved whereas resource parents were less involved. For the participants who were able to answer if birth parents are notified in writing of court hearings, it was reported that birth parents generally receive notice.



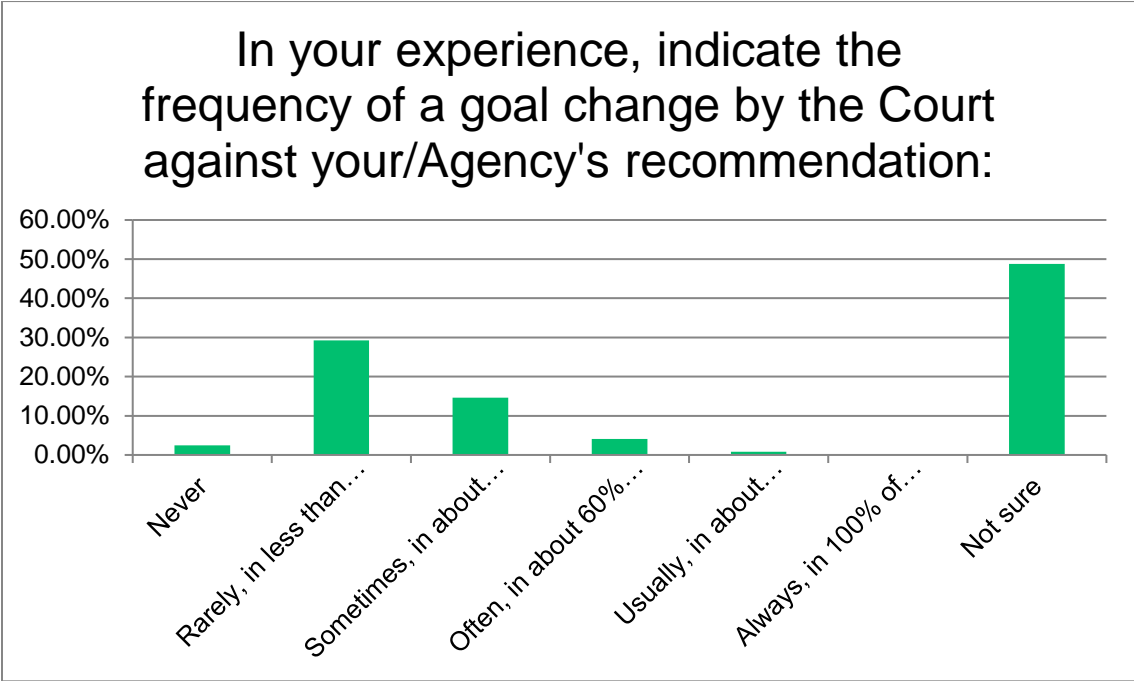
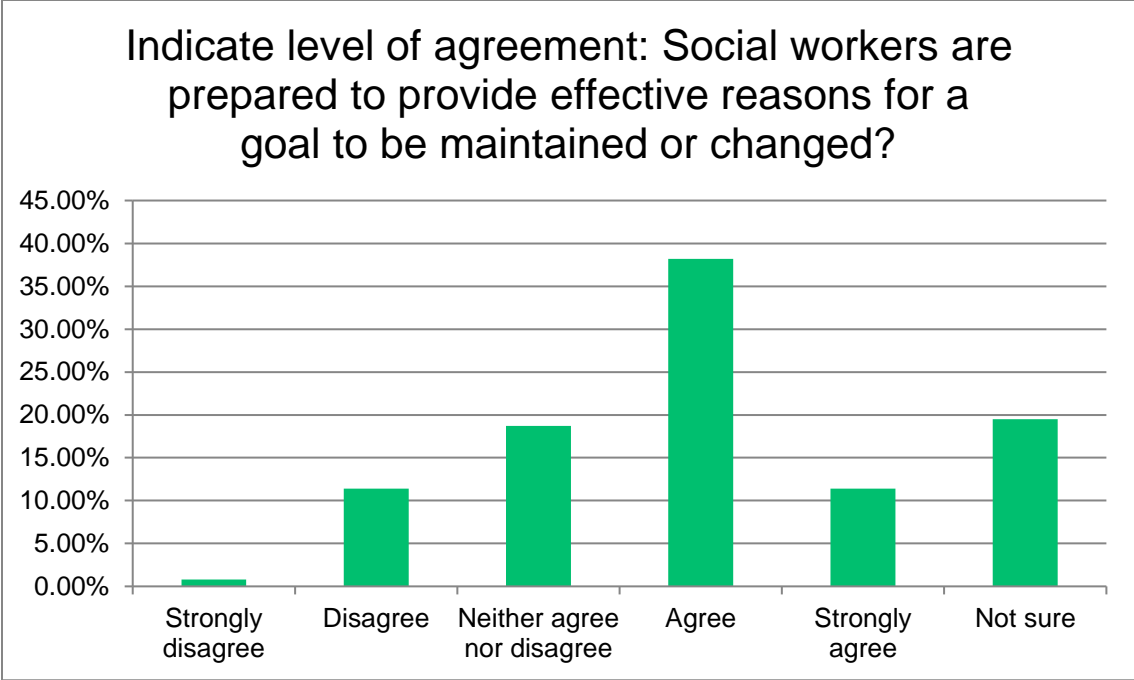
In your experience, are RESOURCE PARENTS involved in the case planning process for the child/youth including attending court?



In your experience, do the Agency and its family based contracted partner document appropriate exceptions to filing timely Termination of Parental Rights (TPRs)?

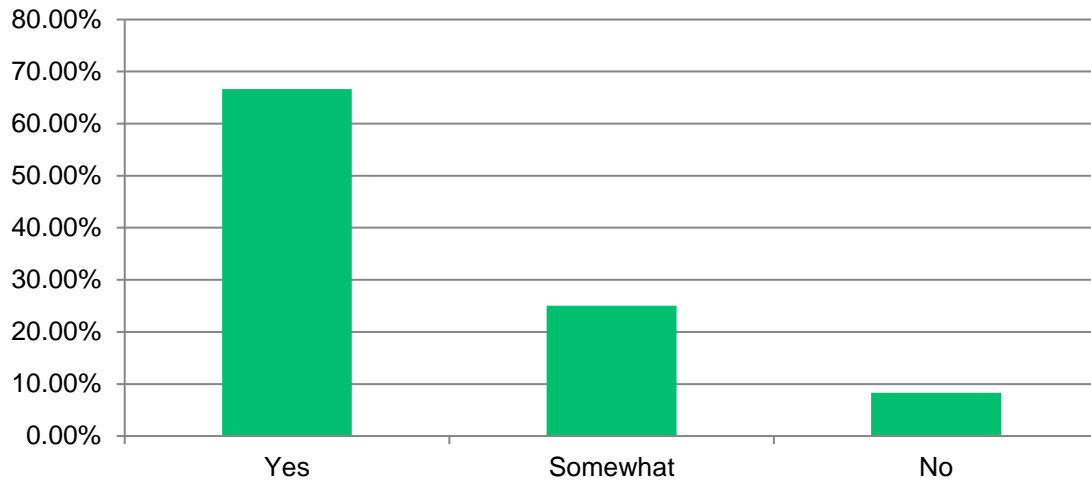


- Permanency Goal Recommendations.** The survey respondents mostly agreed that social workers are prepared to provide effective reasons for a goal to be changed or maintained and that the court mostly does not agree with the recommendations.

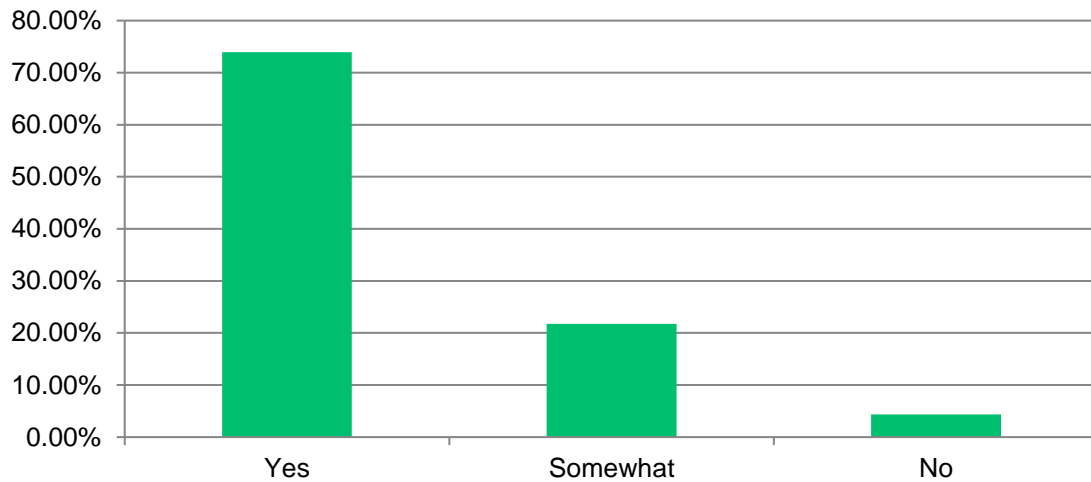


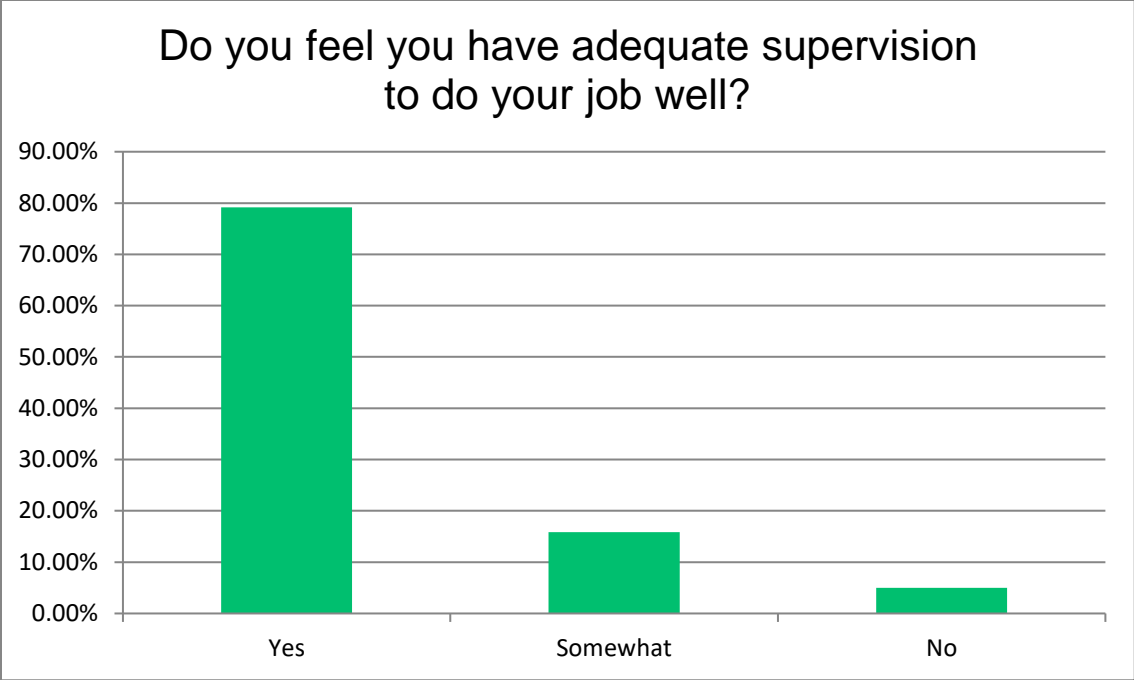
- **Staff Development.** Survey respondents mostly feel that training and supervision provides them with the knowledge, skills and support needed.

Do you believe that your pre-service/onboarding training has equipped your staff with the knowledge and skills to do their job?

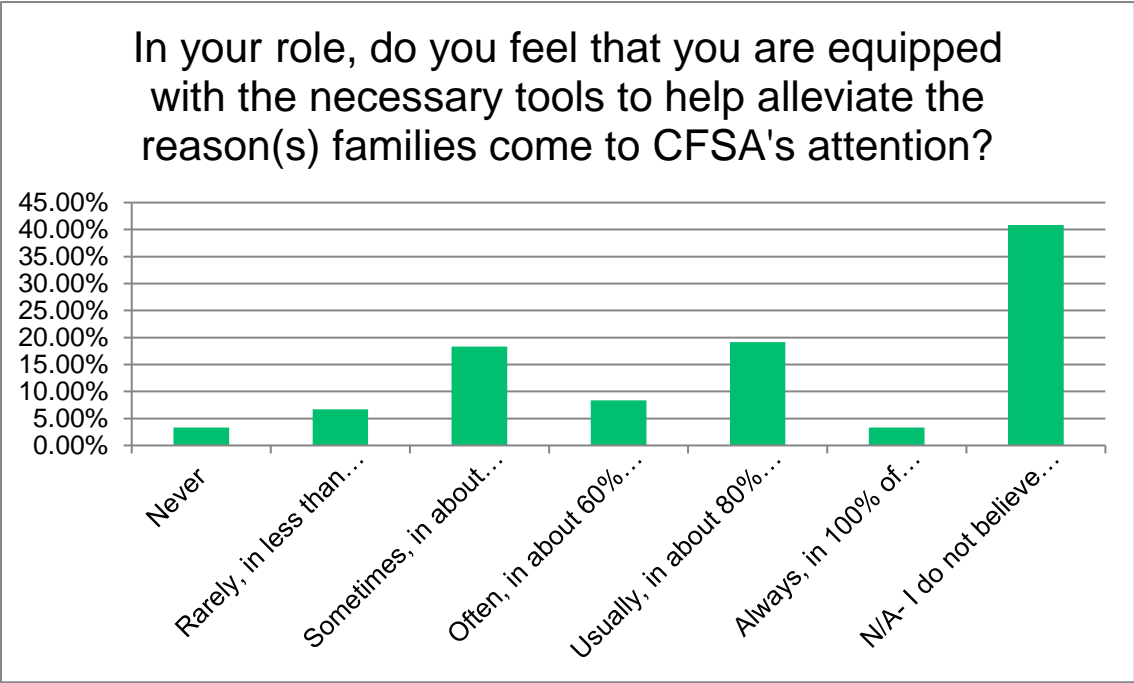


Do you believe that your in-service (ongoing) training has equipped your staff with the knowledge and skills to do their job?





- Services and Supports.** 19% of staff feel that in 80% or more cases, they are equipped with the necessary tools to help alleviate the reason(s) families come to CFSA’s attention, compared to 8% of staff who feel they are equipped with tools for 60% of their cases and 18% feel they are equipped in 40% of their cases.



Forums and Stakeholder Convenings

CFSA continued to collaborate with the Court Improvement Project members and Family Court Presiding Judge to finalize permanency strategies for the Child and Family Services Review Performance Improvement Plan submission. In addition, CFSA engaged stakeholders through various ad hoc events and standing committees.

Stakeholder Budget Briefing. Formulating the CFSA budget request requires a thoughtful, data-driven process where decisions about practice, policy, and service priorities are determined. These decisions will drive the Agency's budget request. Annually, through a partnership with the Children's Law Center (described below), CFSA hosts a forum where any interested stakeholders can participate. This forum occurs before CFSA finalizes its budget request. The Children's Law Center compiles questions from stakeholders and sends to CFSA in advance for a response at the forum. The forum agenda includes the Agency director discussing performance data on child welfare outcomes and other performance measures; updates to strategies, priorities, practice and policy changes; the upcoming fiscal year priorities; and the budget formulation process. The director then welcomes perspectives, ideas, and questions, in addition to answering any of the previously sent items from the Children's Law Center. During this last budget process, there were mainly concerns and questions about winding down from the IV-E Waiver and maintenance of services for populations that would be impacted by the IV-E Waiver coming to an end. CFSA's director described the outcomes of the Waiver services CFSA had put into place, including where a change to a service might address a client's needs. This forum happened before the passage of the Family First Prevention Services Act.

Family First Prevention Workgroup. As a result of the Family First Prevention Services Act, in late June, CFSA convened the first in a series of workgroup sessions among its familiar stakeholders, including the directors of partnering human service organizations, the Executive Office of the Mayor, the DC Council's Health and Human Services Committee, Parent Watch – a family-driven organization, the Healthy Families/Thriving Community Collaboratives, and many others to create a five-year prevention plan. Participants of this workgroup also included members from community advocacy organizations, community-based agencies, the Citizen's Review Panel, the Mayor's Advisory Committee on Abuse and Neglect, the Family Court, and the City Council. Additional community-based partners and providers will be added.

Parent Advocacy Committee (PAC) Meetings. CFSA's principal deputy director leads the bi-monthly Parent Advocacy Committee (PAC) meetings that include foster parents from both CFSA and DC and Maryland contracted agencies, and staff from the Foster and Adoptive Parent Advocacy Center (FAPAC). Representatives from CFSA include management and staff from the Office of Policy, Planning, and Program Support; the Foster Parent Support Unit; the Child Welfare Training Academy (CWTA); and CFSA's Program Operations administration, i.e., foster care program. The PAC meetings are an opportunity for CFSA to exchange data on the implementation process and to hear concerns that were brought to the attention of the advocacy centers or parent-based organizations and then to address the concerns. Prior to the

meeting, CFSA will request items to be included on the agenda. During the meetings, CFSA will discuss data and performance measures, strategy ideas, policy and practice changes, plans to obtain feedback, and insights from the participants. The following examples of items are addressed:

- **Shared Parenting:** CFSA shared the Child and Family Services Review (CFSR) and Quality Services Review (QSR) results on parent engagement and on timelines to achieve permanency. Shared parenting is one of the significant strategies that has CFSA has been infusing and implementing throughout the practice continuum. For full implementation, CFSA incorporated shared parenting as a priority.
- **Disruption Staffings:** These meetings occur specifically to address and prevent a placement disruption. To gather feedback on the process, CFSA analyzed data on foster placement disruptions and the staffing process. As a result, CFSA recently made a practice change whereby foster parent support workers, who work most closely with the families, facilitate the disruption staffings to ensure better outcomes.
- **Resource Parent Training:** CFSA is changing the model used for resource parent pre-service training from the TIPPS-MAPP model to the New Generation PRIDE Model.⁷ CFSA is also changing in-service training to a “tiered” approach to accommodate resource parents with different experience levels and skill sets. This change was a result of feedback received during previous meetings. In addition, CFSA’s Child Welfare Training Academy (CWTA) presented participants with format changes to the Resource Parent Individualized Training Development Plan (RPITDP). The RPITD format changes now capture the strengths and needs of resource parents and correspond to the training plan to support resource parent capacity-building for specific areas of need such as fostering children on the autism spectrum.

Resource Parent Town Hall. On July 22, 2017, CFSA hosted a Resource Parent Town Hall to listen to feedback and provide resource information to participants with the goal of improving communication, strengthening the partnership, and providing information about resource parent support.

The following questions were asked:

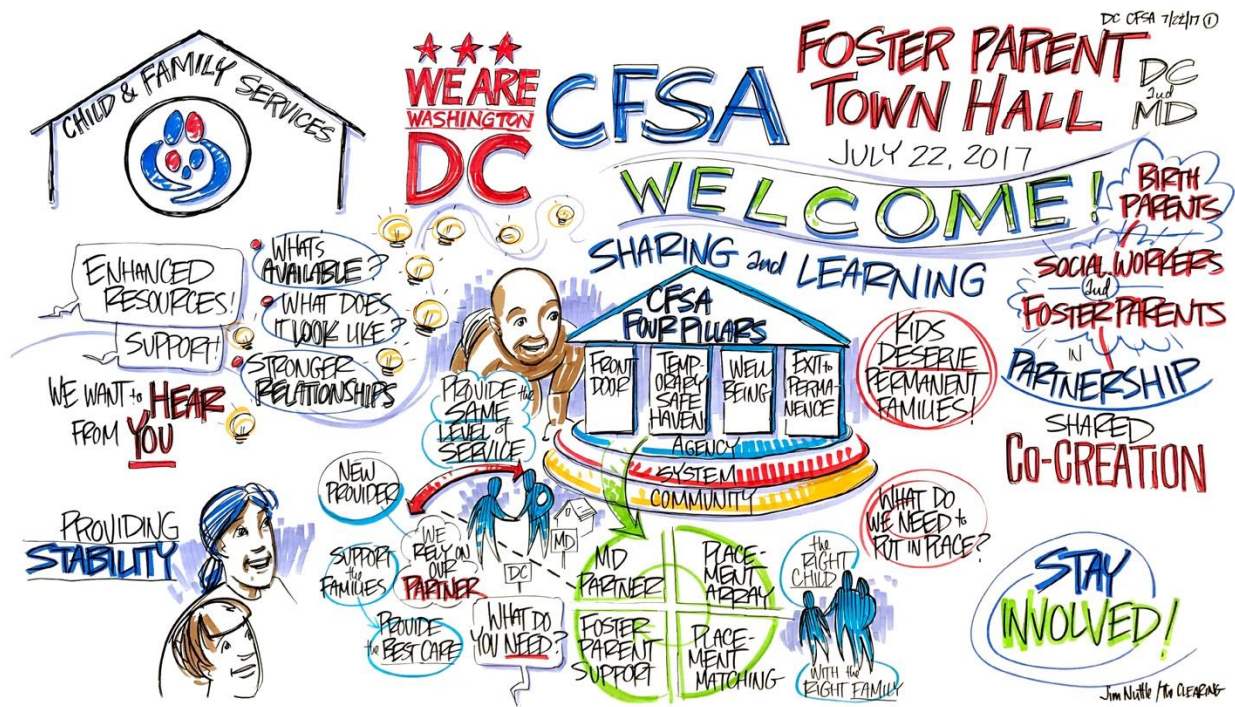
- What are the top resources and supports needed to support a child in your home successfully?
- What does being a “member of the team” look like as a resource parent?
- What does “well-being” look like for resource parents?
- What kind of information would you like to see on the CFSA website?

⁷ The Child Welfare League of America provided the PRIDE (Parent Resources for Information, Development, and Education) Model of Practice for resource parents for several decades before introducing the New Generation PRIDE Model, which includes more dynamic, interactive resources and tools for resource parent training.

The following main themes were included in the feedback:

- Quicker and better assessments and more responsive therapy
- Reliable information about the foster child
- Real-time resource information updates
- More meaningful involvement of resource parents
- Better understanding of the impact of placements and replacements on the resource parent family

The town hall was facilitated by an organization called The Clearing, which provided a graphic recording in real time during the meeting. The following pictures provide examples of the results.





Based on the combined feedback from the Town Hall, CFSR, and QSR, CFSA is making the following improvements:

- CFSA is redesigning its mental health service delivery process for a quicker response and consistency in receiving therapeutic services⁸.
- Clinical staff from the Office of Well Being will conduct child assessments within the first 15 days of a child’s entry into foster care; the clinical staff will then facilitate a teaming case planning meeting to include the resource parent.
- The Agency developed and disseminated a draft Resource Parent Handbook with useful guidelines and policy information for review and comment by resource parents and stakeholders. The Handbook is being revised based on the feedback and will be available on CFSA’s website.
- Resource parents receive monthly “Do You Know” email notifications on new initiatives, resources, and policies as well as a quarterly *Policy Press* newsletter.
- Resource parent support groups are available.
- CWTA provides focused communication and training for social workers on how to best team with resource families.

⁸ See Well-Being Outcome 3 on page 69.

Strategic Partnerships

CFSA works with key partners to support policy and practice across the four pillars from prevention through permanency. Several current partnerships are described below:

Healthy Families/Thriving Communities Collaboratives. Perhaps the longest standing and most visible collaboration between CFSA and the greater District community is the Agency's partnership with the Collaboratives. This multi-faceted, 20-year plus partnership involves various activities within the prevention and intervention continua. As community-based social service organizations, the Collaboratives are strategically located in five neighborhoods in the District that have high representation of families in contact with the child welfare system. As noted earlier, CFSA has several in-home social workers co-located at each of the five Collaborative sites, increasing direct accessibility of services and referrals from social workers partnering with Collaborative family support workers. CFSA contracts with the Collaboratives to provide a range of services that fall within three over-arching service categories: family support services, youth aftercare services, and community capacity building. As part of these contractual agreements, the Collaboratives must engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents.

This community capacity-building is intended to foster and improve collaboration among neighborhood service providers as well as improve the ability of communities to respond to residents' needs. It involves an approach whereby Collaborative staff works with programs, organizations, and agencies within their areas to increase the range of quality supports for families. This approach makes Collaborative information and referral services more effective for neighborhood residents in need of services, such as housing and utility assistance, employment assistance, mental health services, and emergency food and clothing in addition to enrichment programs. The Collaboratives also coordinate and promote ongoing engagement activities to foster awareness of abuse and neglect issues within their respective communities, and to bring together residents, merchants, community groups, and other stakeholders around topics such as family preservation and support. Community engagement refers to activities, community forums and trainings, special events, community networking meetings, and daily outreach.

Finally, the Collaboratives sponsor training and support groups such as the Teen Parent Empowerment Program, the Parent Empowerment Program, and the ACT against Violence program, all of which address particular issues within the child welfare continuum. These workshops, meetings, seminars, and courses ensure that community-based organizations, residents, children and older youth, and staff have the necessary knowledge and resources to support children and families and to increase the quality and range of support available to families. Programs are aimed at increasing skills and knowledge and developing resource capacity within the organizations, providers, residents, and staff.

In partnering with the Collaboratives, CFSA shared data on the geographic areas where clients lived versus where the services were provided, in addition to data on clients' service needs. As a

result, the Collaborative contracts were modified to facilitate service delivery that will best meet families' needs where the families are located. As well, on a routine basis, data is shared between CFSA and the Collaboratives on referrals, linkages, and service delivery outputs and outcomes for clients. The Collaboratives will also be an integral partner in the Family First Prevention Services prevention planning workgroup.

The DC Children's Trust Fund (DCCTF). CFSA is the designated lead agency for the Community-Based Child Abuse and Prevention (CBCAP) grant in the District of Columbia. CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities, particularly in partnership with the DC Children's Trust Fund (DCCTF). DCCTF is a 501(c) 3 nonprofit, established in September 1993 as a result of legislation passed by the Council of the District of Columbia and authorized by the Mayor. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. Specifically, DCCTF provides the following functions:

- Develops public education materials that promote the primary prevention of child maltreatment.
- Develops messages that emphasize and promote ways to strengthen families and develop healthy children.
- Develops monetary, programmatic and in-kind resources to support primary prevention efforts by leveraging funds and resources.

In FY 2018, CFSA and DCCTF continued to work closely together to conduct strategic and outcome-focused planning for CBCAP-funded activities that promote long-term, sustainable prevention efforts in the District such as parenting classes, community cafés, and child abuse and prevention month activities.

DC Superior Court - Family Court Operations Division (Family Court) works with CFSA to discuss, share, and promote the integrity of permanency data. Representatives from CFSA's Office of the General Counsel, Office of the Director, Office of Program Operations, and the DC Office of the Attorney General meet with the Family Court on a quarterly basis to review Agency practice, as well as to address and strategize for permanency issues, including reunifications, adoptions, subsidized guardianships, and re-entries.

The following are examples of policy and practice discussions:

- Data on placement stability and updates on the Placement Matching tool regarding implementation and a description of what characteristics of the children and families will be matched, and discussion about the Mobile Stabilization Services
- Family First Prevention Services Act implementation implications
- Education Resources and Support Update
- Timely Permanency Reports

- HOPE Court and the Implications⁹
- Resources for Commercial Sexual Exploitation of Children (CSEC) community-based services

The Court Improvement Program (CIP) also participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes. In 2017, CFSA, the Office of the Attorney General, and CIP initiated a Hearing Quality project to promote timely permanency. The project examines how to restructure the scheduling process for trials in neglect, termination of parents' rights (TPR), adoption, and guardianship cases. A continued partnership will occur with the CIP and the Family Court judges as part of the CFSR Performance Improvement Plan (PIP) to improve permanency for children (described below).

CFSA and the Family Court are focusing their partnership on addressing mutual barriers to permanency, as identified in the CFSR, QSR, and Agency performance analysis. For example, CFSA and the CIP are conducting focus groups with judges and separately with attorneys. These focus groups will facilitate conversation about court-related barriers such as goal changes, trial delays and scheduling issues. The focus group facilitation will further utilize data from stakeholder interviews, using the findings as a touch point to launch the dialogue. The findings and a thematic analysis of the focus group data will also be used to inform "the Urgency to Permanency Forum."

The "Urgency to Permanency Forum" includes the community of legal and judicial practitioners who will use the focus group results (in addition to other data metrics) to address the following issues: scheduling challenges, philosophical differences on the creation of legal orphans, and meeting federal timeframes for the filing of a petition for TPR or documenting compelling reasons not to file. The forum will provide an opportunity for the sharing of information on best practices and difficult scenarios, as well as allow for discussion on recommendations. The judicial practitioners will also discuss specific issues or initiatives for teaming and collaboration for resolving systemic barriers. CFSA and CIP will collaborate on agenda items and suggested focal areas of the forum. Initial areas for improving CFSA's partnership with the Family Court include educating the court on child welfare timeframes and improving data collection and information.

Also, a partnership of CFSR and Family Court team members are reviewing cases and analyzing issues related to length of time in care and length of time with a given permanency goal. In addition, the team members are examining individual cases in order to identify unique and systemic barriers. The first phase of the analysis will include the review of guardianship and adoption cases that are not meeting permanency benchmarks. The second phase will review reunification cases. The objective of the review is to examine court-related practice barriers

⁹ HOPE Court is described in the *Collaborations with Youth-Serving Programs* section with details on page 127.

that impact the timeliness of trials, establishment of goals, and case scheduling (relative to moving cases expeditiously to permanency). This information will be used for the forum.

Children’s Law Center (CLC). CLC is a District-based, non-profit organization that provides children and birth parent legal services and policy advocacy. In addition to the case-specific teaming that arises from frequent representation of CFSA clients, CLC serves as a key partner in the development, implementation, and review of policies, practices, and initiatives that have a system-wide impact. Notably, CLC has been an active collaborator throughout the development of CFSA’s TSHR, having representation at the monthly placement transition workgroup meetings and providing input for the youth’s voice. CLC continues to support Agency efforts toward complete TSHR implementation.

A Second Chance, Inc. (Improving Kinship Care). In FY 2017, the Agency conducted an in-house organizational assessment of kin licensing operations to identify barriers and opportunities to increase kin placements. The following recommendations were included as a result of initial findings:

- Kinship licensing social workers should be allowed the first 30 days (versus the first 72 hours) to work in partnership with the assigned social worker to identify kin.
- Kinship staff should conduct FTM’s at specific junctures throughout the life of a case to ensure kin are continuously explored and assessed as placement and permanency resources.
- CFSA should integrate the shared parenting model to help maintain kin relationships as appropriate.

In March 2018, CFSA staff participated in an assessment of the Agency’s kinship programs, practices, and activities. *A Second Chance, Inc.* facilitated the assessment, which was geared toward improving the overall experience and outcomes of families engaged in kinship care. In order to do so, CFSA wanted to gain feedback that could be used to provide child welfare professionals with a better understanding of the trends and drivers impacting current programming, and the development of future programming. Assessment activities included an Agency self-assessment; a desk review of numerous Agency policies, forms, and documents; interviews of management working directly in kin programs; and focus groups consisting of CFSA and NCCF¹⁰ social workers, supervisors, and management. In addition, *A Second Chance* conducted focus groups with resource parents, kinship parents, attorneys, judges, as well as medical, educational and mental health professionals. These activities aimed to produce data relevant for aligning policy, program design, curriculum, content, and staff development. The primary, long range objective is to establish an outcomes-driven practice model that informs planning and brings tangible improvements in the engagement of kinship care families.

¹⁰ In 2018, the National Center for Children and Families (NCCF) became CFSA’s sole private agency foster care partner serving children placed in Maryland.

A summary of the assessment and recommendations for practice and policy improvements were provided by A Second Chance, Inc. in May 2018. A few of the themes identified and recommendations include:

- **Theme:** FTMs and Ice Breaker Meetings are referenced frequently as the “key” family engagements.
 - Recommendation: Back-to-Basics training on the full integration of FTMs to occur throughout the life of the case.
 - Recommendation: Process mapping of services offered to engage each part of the kinship triad.
- **Theme:** Both favorable and unfavorable consequences of kinship care are discussed openly.
 - Recommendation: Kinship values training to address attitudes towards families in the system.
 - Recommendation: Re-boot the Kin-First campaign.
- **Theme:** Kinship care is regarded highly as a form of care, however kinship caregivers are not always held in the same esteem as the practice. Race, gender, and ethnicity as they play a role in family based engagement were not outwardly discussed.
 - Recommendation: Review any current cultural training and policies for content to address gaps and to subsequently address.
 - Recommendation: CFSA consults with families to find out what would help to support them in the community and at home so supports are more germane to DC communities.

Foster and Adoptive Parent Advocacy Center (FAPAC) is a community-based organization that provides training, support, and advocacy for resource parents. FAPAC also partners with CFSA, shares feedback from the resource parent community, and develops strategies to promote continuous system-wide improvements in resource parent engagement, support, and performance. Additionally, FAPAC participates in discussions regarding CFSA practices, policies, and special projects. Throughout 2017, FAPAC provided valuable contributions to the implementation of the Temporary Safe Haven Redesign (TSHR). The primary goal of the redesign was to move from seven family-based providers to one family-based agency providing case management for all children placed in Maryland. FAPAC also provided input into the creation of the Resource Parent Handbook, the drafting of the newly promulgated Foster Parent Statement of Rights and Responsibilities, and incorporation of the Reasonable and Prudent Parenting (RPP)¹¹ language in several CFSA documents and policies. The Resource

¹¹ The federal Preventing Sex Trafficking and Strengthening Families Act of 2014 required states to implement the RPP standard authorizing foster parents to make day-to-day decisions affecting children in their care. The DC Council subsequently codified the standard, and CFSA issued a philosophical statement to further define RPP as “ a standard characterized by careful and sensible decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a resource parent or congregate care staff person shall use when determining whether to allow the child/youth to participate in enrichment, cultural, and social activities.”

Parent Handbook and the Foster Parent Statement of Rights and Responsibilities were developed as a result of FAPAC and other resource parent advocacy.

DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA) is another community-based organization that provides training and supportive services to resource parents. In 2017, DCMFAPA was also a valuable contributor to discussions involving TSHR, the Resource Parent Handbook, the Foster Parent Statement of Rights and Responsibilities, and incorporation of the RPP language into existing policies and administrative issuances.

Standing Commissions, Councils and Task Forces

CFSA collaborates with public and private partners across the District. Staff serve on multidisciplinary teams that meet regularly to discuss and develop strategies to strengthen child welfare practice and positively impact the lives of the District's children and families.

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN). MACCAN was established to advise the Mayor on aspects of the District of Columbia's continuum of child welfare services, including prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, and adoption). MACCAN comprises 22 non-governmental and governmental members who are appointed by the District's mayor according to their demonstrated expertise in working on behalf of children and families, along with their dedication and commitment to service. CFSA occupies one seat on this board and provides resources to ensure MACCAN's effective operation. MACCAN meets six times annually. In addition to annual projects, MACCAN stays abreast of the state of child welfare across the District and receives regular updates on the work of CFSA from the agency director, as well as other CFSA staff members. Examples of MACCAN's involvement includes the following:

- **Annual Public Report (APR).** MACCAN reviews and offers comments to CFSA's Annual Public Report (APR), which describes the ongoing and specific actions the Agency has taken to implement the federal *Adoption and Safe Families Amendment Act of 2000* (DC Law 13-136; 47 DCR 2850). Each report provides a full statistical analysis of cases, an analysis of difficulties encountered by CFSA to reach the goal for reducing the number of children in foster care, an evaluation of services, an evaluation of the Agency's performance, and recommendations for any additional legislation or services needed to fulfill the requirements set forth by the Act. From the most recent report, the committee highlighted a few areas for specific comments. They applauded the clinical supervision being given to social workers and the increased attention to the issue of domestic violence. Members also identified a few priority areas where increased data would inform assessment and improvements including services, disruptions, and housing strategies. The Collaboratives were also highlighted for their service as an example of community and government partners that can be integrated more fully to assist with achieving CFSA's Four Pillars Strategic Framework.
- **Temporary Safe Haven Redesign (TSHR).** Over the past year, the committee had numerous questions about the TSHR initiative. In response, the CFSA director attended several committee meetings to provide updates, and answer questions. For one

meeting, the director was joined by the executive director from the private agency selected to partner with CFSA on TSHR. The private agency's executive director provided an overview of the agency and the agency's practice principles, and answered question about the strengthened partnership. CFSA's director shares ways in which the system has evolved and how these changes impact CFSA and lead to practice shifts. Highlighted was data sharing on the number of children in foster care along with the number of providers and how the system needed to change to best meet the needs of a reduced foster care population. The redesign of the system, the work of the implementation team, and the practice improvements were discussed at length over several meetings. Many committee members shared feedback that they received from the community that was coupled with a good deal of anxiety and a multitude of questions. The committee supported and recommended ongoing town hall meetings to continue communication and to answer questions. They also felt better prepared to answer questions that were asked of them in their various roles within the larger child welfare community.

- **Substance Abuse Services at CFSA.** In response to concerns about the legalization of marijuana in the District and its impact on children, the committee sought to learn more about substance use in the District overall. The DC Department of Behavioral Health provided MACCAN members with a presentation on substance abuse disorders along with CFSA's substance abuse specialist providing a specific look at CFSA's substance abuse services. Members further received information on the number of substance abuse reports that CFSA receives and the types of drugs being used, along with the number of substance abuse treatment referrals received, and the number of clients who actually completed treatment. CFSA also shared the practice approach used to address families impacted by substance use disorder, as well as how CFSA addresses these issues through collaborations with other agencies, such as the Department of Behavioral Health and the Metropolitan Police Department. MACCAN plans to use this information to help identify an upcoming area of annual focus for the committee.
- **2018 CFSA Priorities.** CFSA's director shared with MACCAN an overview of the Agency's 2018 priorities, which included a focus on practice improvements (as highlighted in the *Going Back to Basics initiative* aimed at prevention), including practice placement stability and permanence, and federal legislation such as the Family First Legislation (with its focus on early intervention and prevention). In identifying the gaps and exploring ways to strengthen the safety nets, CFSA will look to MACCAN for recommendations and feedback. The director also shared the Agency's efforts to do more intensive work around unified case planning that clarifies expectations for each family member and Agency staff member's responsibility, teaming with fathers and birth parent engagement, increased support for resource parents, improved placement stability, and the aforementioned mental health redesign. The director's regular meeting with the committee will serve to keep them abreast and up-to-date on both data and Agency practice. These regular meetings also allow the committee to consider how it can assist with efforts that support the District's children and families.

Children’s Justice Act (CJA) Task Force. The District of Columbia’s CJA Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for child victims of abuse and neglect through evidence-based policies, programs, practices, and training. The Task Force focuses on child abuse and neglect, child fatalities related to abuse and neglect, commercial sexual exploitation of children (CSEC), and the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. The Task Force also makes policy and training recommendations to organizations, offices, or entities within the community on the issues of child maltreatment as needed or as requested.

The CJA grant is coordinated and monitored by CFSA, which also has one staff member who serves on the Task Force in the child protection agency category. CFSA has presented the Task Force with findings from the CFSR, along with progress on the Agency’s PIP and APSR. Presenting issues in the District are used as discussion points as the Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislative). CFSA shares data and family-based issues with other committee members from partnering agencies who also share initiatives and issues they confront as they work to serve District families. Future meetings will include a quantitative and qualitative picture of the Agency’s Entry Services population, to include CPS ongoing, In-Home and as well as the foster care population.

CJA’s ongoing projects include modifying the online and in-person mandated reporter training; developing a guide for parents who are subject to CFSA’s CPS investigations or Family Assessment (FA) referrals; and CSEC training for CFSA’s Entry Services administration, as well as mental health and law enforcement personnel. There are also planned activities for training various professional groups to engage children and families to promote safety and well-being; better coordination of services and case management for persons-in-need-of-supervision (PINS), neglect cases, and delinquency cases; and the reform of child protection register (CPR) legislation. In addition, every three years, the CJA Task Force must undertake a comprehensive review and evaluation of how the District responds to child maltreatment and makes training and policy recommendations for improvements in the three categories of investigative, administrative, and judicial handling of cases of child abuse and neglect. In carrying out this task, the Task Force builds on prior assessments and notes system improvements related to prior work.

The Citizen Review Panel (CRP). The CRP is a federally-mandated, voluntary group of DC residents who serve as an external, independent oversight body for the District's child welfare system. CRP examines the policies, practices, and procedures of CFSA and any other District government agency that provides services to children who are at risk of abuse and neglect or who are in foster care. Eight of the CRP’s 15 members are appointed by the Mayor, and seven are appointed by the Council. The CRP’s major responsibility is preparation of an annual report making recommendations for improving child welfare services. CFSA is legally required to reply to the recommendations. CRP currently has two committees. One addresses services provided to children in their homes (in contrast to services provided in foster care). The other addresses services to youth who are aging out of foster care. At its quarterly meetings, the CRP often

hears from outside speakers and invites them to share recommendations, which the CRP itself may endorse. This report has three major sections: In-Home Services, Youth Aging Out of Foster Care, and Kinship Care. A conclusion offers final forward-looking thoughts. The CRP Annual Report provides details of CRP's work and recommendations (included in the APSR submission). CFSA will respond to the recommendations in the report formally and also attends the CRP quarterly meetings to hear feedback directly and provide information about how CFSA has already addressed or plans to address areas of need.

Internal Stakeholders

Office of the Ombudsman is an internal office that merged the positions of Ombudsman and Youth Ombudsman in late 2017. The Ombudsman ensures that the public has a point of contact within CFSA to communicate concerns directly to the Agency. The Ombudsman also serves as CFSA's impartial liaison for constituents (i.e., children, youth, birth parents, resource parents, kinship caregivers, guardians, adoptive parents, mandated reporters, concerned citizens, and contractors) seeking internal resolutions to issues, and to promote child safety and well-being. The Ombudsman reviews constituents' concerns and records the receipt and outcomes of all reported concerns. The Ombudsman is able to identify trends and systemic issues, bring them to the attention of CFSA management and staff, and recommend internal procedures to accomplish program goals. See the attached *Office of the Ombudsman 2017 Annual Report* submitted to the DC City Council's Health and Human Services Committee in February 2018.

Internal Child Fatality Review Committee. The CFSA internal Child Fatality Review (CFR) committee comprises representation from CFSA leadership, the CFR Unit, the Office of the General Counsel, CSSP, and the Office of the Chief Medical Examiner (OCME). At each monthly meeting, CFR Unit staff presents the committee with details of individual fatality cases for any child known to the Agency within five years of the child's death. Presentations emphasize practice issues and any identified themes related to the family's service needs during any involvement with CFSA. Data on all fatalities is tracked for inclusion in the CFSA Annual CFR Report. In addition, there are in-depth discussions among committee members that may result in recommendations for practice changes. These recommendations are vetted by leadership according to the assigned administration. If recommendations are accepted (i.e., viable and achievable), the assigned administration provides the CFR Unit with details on next step activities and time frames. The CFR Unit also tracks these recommendations for follow-up and inclusion in the Annual CFR Report.

2. UPDATE ON ASSESSMENT OF PERFORMANCE, THE PLAN FOR IMPROVEMENT, AND 3. PROGRESS TO IMPROVE OUTCOMES

Goal #1: Narrowing the Front Door: Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect.

CPS Hotline

CFSA operates the District's Child Protective Services (CPS) hotline for receiving child abuse and neglect reports on a 24/7 basis. Based on a screening of each report using a structured decision making tool, the hotline workers determine the appropriate response pathway, e.g., CPS-Family Assessment, Information and Referrals, and CPS-Investigations (CPS-I).

Hotline workers complete extensive training on how to respond to reports. This training includes Differential Response,¹² use of the structured decision making (SDM™) Screening and Assessment Tool, and use of the SDM Hotline Screening and Assessment Tool.¹³ In addition, the hotline supervisors listen to hotline recordings and calls in real time to ensure consistency with practice guidelines and requirements.

CPS-Family Assessments (CPS-FA)

CPS-FA is a tailored response to certain initial reports of child neglect. During the CPS-FA response, the FA social worker partners with the family to identify strengths and needs so that the social worker can appropriately recommend service options for the family. Unlike an investigation, there is no finding (disposition) or entry of names into the District's Child Protection Register.¹⁴ This non-adversarial CPS approach often results in families being more receptive to services. If a social worker identifies any safety concerns during the assessment, CPS-FA is converted to the investigation track (CPS-I). For FY 2017, the total number of accepted FA hotline calls equaled 3899. Of these accepted calls, CFSA referred a total of 326 families to external service providers. In the first quarter (Q1) of FY 2018, the total number of accepted FA hotline calls equaled 957. Of these accepted calls, CFSA referred a total of 100 families to external service providers. In the second quarter (Q2) of FY 2018, the total number of accepted FA hotline calls equaled 1082. Of these accepted calls, CFSA referred a total of 98 families to external service providers.

Information and Referrals (I&Rs)

Information and Referrals are calls that do not rise to the level of child abuse or neglect. With I&Rs, the hotline worker may provide the caller with contact information for other District agencies, organizations, or service providers that can appropriately address the issue or concern. The following examples of calls may require consultation with a supervisor:

¹² Differential Response is an approach used by child welfare agencies under which severe allegations get a traditional investigation. When a child's safety is not immediately threatened, the alternative approach is a family assessment that looks at strengths and needs and then provides help outside the child welfare system.

¹³ The SDM screening tool provides hotline staff with a clearly articulated and commonly understood process for gathering information and making decisions on how to respond to hotline reports. In developing the tool, CFSA reviewed allegation types currently in use by staff and further detailed definitions for each allegation. Staff access and review these definitions through the online version of the tool.

¹⁴ The Child Protective Registry (CPR) is an electronic database of names of individuals who have been substantiated for child abuse and neglect in the District of Columbia. Once CPR staff members receive substantiated reports from the CPS administration, staff makes appropriate entries, and releases information contained in the CPR database in a manner that is consistent with the law. CPR clearances are required for all resource parents and staff of child care institutions.

- A call has no allegations of child maltreatment involving a parent, but a caregiver desires to apply for legal custody or joint custody.
- A report involves a request for social services or information with no allegations of child maltreatment.
- A call from another jurisdiction requests a courtesy home assessment or interview for a family residing in the District. However, it is up to the discretion of the supervisor to send this referral type to a RED team to determine if a screen-in is an appropriate response.

In FY 2017, CPS documented a total of 759 I&Rs. In FY 2018-Q1, CPS documented a total of 184 I&Rs, and in FY 2018-Q2, CPS documented a total of 160 I&Rs.

CPS Investigations (CPS-I)

When the Hotline RED team¹⁵ determines that there are specific child safety concerns that require further investigation and analysis, an assigned CPS investigative social worker attempts to contact the family. Once face-to-face contact is made, the CPS social worker conducts a comprehensive investigation of the reported allegations. The social worker will also assess the family for risk and safety. If the child is not in imminent danger and therefore does not need to be removed from his or her family, but the risk is still high, the social worker develops a safety plan in partnership with the family and opens an in-home case. Otherwise, the family is referred to the Healthy Families Thriving Collaboratives, a community-based agency that will subsequently provide services and resources that address the family's unique needs and goals for stabilization.

All CFSA investigations comply with the Agency's policies and best practice procedural standards. Practice reinforces the importance of the timely initiation of investigations as a requirement in determining children's safety, and overall quality of investigations. It further reiterates the law for various practice considerations. CFSA also holds Entry Services accountable for achieving federal and internal investigation benchmarks.

By the last quarter of FY 2017, CPS data collection revealed the following results:

- One-hundred percent of investigation caseloads met the standard of 12 investigations per worker. The number of FA caseloads meeting that standard had improved from 50 percent to 84 percent against a target of 90 percent.
- Against a target of 95 percent, Entry Services initiated 93 percent of its investigations within the mandated time frames.

¹⁵ RED (Review, Evaluate, and Direct) teams utilize the Consultation and Information Sharing Framework in a collaborative setting among multidisciplinary CFSA staff for decision-making. The framework allows for open discussion among participants while also providing the structure and consistency to ensure productivity and effective decision-making. Individual RED teams comprise six to eight individuals meet at key decision points in a case, such as home removal, placement changes, case assignment transfers, and permanency reviews.

- Investigations started but not completed within the required 30 days dropped from 52 to 16.

By the second quarter of FY 2018, CPS data collection revealed the following results:

- One-hundred percent of investigation caseloads met the standard of 12 investigations per worker. The number of FA caseloads meeting that standard was one-hundred percent as of March 31, 2018.
- Against a target of 95 percent, Entry Services initiated 93 percent of its investigations within the mandated time frames.
- Investigations completed with the 35 day timeframe was 73 percent as of March 31, 2018

Timely initiation of investigations is required for determining children’s safety. DC Municipal Regulations mandate the following response times for commencing investigations, depending on the nature and severity of the allegations:

- 2 hours when the child’s health or safety is in immediate danger
- 24 hours for all others

When CPS staff first receives a hotline call, staff uses the SDM™ tool to answer questions that pertain to the preliminary screening of maltreatment type. The tool automatically guides the hotline worker to refer the call for an appropriate response, i.e., CPS-I within 24 hours, CPS-FA within 72 hours, or the FA Unit within 120 hours. Responses include one of the following options:

1. Screen in the hotline report for immediate 2-hour response, i.e., CPS-I.
 - a) There is a child fatality or near fatality where abuse or neglect is suspected.
 - b) The child has a serious condition or serious injury that requires immediate medical attention.
 - c) Police are requesting immediate response.
 - d) The child is currently alone and requires immediate care.
 - e) It is likely that the child will be exposed to harm or unsafe conditions within the next 24 hours.
 - f) There is concern the family may flee, or social workers may otherwise be unable to locate the family.
 - g) There is an allegation of sexual abuse by a family member who has access to the child. Note: non-relative or non-caregiver sexual abuse allegations are referred to the Metropolitan Police Department (MPD).
 - h) Other (such as a child at school with an injury who has made a disclosure of physical abuse, and is fearful to return to the parent’s care).
2. Refer the hotline report for a RED team review (CPS-I response within 24 hours).
 - a) There is a sexual abuse allegation (where the perpetrator is a relative caregiver).

- b) The child is age 12 or younger and has a visible injury due to abuse or neglect.
 - c) A child of any age with mobility challenges has sustained bruises or other visible injuries.
 - d) The referral includes allegations of a child’s access to weapons, illegal drugs, or exposure to other criminal activity.
 - e) An alleged perpetrator has a currently open CPS investigation.
 - f) The allegation is against a licensed home or facility.
 - g) Other (such as concerns for human trafficking).
7. Refer the call to CPS-FA within 72 hours (3-day response time).
- a. The youngest alleged child victim is age 5 or younger.
 - b. An alleged child victim is between ages 6 and 12 and without adequate supervision, food, or shelter.
 - c. An alleged child victim is limited by disability and without adequate supervision, food, or shelter.
 - d. The report includes current concerns of domestic violence or caregiver substance abuse.
 - e. The child is exhibiting behavior that requires mental health evaluation.
 - f. Other
4. Refer the call to the FA Unit – Response within 120 hours (5-day response time)
- When the children are over the age of 5 and the information in the referral does not meet the criteria for any of the above options in the decision tree, it will be assigned to the Family Assessment Unit.
5. Screen out the report.

Educational Neglect Triage Unit

CFSA created the Educational Neglect Triage Unit in 2013 to address an increase in educational neglect reports originating from DC Public Schools. This increase resulted from the enforcement of the *DC Attendance Accountability Amendment Act (DC AAAA of 2013)*, which amended the *Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2010*. Among its many provisions, the *DC AAAA* is a mandate for DC Public Schools (DCPS) and DC Charter Schools (DCPCS) to report cases whenever an enrolled child has 10 nonconsecutive, unexcused absences. Based on the change in the law, the Educational Neglect Triage Unit now receives referrals through the AVOKA¹⁶ system, a confidential web portal. Both DCPS and DCPCS submit educational neglect reports through this portal. Although these reports

¹⁶ AVOKA is a web-based forms automation software that is used by schools for reporting educational neglect. AVOKA is a secure and a streamlined system that allows schools to electronically submit referrals as well as supporting documentation.

may not meet the statutory definition of educational neglect, the Educational Neglect Triage Unit nonetheless vets each report and determines whether or not a child welfare response is needed. From August 2017 through December 2017, the Triage Unit received 658 reports of educational neglect. Between January and March 2018, the Triage unit received 1619 reports. Overall, DCPS and DCPCS submitted 2,277 reports in the academic 2017-2018 year.

Hotline RED Team

CFSA has institutionalized the RED teams' use of the *Consultation and Information Sharing Framework* into the Differential Response (DR) approach to CPS responses, as well as incorporating the framework into FACES.NET for permanent documentation and access by all program areas. RED team reviews help to ensure that the Agency's response to each report is uniform, appropriate, and effective for each family's individual circumstances, including determinations of whether a CPS hotline report rises to a level of abuse or neglect.

CPS refers the following types of hotline reports to the Hotline RED team:

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

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

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

Once the Hotline RED teams receive a referral, the team will focus on chronicity and case history. If there are concerns regarding the clinical decisions surrounding response to the report (i.e., the pathway decision), a CPS program manager or program administrator may elevate the decision for a final clinical decision by the deputy director of Entry Services.

The Comprehensive Addiction and Recovery Act (CARA) of 2016

In response to the opioid epidemic sweeping the nation, federal legislators have strengthened child welfare requirements regarding substance-affected infants, including those with fetal alcohol spectrum disorder (FASD). CARA of 2016 calls for health care providers to report instances of infants born with positive toxicology, including FASD; for child welfare agencies to prepare a plan of safe care for each affected infant; and for agencies to monitor implementation of the plans of safe care. These requirements went into effect on October 1, 2017.

In response to the needs of substance-affected caregivers and their newborns, CFSA has strengthened its implementation of CARA to address the safety, well-being, and permanency of this vulnerable group. CFSA currently takes specific steps in response to any report involving an infant affected by exposure to prenatal substance use.

- Although not a direct impact of CARA, when mandated reporters at medical facilities and hospitals contact the CPS hotline with reports of substance-affected caregivers and newborns with positive toxicology or diagnosis of FASD, these reports are screened in and assigned either as CPS-I or CPS-FA.
- In August 2017, CFSA began screening in all allegations that involve a child's exposure to phencyclidine (PCP) or other drugs, regardless of the age of the child. These reports do not go through an additional RED team screening. The hotline automatically assigns them for a full investigation.
- CPS social workers conduct face-to-face visits with the child and family to assess for safety and to make appropriate referrals for services for both the affected infant and caregiver.
- Early engagement with CFSA's Health Services Administration nurses allows for efficient timing to address the medical needs of the family.

Organizational Changes in Entry Services

In 2011, Entry Services adopted DR for its CPS delivery system. During the summer of 2017, the deputy director of Entry Services conducted an internal analysis of the functioning of the FA pathway after CFSA leadership observed model drift. The internal analysis examined metrics, data, factors contributing to staffing shortages and caseload size, insufficient responses from diligent searches, hotline challenges, bifurcated organizational structure, and general confusion about the scope and structure of the FA process.

In response, Entry Services instituted a number of operational changes across the CPS administration, inclusive of the FA pathway. The objectives continue to be improvement of safety and well-being of children while also resolving caseload inequities, and a lack of understanding of FA and its relationship with CPS-I.

As a result of the internal analysis, Entry Services has undergone two realignments in the past fiscal year. The first alignment resulted from the creation of the two separate CPS-I and CPS-FA administrations. In response to concerns that the separated administrations may have significantly contributed to some additional challenges, CFSA consolidated oversight of both administrations under one single administrator who can build the quality and consistency of practice necessary for all investigations and assessments. The following components are included in the new oversight structure:

- A single administrator and five program managers oversee CPS Services, retaining the current teams for investigations and family assessments. CPS also added one blended team capable of responding to all referrals in order to maximize responsiveness to the fluctuating caseload.

- The administrator for CPS Operational and Supportive Services now oversees the three non-case-carrying functions within Entry Services (CPS Hotline, Diligent Search, and Educational Neglect Triage), all of which feed pertinent information to the DR case-management work.

In addition to the above, Entry Services continues to partner with CFSA's Quality Assurance (QA) Division under the Performance Accountability Improvement Administration (PAQIA) to implement the following QA activities:

- CFSA completed an Acceptable Investigations review using a representative sample and undergoing the analysis and debriefing process.
- CFSA plans to initiate a case review of all FA cases referrals in FY 2018 to assess the quality of practice. CFSA will conduct a quarterly, sampling methodology review of closed FA cases.
- CFSA will use findings from the reviews to identify strengths and areas for improvement, emphasizing assessments of data collection, timeliness, and decision-making to achieve child or youth safety.
- CFSA conducts a monthly review of hotline recordings.
- CFSA will also implement a continuous quality improvement (CQI) strategy for assessing the effectiveness of these changes. The Agency expects to begin the CQI assessments in between May and June 2018. Additional information the CQI strategy can be found in Goal 5.

The second alignment occurred in April 2018 and involved moving the In-home Services administration from Community Partnerships to Entry Services. The anticipated outcome for this move is greater facilitation for the continuity of safety planning and service delivery for all families receiving in-home services.

Diligent Search Unit

As of May, 2017 the Diligent Search Unit (DSU) returned to Entry Services in the newly created division called the CPS-Hotline and Support Services Unit. In the case of all removals, CFSA requests the name and contact information for all non-custodial parents and submits a mandatory referral to DSU, requesting information on all respective parents and kin. All CPS investigative social workers are required to make formal referrals to DSU at the same time they make a referral for a family team meeting (FTM) to locate relatives. In addition, the Kinship Unit submits a DSU referral for emergency home assessment and placement purposes. DSU investigators are required to complete diligent searches within four hours after receipt of the referral. CFSA's business process also allows kinship social workers to conduct diligent searches for relatives throughout the 24-hour day. Allowing searches to occur throughout the 24-hour period can expedite results, especially during a temporary emergency kinship placement investigation. Lastly, DSU workers have the ability to conduct CPR and National Crime Information Center background checks as well as access to Live Scan fingerprinting to identify qualified potential kin providers.

Danger and Safety Assessment (DSA) and Risk Assessment

Entry Services utilizes the Danger and Safety Assessment as well as the Risk Assessment to identify signs of danger or imminent danger of serious harm or maltreatment, as well as the probability of future harm or maltreatment. These assessment tools help determine the dynamics of the family’s situation that need to be considered when beginning to plan for safety of the child.

CFSA Assessment Array			
What	Why (Purpose and Criteria)	When and By Whom (Process)	What Next (Analysis and Decision)
Danger and Safety Assessment (DSA) For all Household Members	To Identify Indicators of Danger or Imminent Danger of Serious Harm/Maltreatment <ul style="list-style-type: none"> o Serious Physical Harm o Lack of Food, Clothing, Shelter, or Medical Care o Serious Harm by Others o Sexual Harm o Hazardous Living Conditions o Emotional Harm o Refusing Access To Examine Considerations For Safety Planning And Create A Safety Plan If Needed <ul style="list-style-type: none"> o Child Vulnerabilities o Existing Household Safety o Existing Household Strengths o Complicating Factors 	CPS Referrals: CPS Social Worker Completes <ul style="list-style-type: none"> o Within 24 Hours of Contact Ongoing Cases: Ongoing Social Worker Completes <ul style="list-style-type: none"> o Within 30 Days of Case Transfer o Within 30 Days after Reunification o Within 30 Days of Case Closure o As Indicated by Changing Circumstances 	To Decide Whether a Child or Youth <ul style="list-style-type: none"> o Can Remain Safely in the Home with No Intervention (i.e., Safe) o Can Remain Safely in the Home with a Safety Plan (i.e., Safe with a Plan) o Cannot Remain Safely in the Home and is in Need of an Alternative Placement (i.e., Unsafe)
Risk Assessment and Risk Re-Assessment For all Household Members	To Identify the Probability Of Future Harm/Maltreatment in the Next 18-24 Months <ul style="list-style-type: none"> o Low Risk o Moderate Risk o High Risk o Intensive Risk To Identify the Level of Service Intensity to Provide The Family CPS Referrals; the CPS Social Worker Completes <ul style="list-style-type: none"> o Risk Assessment within 30 Days of Referral 	Ongoing In-Home Cases; In-Home Social Worker Completes <ul style="list-style-type: none"> o Risk Re-Assessment within 30 Days of Case Opening o Every 90 Days thereafter until Safe Case Closure 	To Decide Whether... <ul style="list-style-type: none"> o To Open A Case for In-Home Services or to Close a Referral o How Frequently to Contact and Monitor the Family o When to Close a Case

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Entry Services: In-Home Services (Ongoing CPS)

Levels of Care

In 2017, the deputy for Community Partnerships reviewed and analyzed the safety and risk levels identified for each family and visitation metric against the positive outcomes from CFSA’s Chronic Neglect Unit, which serves any family that meets the chronic neglect criteria, and which requires more frequency of visitation. The metrics included whether the child could remain safely at home with a plan, whether the family had any supports, if the parent was able to take action to protect the child from an alleged maltreater, and if the family was currently receiving community-based services. Based on the responses to these questions, some families needed the minimum number of required visits and others needed more, but not at the level for chronic neglect. As a result, the deputy recognized the need for a protocol to ensure that the “level of care” (LOC) for length of services and number of visits will correspond to the LOC assessment for the family

As a result, social workers use the Caregivers Strengths and Barriers Assessment (CSBA) and the Risk Re-Assessment tool to better understand family functioning, as well as ongoing risk levels that inform the LOC decision model. This model assists with establishing visitation standards, such as increasing the number of visits for families with high CSBA scores and decreasing the number of visits for families with lower CSBA scores. In addition, social workers use three established standards based on assessment of family need (intensive, intermediate, and graduation) to determine the timeframe a family’s case will receive intervention services.

Level	Definition	Level of Intervention
<p>INTENSIVE (case open for 8-10 months)</p>	<p>There is a substantial risk to the safety and well-being of child.</p> <ul style="list-style-type: none"> o SDM Risk Level - Intensive 	<p>Social worker ensures (at a minimum) that there is face-to-face contact with a service provider on a weekly basis. Families with an active safety plan may have more contact as needed. Social worker also ensures that a teaming meeting is held within 60 days of the completion of the initial case plan. Subsequent meetings will be scheduled as needed.</p>
<p>INTERMEDIATE (case open for 6 months)</p>	<p>Family has multiple risk factors that require a high level of attention and monitoring to ensure that the children’s needs are being met, but there is no imminent risk or danger.</p> <ul style="list-style-type: none"> o SDM Risk Level - High 	<p>At a minimum, social worker visits family twice a month. Social worker ensures that the family is working towards case plan goals on a weekly basis. Social worker’s support may include face-to-face contact, involvement in services that address the needs, and communications via email and/or telephone.</p>

Level	Definition	Level of Intervention
GRADUATION (case open for 2 months)	Family has demonstrated a change in behavior from initial complaint, and there is no imminent risk or danger. Family's needs can be met in the community without child welfare involvement. <ul style="list-style-type: none"> o SDM Risk Level – Low or Moderate 	At a minimum, social worker visits family twice a month with additional visits as needed. Contact and visits relate directly to the case plan goals with social worker documentation reflecting substantive information on progress, barriers, and safety.

Every 90 days (at a minimum), supervisors review and determine with the social worker whether the LOC has changed, based on updated functional assessments and corresponding service plans. When a family is not ready for stepdown, and the case has been opened beyond best practice standards, the social work team will convene a specific case review to consider court intervention and/or removal. All cases will include team meetings on a regular basis to ensure coordinated services and monitoring of progress towards goals and appropriate services being in place. The current minimum visitation standards will remain in place.

Community Papering

In an effort to prevent removals and keep children safely in their own homes, CFSA has a process for requesting and filing a petition for court intervention for investigations and in-home services cases where there are issues of non-compliance with the case plan. The community papering process is appropriate when CFSA has an open case with the family where the children remain in the home. Examples of cases that are appropriate for community papering include educational neglect and medical neglect where emergency care is not needed, or cases where the parent has a substance abuse or mental health issue that is impacting parenting but imminent danger does not exist. If there has already been a removal, or removal is imminent, community papering is not appropriate. In FY17, 39% of in-home families were community papered and in FY18 through June 18, 42% of in-home families were community papered.

Practice Changes In-Home has recently established an enhanced Frontline Practice CQI plan with processes to help evaluate performance, make ongoing decisions, and analyze clinical practice. The following processes are incorporated in the plan:

- **Case Plan Reviews:** In-Home developed a case plan guide and rating sheet in January 2018. Since February 2018, In-Home management reviews a minimum of 16 cases per month and provides the supervisors with structured feedback via a rating sheet on the content and quality of the case plans.
- **One-Year Plus Case Reviews:** Program managers identified a total of 49 in-home cases that had been open for 12+ months as of December 2017. Of that sample, the program managers conducted in-depth reviews of 37 cases (76 percent) in January 2018 with 12 cases (24 percent) having been closed prior to the review. As of February 26, 2018, 21

cases (43 percent) remained open and 28 cases (57 percent) were closed. A quarterly review was also conducted in April 2018 for all cases that had been opened for more than 12 months, including those that remained open from the previous review, as well as cases that just went into the 12+ months category. These data will be available at the end of June 2018.

- **Supervisory Log Reviews:** In November 2017, In-Home management staff began reviewing supervisory contacts in FACES.NET that captures both individual and group supervision. On a monthly basis, 1-2 cases per supervisor are randomly selected for review, and feedback is given to the supervisor regarding the quality of clinical and administrative supervision.
- **Case Presentations:** In-Home launched a case presentation guide in January 2018 that provides guidance to social workers on how to present cases to their supervisor and upper management during RED Teams or during court hearings. Additionally, social workers began using a case presentation worksheet for cases that CFSA is considering for community papering. CFSA leadership also uses a case presentation rating sheet to provide feedback on the case presentation skills of social workers and supervisors.

The initial analysis of information obtained from these CQI processes will begin in FY 2018-Q3, with the first report on these new processes available next year.

Community Services

CFSA's Title IV-E Demonstration Project: The Safe and Stable Families Program (SSF)

In 2016, CFSA tracked implementation of its Title IV-E Waiver through a partnership with an evaluator from Coordinated Care Services (CCS). After monitoring and assessing program activity, and gathering both quantitative and qualitative data, CFSA recognized the SSF initiative needed to reach more families that were at risk of involvement with CFSA. The data also indicated a need for more accessible and tailored formal and informal services and interventions aimed at reducing safety risk. As a result of the assessment, the Agency redesigned SSF in January 2017. As part of the SSF redesign, CFSA developed a new in-home LOC model (see above) and further restructured the in-home caseloads to allow for more intensive engagement of families with multiple and complex needs or difficulties that statistically lead to children suffering neglect and cumulative harm. This was a six-month process during which CFSA planned with community partners to address the following objectives:

- Increase, target, and coordinate preventive services that improve child safety and keep families from having to enter the child welfare system.
- Develop a more flexible array of quality services that addresses the primary issues of families served at home by CFSA.
- Ensure availability of community-based resources in areas of greatest need in the city.
- Improve CFSA and its partners' accountability for forging a tighter safety net that consistently delivers positive outcomes for families and the community.

Healthy Families/Thriving Community Collaboratives (Collaboratives)

The key delivery vehicle for SSF and CFSA's prevention and family-strengthening work is through CFSA's long standing partnership with a network of community-based social services organizations known as the Healthy Families Thriving Communities Collaboratives (Collaboratives). There are five family support Collaboratives strategically located in each of five District neighborhoods that have a high representation of families in contact with the child welfare system:

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

Each Collaborative is an independent 501(c)(3) led by a community-based board of directors, and draws on the unique capabilities and services found within its network of service providers to assist at-risk children and families. As a result of the SSF redesign, CFSA conducted a comprehensive negotiation with each Collaborative to focus their FY 2018 –funded contracts on the following vulnerable populations:

1. Young/Homeless Families
 - Parents ages 17 – 25
 - Children ages 0 to 6
 - Housing is an issue but no current safety concerns.
 - Waiver target population
 - Goal - provide services to prevent homelessness and children from entering into the child welfare system
2. Grand-Families
 - Grandparents as well as uncles and aunts who have an established bond with their child relatives, providing long-term residency and caregiving.
 - Goal - offer community based supports and services to prevent out of home placement.
3. Other Families
 - Walk-ins that don't fit in the above categories

Commensurate with the SSF redesign, CFSA is further focusing on the following specific Collaborative strategies for primary prevention-based support for the populations described above:

- **Family Support Workers:** CFSA increased the number of family support workers at the Collaboratives to support the expanded number of CFSA referrals, i.e., for the first time, CFSA is also referring families at risk, not just families already directly involved with CFSA.

- **Neighborhood Targeted Resources:** Collaborative resources are now concentrated in the areas of greatest need in Wards 7 and 8. These essential core services address typical family needs, such as funds for emergencies, referrals to mental health or substance abuse treatment, tutoring for school-age children, parent support groups, and recreational opportunities.
- **Capacity Building:** CFSA-funded and other grants help build the capacity of grassroots family support programs.
- **Data Collection and Reporting:** The redesigned SSF provides greater accountability through improved data collection and reporting that provide a clear picture of outcomes. This data will inform CFSA’s continued targeted prevention and family stabilization activities after the Title IV-E Waiver expires.

In addition to the above, the Collaboratives’ case management structure was redefined to better align with the Front Door pillar of CFSA’s *Four Pillars Strategic Framework* as well as the needs of families along the prevention continuum. While all Collaboratives provide core services, the objective of the revamping the service array was to ensure that needed services identified in the internal assessment were available to families.

In FY 2017, case management services were categorized as follows:

- **Short-Term Crisis Support:** The Collaboratives provide short-term, supportive services to families under investigation during a period of 30 days or less. This short-term service provision helps to prevent CFSA from opening a case by addressing concerns that CFSA may have discovered during the investigation.
- **Kinship Support:** Collaboratives support children receiving kinship foster care in the home of family members other than natural parents.
- **Community-Diverted Cases:** Collaboratives provide case management for a closed investigation that meets one of the following criteria:
 - Unfounded or Inconclusive findings in an investigation with a high or intensive risk evidenced by the Initial Family Risk Assessment
 - Substantiated findings with low-to-moderate risk
 - Unfounded or inconclusive findings with high or intensive risk
- **In-Home Support/Step Down:** The appropriate Collaborative serves as primary case manager for a CFSA In-Home case that is ready for CFSA case closure (“graduation”).
- **Out-of-Home Support/Step Down:** The appropriate Collaborative serves as primary case manager for a CFSA case determined ready for case closure and children are returned to the natural home.
- **Community Prevention:** When a family does not have CFSA involvement at the time of referral, these families may come to the Collaborative as “walk-ins” (or self-referrals) or they may have been referred from another public or community-based organization, or by the school system. These families typically share many of the same characteristics as community-diverted cases. The Collaborative will provide short-term, supportive assistance in order to prevent children from entering foster care. For these cases, the

provider is required to provide identifying information to include first, last name, unique ID and client's date of birth, and requested or needed service and outcomes and to report this information in the Collaborative's equivalent to FACES.NET Efforts to Outcomes (ETO).

In support of the prevention strategies provided by the specific Collaboratives, CFSA has also implemented the following evidenced-based prevention practice models:

Project Connect

Project Connect works with high-risk families involved with the child welfare system and affected by parental substance abuse, mental health issues, and domestic violence. Family risks may include poly-substance abuse and dependence, child abuse and neglect, criminal involvement and behavior, physical conditions, poverty, inappropriate housing, lack of education, poor employment skills, and impaired parenting. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification, which is how CFSA has implemented the model. Project Connect staff includes individuals with experience and professional licensure in the fields of substance abuse, child welfare, and mental health. Where needed, the program implements individual training plans for the development of skills in areas where staff has less experience.

Mobile Stabilization Services (MSS)

This service provides crisis management to children in foster care, families with an open CPS investigation, and biological families with an open in-home case. MSS helps to prevent the removal of a child and to maintain family stability in the biological home, and to prevent placement disruptions of children in foster homes. The team's purpose is to rapidly respond, effectively screen, and provide early intervention to families who are experiencing a crisis, identify services and alternatives that will minimize distress, and provide stabilization in the community.

Parent Education and Support Project (PESP)

CFSA contracts with the following two of its Collaborative partners to offer parent education and support services to parents (including teen parents) with children ages 0-18 years old. Providers offer the services using evidence-based models the Effective Black Parenting Program, the Nurturing Parenting Program curriculum and others.

- East River Family Strengthening Collaborative – The program provides parent education, parent support groups, mental health services, behavioral and social skills development, educational and vocational support services, housing assistance, individual, family and group counseling, therapeutic recreation, and treatment services.
- Collaborative Solutions for Communities Collaborative – The program includes a series of parenting courses (in English and Spanish), a series of parenting workshops, as well as

various community organization staff development opportunities throughout the year, including partner staff training.

The HOMEBUILDERS® model, which did not prove as effective as hoped. There were a low number of families being serviced and CFSA found the model to be restrictive for DC families. The program was discontinued and did not continue into FY 2018. CFSA is in communication with the Project Connect vendor to determine if the model can be slightly adapted without jeopardizing fidelity.

TABLE 1: Safety Outcomes

Data actuals for 2018 reflect point-in-time data as of March 31. Data actuals for prior years have been updated to reflect the end of the fiscal year indicated.

Four Pillars Goal #1: Narrowing the Front Door: Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe.									
Outcome 1.1: Families stay together safely. (Safety Outcome 2)									
Objective 1.1a: Decrease new entries into foster care. Internal Benchmark (IB) Measured Quarterly. (Data source: Four Pillars Scorecard, FACES.NET report PLC208)¹⁷									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
300	323	300	381	362	325	320	275	320	129
Outcome 1.2: Children and youth experience a removal only when necessary for their safety.									
Objective 1.2a: Increase percentage of investigations initiated within 48 hours (IB), Measured Quarterly (Data source: Agency Performance Investigations Audit)									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
95% (IB); 100% (NS)	84%	95% (IB); 100% (NS)	91%	95% (IB); 100% (NS)	89%	95% (IB); 100% (NS)	95%	95% (IB); 100% (NS)	94%

Goal #2: Temporary Safe Haven: Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care.

Permanency Outcome 1: Children have permanency and stability in their living situations.

¹⁷ Although the District removed the measure: Expand Access to Community-Based services, CFSA still gathers data for this measure on April 24th and October 24th of each year for the interventions funded under the Title IV-E Waiver. CFSA also continues to modify these Waiver-funded interventions as needed, including the Parent Education and Support Project, Home Visiting, and Project Connect.

Temporary Safe Haven Redesign (TSHR)

To provide children and families with the highest quality of foster care, regardless of placement, provider, or jurisdiction, CFSA launched its Temporary Safe Haven Redesign (TSHR) by transitioning from seven Maryland family-based providers to one agency providing family-based case management services for all children in Maryland. An additional component of TSHR included the increase in foster parent capacity for addressing the needs of children, along with an increased emphasis on shared parenting for birth parent and foster parents. Lastly, the TSHR eliminated the “traditional” and “therapeutic” categories of foster homes in order to allow CFSA to provide an array of services that promote placement stability, child well-being, and speedy permanence for that individual child’s needs.

To select the one Maryland family-based provider, CFSA issued a Request for Proposals (RFP) in 2017. CFSA awarded the 2018 contract to the National Center for Children and Families (NCCF), which now case manages the almost 400 children CFSA has placed in Maryland. For children placed in the District, CFSA provides case management services for all of these children with the exception of two specialized populations: Spanish-speaking families and unaccompanied refugee children. To ensure ongoing service to these populations, CFSA retained the contracts with the Latin American Youth Center (LAYC) for Spanish-speaking clients and Lutheran Social Services (LSS) for unaccompanied minors.

The TSHR transition process included the following key actions prior to the January 2018 implementation:

- CFSA reached out to all foster parents licensed by the other providers and encouraged them to join NCCF as their assigned private agency, thereby lessening the possibility of disruptions for the children placed in those homes.
- Staff closely reviewed the needs and circumstances of each child placed in Maryland, focusing especially on those children who would safely be moving to permanence by the end of December 2017.
- The Agency gained agreement from the majority of provider foster homes in the District to join CFSA for case management of children in those homes.
- CFSA retained many experienced social workers by offering job opportunities with NCCF to serve the children in Maryland.

Case Planning and Reassessment

CFSA’s Permanency Planning Policy requires social workers to develop formal written case plans within 30 days of opening a case. **Every CFSA and private agency case-carrying social worker has access to FACES.NET, and therein completes the necessary system transactions to create, update, and maintain client case plans. Every case plan in the FACES.NET system requires supervisory review and approval before it is formalized. FACES.NET informs and populates a report style document that social workers print and review with their clients. Various data fields within this system, including the child’s permanency goal, placement location, legal status, and key demographics are programmed as “mandatory” and require the social worker to enter the**

values before FACES.NET creates the case plan for supervisory review and approval. The “mandatory” field formula is a key real-time quality assurance mechanism to ensure that important content is included in each and every written case plan.

As of September 2017, 84 percent of foster care child case plans were current. As of March 2018, 98 percent of foster care child case plans were current. Case planning is a team effort with birth parents, the child or youth (at an appropriate age), foster parents, and other service providers who know the child and family. Review of the case plan for children in care is embedded in practice. The practice protocol requires reassessment and service plan revisions every 90 days and case plan review/revision every six months. When a child is removed from his or her home, clinical, strategic teaming is essential to developing and executing a practical case plan that will expedite permanency for the family. In February 2018, CFSA began implementation of a new teaming approach that consists of six core team meetings that occur within 180 days of a child’s entry into foster care to support regular and robust participation in case planning of key individuals, such as the family, supporters identified by the family, resource parents, subject matter experts, and advocates. A few key objectives include continued identification of family, as well as early and on-going assessments of a family’s status in relation to the established permanency goal are a few key objectives.

These meetings include:

- **Next Day Removal Team:** The Next Day Removal Team meeting is led by Child Protective Services or Permanency staff on a rotating basis and occurs the day after a child is removed from his or her home. The meeting enables the investigative, placement and on-going social workers, involved health or legal professionals, or kinship administration staff, to share information that will facilitate a smooth transition for the child, plan for sibling visitation, and begin to outline the specific action steps that will support reunification.
- **Removal Family Team Meeting (FTM):** Removal FTMs are led by the FTM facilitator and held within 72-hours of a removal. The Removal FTM is used to introduce the family to the agency, clarify the reasons for removal and develop a plan for securing the resources and interventions that will support the family. These meetings shall include family members, their supporters as identified by the family (e.g. friends, clergy), caregivers, resource parents, service providers, and the guardian ad litem (GAL). Additional information on the FTM process is detailed in the CFSA Family Team Meeting Policy.
- **12-15 Day Case Team Meeting:** The 12-15 Day Case Team Meeting is facilitated by Office of Well Being (OWB) staff and occurs within 12 to 15 days of removal. This comprehensive discussion of the case plan is informed by initial assessment results (CAFAS/PECFAS and CSBA). The team includes: birth parents; family members and/or Parent Engagement, Education and Resource Specialists (PEERs); resource parents; CFSA and/or external subject matter experts (e.g., in mental health, substance abuse or domestic violence); GAL/Court Appointed Special Advocate (CASA); and other supports connected to the family. The 12-15 Day Case Meeting is used to further detail the

strategies established in the FTM, align clinical judgments among the team, and develop consensus on a case plan that is focused on the most critical areas of work that will enable the family to be reunified.

- **Follow-up Family Team Meeting:** The Follow-up FTM, facilitated by the FTM facilitator, occurs 90 days after the removal FTM. It is used to review the family's progress towards reunification and determine what additional steps and supports are needed to address on-going barriers, if any, and ensure timely permanency. Participation in the Follow-up FTM is used to broaden the family's circle of support.
- **Reunification Stat:** The Reunification Stat, held between days 100 and 140, is led by the permanency program and brings together the social worker, supervisory social worker, PEERs, FTM supervisor, OWB staff, Office of the Attorney General staff, and the reunification stat facilitator to review the family's progress towards reunification, identify on-going barriers to achieving timely permanency, and assess the viability of the current case goal.
- **Permanency Family Team Meeting:** The permanency FTM is facilitated by the FTM facilitator and held within 180 days of removal. It focuses on planning for the child's anticipated return home, including a date and plan for the child's placement with a parent through a court issued Protective Supervision Order and active engagement of kin and other resources as reunification supports. If reunification is no longer viable, the FTM focuses on the actions needed to achieve an alternative goal, as established in the family's concurrent plan.

Appropriate Permanency Goals

To address appropriate permanency goals, CFSA uses the Permanency Stats (refer to *Goal 4*) to review the appropriateness of permanency goals (i.e., adoption, guardianship and reunification). At the end of FY 2017, there were 898 children in foster care. Of those children in care for less than 180 days 87 did not have a goal. Of those children in care for more than 180 days 26 did not have a goal. As of March 2018, there were 854 children in foster care. Of those children in care for less than 180 days 55 did not have a goal. Of those children in care for more than 180 days two did not have a goal.

Permanency Hearings

The federal *Adoption and Safe Families Act* (ASFA) sets forth certain requirements for holding permanency hearings in a timely manner, in addition to requirements for the Family Court to set a specific goal (reunification, adoption, or guardianship) and a date for achievement of that goal. Pursuant to CFSA policy, DC regulations, and Family Court rules, the permanency hearing for every child occurs within 12 months of the child's entry into foster care and at least every six months thereafter, for as long as the child remains in an out-of-home placement. At this hearing, the judge determines the child's permanency goal and outlines the anticipated date for its achievement.

According to the Family Court's 2017 Annual Report, 96 percent of cases in 2016 had a permanency hearing within the required timeframe. In 2017, a permanency goal was set at

every permanency hearing, and a goal achievement date was set 99 percent of the time. In addition, judicial officers closed 370 post-disposition abuse and neglect cases over the course of the 2017 calendar year. Of these cases, 82 percent were closed because permanency was achieved.

The ongoing social worker is responsible for providing the Family Court with information necessary to approve the permanency plan that CFSA has presented, based on a clinical determination for the child's best interests, why that plan is best, and how the Agency will put the plan into effect.

Currently, judicial officers in the District are required to use a standardized court order for all permanency hearings. The unified form is intended to provide a streamlined and consistent process for all judges presiding over child welfare cases. This process includes setting and meeting goals within required timeframes, identifying barriers to the permanency goal, and increasing compliance with legal requirements.

In addition, CFSA's FACES.NET system has been enhanced to interface directly with the District of Columbia Superior Court's (DCSC) information system, which now gives CFSA staff the ability to electronically track hearing dates and outcomes for the achievement of identified permanency goals. DCSC and CFSA have also created and continue to use a live interface that allows both entities to mutually and electronically share CFSA complaint forms, hearing schedules, court reports, and court orders.

Notice of Hearings and Reviews to Caregivers

The District remains compliant with DC ASFA notification requirements under District statutes and guidelines regarding judicial proceedings in abuse and neglect cases. Rule 10 under the Superior Court Rules for Neglect and Abuse Proceedings mandates that the current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. This mandate is also codified in DCMR § 16-2304. (Parties; Other Persons Entitled to Notice and Opportunity to Be Heard). It applies to any neglect or termination proceeding irrespective of how long the child has been in care or how long the resource parent or relative caregiver has cared for the child.

CFSA continues our decade-long practice of sending notifications to resource parents including information on the date, time, and location of the court hearing regarding the child in their care and stating that they have the right to be heard. Also included are instructions for contacting the court clerk (if necessary) and contact numbers for the assigned social worker and supervisor. All notifications are generated by FACES.NET. Although the total number of letters varies, CFSA sends out an average of 200 to 250 notifications a month.

DC Code §16-2357 requires that notification be given to all parties involved in the case once a motion to terminate parental rights is filed. The same provision requires the presiding judge to issue a summons and copy of the motion to the affected parent or other appropriate persons. Proceedings to terminate parental rights do not advance unless proper notice has been issued.

Family Team Meetings (FTMs)

FTMs help extended family members and others to get involved in supporting a family, but especially the child at risk of entering foster care. When extended family understands the situation, they may be more willing to provide tangible support to the family, sometimes even eliminating the need for a child to enter foster care.

In 2017, CFSA revamped the FTM model based on feedback from staff, family members, and stakeholders. The FTM at that time incorporated a team decision-making RED team framework (Consultation and Information Sharing Framework) which was found to be too rigid and inhibited family engagement. For example, the model did not allow for a family to set their own FTM agenda because the structure is based on the core domains of the RED team framework. As a result, the FTM process had shifted away from its original intent of being family-focused and family-driven, and the revamp sought to reinstitute the original intention, i.e., a family-driven model.

The new FTM framework promotes engagement of and collaboration with parents, the ongoing identification of family members, and the enhancement of family participation and contribution to the creation of the plan. Ultimately, this new approach will facilitate the exploration of kin as placement and permanency resources, along with the additional objective of increasing timely permanency and case closure. The following key touch points highlight those circumstances when FTMs are critical vehicles for protecting stability for children and families:

- All families whose children have been removed or have re-entered care will be offered an FTM (already occurring).
- FTMs will occur for all cases where the team is considering a goal change (new).
- Prior to reunification, guardianship, and case closure, an FTM will be held to solidify a sustainable plan and identify informal and formal supports (new).
- The time to work with family to identify relatives was extended from 72 hours to 30 days (new).

Resource Parent Support Services

TSHR is about improving the foster care experience for District children and families. CFSA, in partnership with FAPAC and DCFAPA, engaged the foster care community in the development of the vision for enhanced foster parent resources and supports.¹⁸ Town hall events were planned and held during the summer and fall 2017 for all CFSA and private-agency resource parents. The town hall events provided information and updates on TSHR and served as an opportunity to gather input and recommendations and field questions. CFSA also hired a facilitator to develop an agenda that was interactive and included audience participation, as well as polling technology to capture resource parent demographics, preferences, and

¹⁸ DC Metropolitan Foster Parent Adoptive Association (DCFAPA) is a membership organization that advocates on behalf of foster and adoptive parents.

priorities. For continued foster parent engagement, another town hall is scheduled for late June 2018. The purpose of the town hall is to bring together the agency's resource parents, out-of-home social workers, and family support workers to discuss the concept of teaming for the sake of the child, to more effectively work together on matters related to the child, while working towards permanency.

Resource Parent Training

CFSA's Child Welfare Training Academy (CWTA) provides training for CFSA's social workers, support workers, and resources parents. CWTA now encompass both pre-service and in-service training for resource parents. To further ensure quality, CWTA reviewed the curricula and decided to incorporate the following key elements in a curricular redesign:

- Customize courses to the specifics of the District and Maryland demographics, needs, and population of children in care.
- Transition the agency's foster parent pre-service training from Trauma-Informed Partnering for Safety – Model Approach to Partnerships in Parenting (TIPS-MAPP) to the New Generation PRIDE Model of Practice. The PRIDE program is competency-based, which provides the opportunity for more thoughtful and thorough assessment of foster parents' knowledge, skills, and abilities and to identify necessary additional supports.
- Include a tiered approach from pre-service training for new resource parents to in-service training for long-time foster parents.
- Create "table top" packets for one-on-one resource parent training to address specialized requests. Either resource parents can request additional training or support for a child placed with them or the need can be identified by the social worker. Foster parent support workers provide these packets to resource parents as well as provide the one-on-one training in the field with the resource parent.
- Train foster parent support workers to implement the table top training during visits or on the phone.
- Revamp the Resource Parent Individual Development Plan tool and process.

A Family Affair in-service training is where the agency works with resource parents and their children to ensure safety, health and wellbeing by providing information about CFSA & community supports and services. Programs and services discussed during these classes are accessible to families during the life of their case and after CFSA case closes. In addition, hands-on activities during the training day offer the resource parents, parents and children to apply skills they learned together such as how to prepare healthy recipes. This in-service training can include the child's biological parents and can serve as a great start to a shared parenting relationship.

Regarding the trauma-focused lens, resource parents, through the Trauma Systems Therapy (TST) implementation several years ago, continue to receive training on trauma concepts. When course evaluation indicated that resource parents needed (and therefore requested) more training on how to apply the strategies and interventions presented, CWTA staff participated in

Training of Trainers (TOT) for the Trauma-Informed Caregiving Training Series. Kelly McCauley, who developed the curriculum in partnership with the Annie E. Casey Foundation, provided the training in May 2017.

After completing the TOT for the four modules (2-3 hours each), CWTA staff facilitated evening and bi-weekly Saturday sessions for foster parent support workers and resource parents throughout the spring and summer of 2017. The entire series provided resource parents with the opportunity to explore the impact of trauma on the children in their homes and to develop strategies to manage and promote healing. CWTA will also provide training for social workers during the third quarter of CFSA's fiscal year (April-June 2018).

Resource Parent Individual Development Plan (RPIDP)

CWTA's focus on enhancing the skills, knowledge, and abilities of resource parents requires a thorough understanding of their training needs. To best strengthen each resource parent's knowledge base and skills, CWTA partnered with internal stakeholders to develop the Resource Parent Individual Development Plan (referred to as the IDP). The IDP provides a formal and systematic means to identify and improve knowledge and skills, while simultaneously informing CWTA on future training needs for resource parents (based on their course evaluations and participation).

CWTA is undertaking an in-depth review of the current IDP to maximize its potential and to ensure it is in alignment with the Child Welfare League of America's New Generation PRIDE (Parent Resources for Information, Development, and Education) pre-service training curriculum. (CFSA will implement the curriculum by October 2019.) The findings and recommendations from this in-depth review will also be used in the curriculum development process to ensure that the needs of external stakeholders are taken into account. CWTA anticipates introducing the IDP in July 2018 and then will continue revisions as indicated to match the new pre-service training curriculum.

For-Hire Vehicles

When children in foster care need transportation assistance, the transportation vendor transports multiple children located at different addresses on the same route. The ride for the pick-ups and drop-offs may extend a child's time in the car by several hours each day. In 2017, CFSA and the District of Columbia's Department of For-Hire Vehicles (e.g., taxi-cabs) entered into a partnership to develop a plan to reduce the time of transport for children who have long commuting times to and from school. The plan would also reduce the need for families to disrupt their schedules to help a child maintain their school connection even when living out of that school's boundary area.

The alternative planned taxi service provides transportation to a single child and includes an aide to ensure the safety of the child during the trip. Safety measures also include background checks and clearances for both the driver and the aide, as well as CFSA access to the taxi database, which allows staff to track every ride.

This project began by identifying a small group of children who reside the greatest distance from the city. Rather than a circuitous route to pick up each child, the transportation shifted to a direct route for each child from home to school and back home in the afternoon. This change provided all of the participating children to reduce early morning wake-up times and late evening arrival times back home. The change in times also left more time for after-school activities and greater connection with the family and community. From May 22, 2017 through the end of summer school (August 2017), the program provided support to 42 youth.

Due to the positive feedback from children and families, CFSA continued this partnership as a full transportation program beyond the initial project phase ending in August 2017. For the 2017-2018 academic year, CFSA is providing support to 43 children in this program (as of March 2018).

Respite

The Mockingbird Family Model (MFM) and Family Connections Program are two resource parent support models serving 4-to-20 District “satellite resource homes,” based on the extended family concept where a “Hub” family (or “Cluster Lead” in the *Family Connections* program) provides resource parents peer support services for resource families within the cluster, including scheduled and unscheduled respite care. The MFM and Family Connections’ programs also feature a combined formal support group for Hub and Cluster Lead parents. The support group is an ideal forum for exchanging information and providing peer support on issues that are unique to resource families who are in leadership roles in the two programs. This network of supportive adults minimizes placement disruptions and enhances the overall experience of resource parents, which increases retention rates.

As of April 30, 2018, there are seven Mockingbird hub homes with 42 satellite homes and 10 Family Connections lead homes with 152 satellite homes. Combined, the two programs reach over 200 resource parents. In FY 2017, Mockingbird provided 7126.5 hours of respite and Family Connections provided 3051.5 hours of respite. In Q1 and Q2 of FY 2018, Mockingbird provided 2540 hours of respite and Family Connections provided 1309.5 hours of respite. In general, both programs adequately meet the needs of families. However, if resource parents are not able to receive respite from the lead parent (e.g., on vacation, already committed to other families for the requested respite dates), CFSA will reach out to any of the parents within the assigned cluster or constellation who may be willing and able to assist.

Placement Support Services

Child and Adolescent Mobile Psychiatric Service (ChAMPS)

ChAMPS is a mobile emergency service for families and children experiencing an emotional or mental health crisis in the District of Columbia. The ChAMPS program, which is funded by Catholic Charities, helps to maintain family and placement stability by helping birth and resource families manage extreme or dangerously volatile mental health and emotional behaviors of a child or youth. Providing intervention services 24 hours a day and seven days a week, ChAMPS is free to any child residing in Washington, DC. Again, this includes children receiving CFSA in-home services, as well as DC wards residing in Maryland foster homes.

Indicator	FY 2017 (Oct 1, 16 – Sep 30, 18)	FY 2018 (Oct 1, 17 – Mar 31, 18)
Total number of Calls	1435	888
Total number deployed	751	395
Total calls related to CFSA-involved youth	191	121
o Clinical Consultations	16	30
o Deployments (team arrived at the home)	118	49
o Deployments but no Intervention (a team arrived, but was no longer needed)	15	11
o Redirected Calls	4	26
o Cancelled Calls (cancelled by the caller)	0	0
o Information Only	26	5

Mobile Stabilization Services (MSS)

The MSS program was initially created in response to feedback from resource parents experiencing challenges that either led to disruptions or risked placement stability. In September 2017, CFSA modified the contract with MSS to include eligibility to biological families. The primary objective of this modification is to prevent the removal of children and to maintain family stability in the biological home. This crisis management service continues to be utilized to prevent placement disruptions of children in foster homes. Ultimately, the MSS team rapidly responds, effectively screens, and provides intervention to birth and resource families who are experiencing a crisis. The team also identifies services and alternatives that will minimize distress, and provide stabilization for the family and the community.

When a foster parent is experiencing a crisis they are encouraged to contact their foster parent support worker. After hours, foster parents have the foster parent support line as a resource. This includes anytime Monday through Friday 5pm – 1am, Saturday and Sunday 9am – 1am, and Holidays 9am – 1am.

CFSA and its vendors received 151 calls for crisis mobilization services in FY 2017. Of these, 97 were received from resource parents in the District of Columbia, while 53 were received from resource parents in Maryland. Thus far in FY 2018 (October 2017 through February 2018), 40 calls for crisis services have been referred to MSS. Twenty-five (62 percent) of the calls were from the District of Columbia placements while 15 or 38 percent were from placements in Maryland. The age breakdown of the children utilizing the MSS was 32 percent for children 11-15, 30 percent for children 6-10, 30 percent for children 16-21, and 8 percent for children 0-5.

With the inclusion of birth families, 55 were referred for services, including 104 children (October 2017 – February 2018). CPS accounted for 62 percent of these referrals with 38 percent of referrals coming from in-home (Ongoing CPS). The majority of the children referred for services (46 percent) were ages 13-18, and 25 percent and 27 percent were residents of Wards 7 and 8 of the District (respectively).

Beginning in FY2018, CFSA began an evaluation of the MSS services for effectiveness. The MSS contract will end on September 30, 2018 and will not be renewed. Crisis intervention services may possibly continue through an add-on to the existing ChAMPS contract as ChAMPS presently provides an identical service. CFSA is in negotiations with the provider of ChAMPS about the terms of the contract.

Permanency Outcome 2: The continuity of family relationships is preserved for children.

Visitation

Sibling Placement and Visitation

Pursuant to CFSA's administrative issuance on Sibling Connections, the Agency works diligently to place siblings together and to preserve the family relationship (unless the placement is precluded by a court order or a particular health, safety, or behavioral need of one or more of the siblings). CFSA also recruits resource homes for the specific purpose of keeping siblings together. The Agency is working hard to meet full compliance on this 80 percent benchmark. FY 2017 CFSA performance was 64 percent CFSA's performance was 67 percent at the end of March 2018.

In addition to sibling placement, sibling visitation is examined whenever siblings are placed apart. Initially, the investigative social worker uses reasonable efforts to ensure that the siblings have contact with one other within 48 hours of placement. After the case is transferred from CPS to the Permanency administration, the ongoing social worker seeks to ensure that sibling group visits are sufficient and frequent enough to help preserve the sibling bond. Ideally, face-to-face visitation occurs in a setting that is fun for the children (versus an office setting). Per CFSA policy, the case plan identifies who is primarily responsible for ensuring that the visits occur and who is responsible for transporting the siblings for the visits. At the end of FY 2017, CFSA successfully exceeded the benchmark of 75 percent for sibling visits with a performance of 82 percent. As of March 2018 CFSA met the benchmark with a performance of approximately 79 percent.

Visitation in the Home

Social workers make two visits per month to families receiving in-home services. One of the visits must be made by the social worker, but a family support worker can supplement by making the second visit. The needs of the child and family will determine the frequency of additional visits. Just as out-of-home cases require intentional visitation, in-home visitation should be intentional and include safety and risk assessments. Visits may also be unannounced. The twice-monthly visit rate was 88% as of March 2018.

Visits between Parents and Children who have a Goal of Reunification

When children must be removed from their homes, due to safety concerns, the first goal is to reunite them with their families as soon as safely possible. Reunification can best occur when the family connection is maintained through a child’s frequent visitation and on-going interaction with their parents. CFSA’s multifaceted approach to supporting successful and timely reunification includes regular and frequent visits between parents and children.

The Agency benchmark is 85 percent with performance at 96 percent at the end of FY 2017, and at 93 percent as of March 2018 for visitation between parents and children.

TABLE 2: Permanency Outcomes

Data actuals for 2018 reflect point-in-time data as of March 31. Data actuals for prior years have been updated to reflect the end of the fiscal year indicated.

Four Pillars Goal #2: Temporary Safe Haven: Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care.									
Outcome 2.1: Children and youth are placed with families. <i>(Permanency Outcome 1 and 2)</i>									
Objective 2.1a: Increase the number of children/youth with two or fewer placements in the past 12 months (IB). Measured Quarterly (Data source: FACES.NET report PLC234)									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
80%	85%	75%	77%	86%	78%	80%	86%	80%	79.7%
Objective 2.1b: Decrease the average number of months to reunification. (IB) Measured Quarterly (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
12	14	12	14	12	15	12	16	12	13
Objective 2.1c: Decrease the average number of months to guardianship. (IB) Measured Quarterly (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
36	47	18	41	18	36	18	34	18	38
Objective 2.1d: Decrease the average number of months to adoption. (IB) Measured Quarterly (Data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367)									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual

36	41	27	41	24	44	24	32	24	29
Objective 2.1e: Increase relative placements (kinship care). (IB) Measured Quarterly (Data source: FACES.NET report CMT232)									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
26%	22%	30%	21%	25%	21%	25%	24%	25%	23%

Goal #3: Well-Being - Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.

CFSA’s Office of Well Being (OWB) provides clinical supports and a service array that aligns with the health, wellness, educational, and other needs of children and families involved in the District’s child welfare system. OWB further ensures effective teaming with social workers to complete screening tools and functional assessments for children and families, and to provide effective, timely delivery of appropriate services and supports.

Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs Assessments of Child and Family Needs

Child and Adolescent Functional Assessment Scale (CAFAS)/Pre-School and Early Childhood Functional Assessment Scale (PECFAS)

The CAFAS and PECFAS are instrumental practice tools that identify and prioritize any key issues that need to be addressed in a child’s case plan. Specifically, social workers use the CAFAS and PECFAS tools to determine baseline levels of functioning across eight life domains for children in the foster care system. By administering CAFAS and PECFAS assessments over time, social workers can measure a child’s functional progress and can adjust services and interventions accordingly. In FY 2017, 68 percent of children receiving out-of-home services received the CAFAS/PECFAS assessment every 90 days. As of the end of FY 2018-Q1, 78 percent of children in care received the CAFAS/PECFAS assessment every 90 days.

Since implementation of the CAFAS/PECFAS in 2015, CFSA and CFSA-contracted case managing social workers have been responsible for completing the tools. In May 2018, however, CFSA redesigned its behavioral health strategy to leverage the expertise of OWB clinicians who now conduct the initial assessment of children entering or re-entering out-of-home services. The OWB clinician shares the assessment results at the convening of a team meeting on or around day 15 and invites the foster parent, birth parent, and other critical team members to facilitate the case plan development. This second meeting allows for the foster parent and others to be more consistently involved. The assigned ongoing social worker completes any subsequent assessments, and facilitates future team meetings and case planning. The social worker completes the initial and ongoing Caregiver Strengths and Barriers Assessment (description follows) to quickly begin working with the parents on their most critical needs per this formal and other informal assessments to address the reasons for involvement with the child welfare

system. This overall strategy for assessing and case planning supports a strong teaming approach and engagement of parents and foster parents for a positive permanency outcome.

In regard to children receiving in-home services, CFSA evaluated the necessity and benefit of continuing to administer the CAFAS/PECFAS to these children. Based on 2017 input from social workers, clinicians, and leadership, the Agency concluded that for in-home families, service planning is done with the parents and accomplished for children through the parents. Accordingly, the Caregiver Strengths and Barriers Assessment, which reveals services needs for birth parents, continues to be CFSA's primary assessment tool for all in-home cases. The child-focused CAFAS/PECFAS tools are no longer completed for cases receiving in-home services.

Caregivers Strengths and Barriers Assessment (CSBA)

CSBA is a domain-based functional assessment tool that focuses on 14 domains related to parents' capacity to meet the needs of their children. CSBA also assesses the extent to which services increase the parents' protective capacity while reducing risk concerns for children in their care. Social workers use CSBA results to inform case planning with respect to parents of children receiving in-home and out-of-home services. For families receiving in-home services in particular, CFSA is now incorporating CSBA results into a new protocol for the Safe and Stable Families Redesign Level of Care (LOC) determination (described earlier under *Goal 1*). When following the new protocol, social workers are able to accurately assign an appropriate LOC determination that informs the frequency of visits, as well as type and length of services.

Child Stress Disorders Checklist – Child Welfare DC Version (CSDCCW)

CSDCCW is a trauma screening tool that helps social workers capture a child's history of exposure to potentially adverse or traumatic experiences. The tool helps also to provide insights into behaviors and emotions that may be the result of trauma. Social workers incorporate this history and any current clinical presentations to develop a trauma-informed service array that is integrated into the case plan. The OWB clinician completes the CSDCCW during the first 15 days of a child's entry into foster care to inform the case planning process during the team meeting.

Ages and Stages Questionnaire – Third Edition (ASQ-3)

CFSA's Healthy Horizons Assessment Center (HHAC) uses the ASQ-3 within 28 days of a child's entry or re-entry into foster care to identify developmental delays and risks of delays in children aged three months to five years. HHAC also uses the ASQ-3 for children who are not removed from their families but are nonetheless involved in substantiated cases of abuse and neglect. Based on details from the ASQ-3, the social worker can determine delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The outcome of each screening is sent to the District's Office of the State's Superintendent of Education's (OSSE) Strong Start or Early Stages programs for review, and possible need for a more in-depth evaluation or specialized services or supports. In FY 2017, a total of 116 children were screened. In FY 2018-Q1 and Q2, a total of 61 children were screened.

Ages and Stages Questionnaire Social-Emotional (ASQ-SE)

Co-located staff from the District's Department of Behavioral Health (DBH) administers the ASQ-SE within 28 days of a child's entry or re-entry into foster care. The questionnaire screens children between the ages of three months and five years old for social and emotional delays, self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people. It also determines whether further assessment is needed. See data in the Well being Outcome 2 goal, Early Intervention Services section below.

Strengths and Difficulties Questionnaire (SDQ)

Within 28 days of a child's entry or re-entry into foster care, co-located DBH staff administers the SDQ screening tool for children between the ages of 6 and 10 years old for early behavioral problems, including emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems, and pro-social behavior. Based on results, staff determines whether further assessment is needed.

Global Appraisal of Individual Needs- Short Screener (GAIN-SS)

The HHAC nurse practitioner administers the GAIN-SS at a child's entry, reentry, or change in placement. HHAC uses the GAIN-SS to screen consenting children aged 11 and older for mental health and substance use, internalizing disorders, externalizing disorders, and criminal or violent behavior. Based on the results, HHAC staff will determine if further assessment is needed. In addition to GAIN-SS, HHAC conducts a 10-panel urine screen that tests for cocaine, morphine, amphetamine, methamphetamine, tetrahydrocannabinol (THC), phencyclidine (PCP), oxazepam, secobarbital, methadone, and methylenedioxy-methamphetamine ("Ecstasy"). In FY 2017, a total of 356 youth were eligible for the GAIN-SS tool. Of these youth, 335 completed the instrument. In FY 2018- Q1, a total of 35 youth were eligible for the GAIN-SS tool. Of these youth, 35 completed the instrument. In FY 2018- Q2, a total of 46 youth were eligible for the GAIN-SS tool. Of these youth, 39 had the instrument completed.

Well-being Outcome 2: Children receive appropriate services to meet their educational needs* *Child Care

Within 48 hours of any child aged five and younger entering foster care, OWB's early education specialist reaches out to the assigned social worker and resource parent to help identify child care and any early education needs. After OWB staff identifies the needs and appropriate services, the child care coordinator assists families in applying for a subsidy and voucher through the District's Department of Human Services (DHS). The child care coordinator, who serves as the point of contact for DHS, will generally receive a voucher within 48 hours of submitting an application. During FY 2017, the early education specialist successfully identified and secured child care or early education placements for a total of 71 children. Nine of those placements were in an Early Head Start program, 57 were in traditional child care centers, and five were in family child care homes. In FY 2018-Q1, the early education specialist successfully identified and secured child care or early education placements for a total of 18 children. In FY 2018-Q2, an additional 29 children received placements. Fifteen of those children were in traditional child care centers, and three were in Early Head Start.

CFSA also contracts with an agency to provide emergency in-home child care services to resource families for whom child care needs would otherwise present a barrier to accommodating children aged 0 to 5. Resource families can use the service for 10 days (up to 10-hours-a-day). During the 10-day time frame, the OWB early education specialist works with the family to identify and secure more permanent child care. In FY 2017, the emergency short-term child care program supported 38 children and 28 families. In FY 2018-Q1, the emergency short-term child care program supported 8 children and 10 families, and in FY 2018-Q2, the program supported 18 children and 12 families.

Early Intervention Services

HHAC clinicians complete developmental screenings for children ages 0-5. The screenings must take place within 30 days of entry into care, then HHAC forwards the results to OSSE. In FY 2017, HHAC completed developmental screenings for 116 of the 124 children ages 0-5 (who entered foster care). By FY 2018-Q2, HHAC completed developmental screenings for 61 of the 63 children.

HHAC clinicians refer children from ages one month to three (two years and 11 months) to OSSE's Strong Start program while they refer children from ages three to six (five years and 11 months) to the Early Stages program. Both types of referrals determine whether further evaluation and services are necessary. In FY 2017, there were 11 children referred for OSSE's Strong Start program. Ten of them received services through the program. In FY2018- Q1 and Q2, there have been seven children referred, and the number receiving services is pending. In FY 2017, there were 15 children referred for Early Stages program. Five of them received services through the program. In FY 2018 Q1 and Q2, there have been six children referred, and the number receiving services is pending.

Education Services

OWB has three education specialists who serve children enrolled in pre-K classes through grade seven. The specialists provide consultative assistance to the ongoing social workers for any educational issues or barriers in their cases. In FY 2017, OWB added two new education specialists who specifically provide intensive, direct educational services to students enrolled in eighth grade (as noted later in this section, the Office of Youth Empowerment provides services for youth in 9th grade and above). The specialists help with the students' transition to high school by providing educational counseling and interventions to address any academic needs, also linking them to services and supports, and helping them explore and identify career interests and postsecondary goals. During the 2017-2018 school year, the specialists served 44 eighth-grade students throughout the academic year by performing the following services:

- Developed a student-led education plan created for each student and revisited the plan throughout the year
- Secured access to an online career navigation tool and conducted an interest inventory and assessment for each student at the start of the year

- Connected with each student biweekly to check in on school performance and progress on goals identified in the education plan
- Collected and documented monthly performance level data (attendance, disciplinary actions, etc.), and reviewed the data with the students but also shared the data with parents, caregivers, and school staff
- Implemented appropriate interventions to address any identified issues and needs
- Reviewed report cards and submitted tutoring referrals for youth failing two or more core subjects
- Secured the necessary services and supports to help students successfully complete their eighth grade year (e.g., special education services, mentoring services, counseling support, and mental health services)
- Provided guidance and support for selection of various high school options
- Provided ongoing training and support on career exposure and development throughout the year (via workshops, events, etc.)

In their first year, the specialists participated in over 228 in-person meetings with students, and over 90 school meetings. As a result of closely monitoring the youth's education, the specialists were able to identify areas where the youth needed more support, and help the team link them to available resources, such as tutoring services, special education, and other accommodations. These support services also helped improve academic performance. Of the 27 eighth-grade students consistently served throughout the year, 15 started out the year with a below C average, while 12 started the year with C or above C averages. By the end of the year, 17 students ended the year with C or above C averages.

Once children reach high school age, CFSA's Office of Youth Empowerment (OYE) provides similar educational supports to promote school attendance and a successful path towards graduation. Prior to FY 2017, OYE worked only with youth from ages 16 to 21 (grades 11, 12, and postsecondary school). Since FY 2017, OYE has expanded its educational supports by adding three educational specialists to serve youth in grades 9 and 10 (ages 14 and 15). OYE specialists have subsequently provided the following supports to high school students:

- Identified school-based issues and connected youth to appropriate support services

- Attended 30-day review meetings, transitional planning meetings, Jump Start¹⁹, and IEP²⁰/504²¹ meetings to assist teams with educational planning and problem solving
- Provided 1:1 resume building, career development, and individual career counseling assistance
- Ensured all youth were registered and attended orientation workshops for the DC Summer Youth Employment Program
- Provided guidance to social workers working with school-related issues like enrollment, academic supports, college and career preparation, and post-secondary support
- Gathered educational status information and annually tracked any school placement changes
- Monitored academic progress and promotion to next grade level
- Organized educational events for students and families to increase their knowledge of resources, enhance their self-advocacy skills and expose them to ways they can support youth with their education

Fiscal Year	# of OYE youth school-based issues addressed or connected to services	# of OYE youth participating in meetings	# of OYE youth assisted with career services	# of OYE youth registered/ participating in Summer Youth Employment Program	# of OYE youth counseled
2017	110	113	91	78	218
2018	129	135	85	84	219

¹⁹ A 21 Jumpstart Review is a meeting that takes place between the youth and their supportive network to identify necessary resources that will help prepare youth to age out of foster care. The 21 Jumpstart Review is required for ages 20.5 – 21.

²⁰ Individualized Education Program (IEP) is a written statement for each child with a disability that outlines the amount of time that the child will spend receiving special education services, any related services, and academic/ behavioral expectations. This document is developed, reviewed, and revised in accordance with federal law.

²¹ Section 504 of the Rehabilitation Act of 1973 is a federal law that requires public schools to provide reasonable accommodations to students with disabilities so that these students can access the school’s general education curriculum and learning opportunities. Unlike special education, Section 504 does not provide specialized instruction or a different curriculum for eligible students. Instead, the Section 504 Program ensures that eligible students with disabilities receive reasonable accommodations and/or related services that they need.

In 2017, CFSA's high school graduation rate was 73 percent.²²

- OYE's education specialists continue to assist youth with post-secondary opportunities by assessing youth for college and career interests, helping youth prepare for college admissions testing, coordinating campus tours, helping youth complete college applications, and supporting youth in the identification, application, and management of scholarships, vouchers, loans, and student housing. In FY 2017, the college graduation rate was 12 percent.²³
- For older youth who present as disinterested in or unsuitable for a full-time college program (at least during their period of OYE-engagement) specialists typically build supports around job readiness and industry-certification training programs. In FY 2017, the vocational training/industry certification rate was 71 percent. As in prior reporting periods, popular industries for certification and employment include food service, retail, nursing, cosmetology, information technology, and security. For more details about completion rates please refer to the OYE Career Pathways section under *Goal 4* of this report.

Tutoring Services

CFSA has two different contracted in-home tutoring providers, *A Plus Success*, LLC and *Soul Tree*, LLC. For FY 2017, CFSA evaluated tutoring outcomes by comparing pre-service and post-service assessment results for 124 youth who received tutoring services for six months to one year. The providers use the S.T.A.R. Assessment tool for reading and math. As a computer adaptive tool, S.T.A.R. adjusts the assessment questions based on each answer the child gives, thus enabling the providers to determine what the child knows, what they are ready to learn next, and where they need additional help. The test provides a grade equivalency in each subject based on the child's responses. The administration of the same test every six months reveals each child's rate of progress.

Of the 124 children that completed the assessment in FY 2017, 79 percent improved their reading skills, and 56 percent improved by a half of a grade level or more. In math, 77 percent improved their skills, and 57 percent improved by a half grade or more. Additionally, CFSA evaluated outcomes for 44 children who had received tutoring for one year or more, and who completed a second post-service assessment. A total of 80 percent had improved their reading skills, and 50 percent improved by a full grade or more. In math, 85 percent showed some skill improvement, and 46 percent improved by a full grade or more.

CFSA also conducted its first ever summer literacy program in 2017 in collaboration with the sensory and cognitive-based literacy program, Lindamood-Bell. Using Lindamood-Bell's Seeing

²² The high school graduation rate was calculated for the end of the 2016-2017 academic year by dividing the number of youth foster care in the 12th grade (73) at the beginning of the year by the total number of youth who graduated by the end of the school year (53).

²³ The college graduation rate is calculated by determining the number of college graduates entering college versus the number of youth who graduate four years later.

Stars curriculum, 12 at-risk youth from grades three to eight received an average of 117 hours of individualized literacy instruction between July 5 and August 1, 2017. To measure program outcomes, each student completed standardized assessments before and after program instruction. Comparison of pre-and- post test scores revealed a 2.5 average grade level improvement in word attack skills, a 1.6 average grade level improvement in reading accuracy, and 1.1 average grade level improvement in reading fluency.

CFSA also organized events and programs to motivate youth to increase their educational performance and to educate caretakers about their important role in supporting youth in school. For example, CFSA gave out performance rewards and gift cards to all youth who received an A in a core academic class and/or had perfect attendance. CFSA will be expanding the program to give out two rewards per year.

The Agency also built on its summer reading program, called *Readers are Leaders*, by having a launch party in conjunction with the Child Welfare Training Academy. During this June 2017 event, CFSA trained approximately 24 resource parents on key developmental milestones, early interventions, and tips to promote literacy and school readiness.

Additional events included CFSA's collaboration with the College Success Foundation to hold its second annual *Pathways to Success* event for eighth to tenth graders and their caregivers. During the April and May 2017 events, CFSA trained a total of 23 youth and 23 resource parents on steps to make youth more college and career ready. The event also provided the youth with an opportunity to practice networking skills and learn about the career paths of eight different career professionals.

Based on the positive feedback received, CFSA intends to make these and similar events a regular part of its educational programming for youth and families. For instance, similar to *Readers are Leaders*, the Agency will be holding a Summer Reading Kick-off Celebration for children pre-K to grade seven and their families. Trainers will provide tips on enhancing literacy skills, promote the Agency's summer reading incentive program, and conduct other fun literacy-based activities.

In FY 2017, a total of 243 children received tutoring services. As of FY 2018-Q2, 185 students are receiving services. In FY 2018, contract amounts increased to accommodate the rising number of students demonstrating a need for these services.

Mentoring Services

Throughout FY 2017, CFSA continued to contract for mentoring services with Best Kids, Inc., a DC-based non-profit that provides individual support to children in foster care. Best Kids encourages children to discover their unique skills and abilities, develop a positive sense of self, learn teamwork and group social skills, and become productive members of society. In FY 2017, a total of 132 youth had received mentoring services. As of March 2018, 90 youth were receiving mentoring services.

Mentorship outcomes, as observed through youth and caregiver surveys, have been particularly positive in FY 2017 and FY 2018 (to date). Between 80 and 100 percent of respondents reported improvements regarding cognitive, emotional, behavioral, and social functioning, as well as avoidance of risky behaviors.

The following mentoring outcomes for FY 2017 were reported via survey:

Percentage of Respondents Reporting an Increase		
Domain	FY 2017	FY 2018-Q1
Cognitive Functioning – Youth responses		
Scholastic competence and educational expectations	87	100
Grades	85	84
Emotional/Behavioral Functioning – Caregiver responses		
Youth’s feelings of empowerment	97	100
Youth’s feelings of self-esteem and self-expectations	82	83
Social Functioning – Youth responses		
Feelings of parental trust	82	100
Social acceptance and peer relationships	86	86
Risky Behaviors – Youth responses		
Feelings of risk avoidance	88	89

Transportation Services

When placement in foster care creates transportation issues that can impact a child’s school stability, the CFSA transportation specialist contacts the child’s social worker and resource family to determine what transportation services are required to ensure ongoing attendance to the school of origin. Similarly, upon receipt of a referral for transportation in ongoing cases, the transportation specialist contacts the child’s social worker and resource family to discuss all available and appropriate options for maintaining school stability.

In addition to individual case outreach, OWB uses Agency-wide resource fairs as a means of informing CFSA and contracted private agency social workers about school transportation and other educational support services. The Agency has also created Frequently Asked Questions (FAQs) hand-outs and Education Tip Sheets, including one specifically outlining CFSA’s services for providing transportation and maintaining school stability. These tip sheets are distributed at trainings and staff meetings, and are accessible on the *Education and Child Care Resources* page CFSA’s website.

OWB also informs foster parents and other stakeholder groups about services that support school stability and transportation. For example, in August 2017, OWB representatives presented an overview of services to both CFSA and private agency resource parents at CFSA's annual Health and Wellness Fair. In October 2017, OWB gave a presentation on education and transportation services to staff from the Children's Law Center. Foster parents can also access CFSA's School Transportation Tip Sheet, located on the CFSA website, in order to review protocols and eligibility criteria for receiving services.

CFSA continues to work with OSSE and the local education agencies (LEA) to implement the following new provisions of the federal 2015 *Every Student Succeeds Act* (ESSA) to support school stability for children in care:

- Each LEA must designate a point of contact for matters relating to children connected with CFSA. The Agency now has contact information for a point of contact (POC) in every LEA in the District and the surrounding counties that enroll Agency youth. This arrangement has already been utilized to facilitate communication on matters relating to Agency youth. CFSA is also collaborating with OSSE to conduct webinar training for all POCs in the District before the next school year begins. The webinar will help ensure everyone's understanding of the POC roles and responsibilities, and how POCs can help resolve school-based issues for foster youth.
- Each LEA must work with CFSA to develop a transportation plan, governing how children in foster care will remain in their school of origin when it is in their best interest. CFSA has negotiated memoranda of agreement (MOA) with a total of 15 different District LEAs. These MOAs outline procedures for providing and funding school stability transportation for children in foster care attending the LEA schools.

In FY 2017, there were 230 requests for school stability transportation for children entering foster care. Of that total, 157 (68 percent) of children received the requested transportation. Transportation was provided for an average of 169 days. In Q1 and Q2 of FY 2018, there were 76 requests for school stability transportation for children entering foster care. Of that total, 59 (78 percent) of children received the requested transportation. For the children who did not receive school stability transportation, the following circumstances are noted:

- Twenty-five received OSSE approval for special education transportation services.
- Seventeen changed foster placements before services could begin, which modified the service needs cited in the original referral.
- Ten were able to access public transportation using the DC One Card.
- Eight received transportation from a resource parent.
- Five were returned home before services began.
- Four were too young for services under the current private transportation contract.
- Two changed schools, nullifying referral request.
- One was hospitalized before referral could be processed.
- One was placed in respite placement rendering service need void.

CFSA is currently updating the Educational Services policy to align with ESSA's foster care school stability provisions as well as the American Bar Association's education blueprint.²⁴ The policy will guide the timing, process, documentation, distribution, and review of best interest determinations.

OYE Enrichment Bootcamp

In April 2018, CFSA's OYE began a new day program to serve CFSA youth in foster care who are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change as a result of feedback received from resource parents. With this new program youth are in a safe setting and receive individual guidance to make worthwhile use of their time. OYE specialists supervise and structure each day based on the educational and behavioral needs of each participant. Youth in the program keep up with school assignments, complete homework, and take part in activities that support academic achievement and build new skills (such as using computers). The program is open to youth in the sixth grade through age 20. The program operates Monday through Friday from 7:30 a.m. to 5 p.m. on site at OYE. The program capacity is 10 participants per day on a first-come/first-served basis and each time a youth attends the program, he/she can participate for a maximum of 10 consecutive days.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Healthy Horizon Assessment Center (HHAC)

HHAC is CFSA's on-site medical screening clinic for children who are entering, re-entering, exiting, or changing placements while in foster care. HHAC nurse practitioners have been trained in the clinical needs of children entering the child welfare system, and see children from birth up until their 21st birthday at the one on-site location. Nurse practitioners also help CFSA identify the best placement for children and inform resource providers of the child's immediate physical and behavioral health needs.

Physical Health

To address the specific physical needs of children in care, CFSA employs various strategies to support timely medical assessments and effective collaboration between HHAC and CFSA's Permanency Administration staff. These strategies include joint participation in social worker unit meetings, direct marketing to supervisors and managers to remind their staff of HHAC's operating hours, articles in the quarterly Foster and Adoptive Parent Advocacy Center (FAPAC) newsletter, and publication of an HHAC checklist to alert resource parents of any potential service gaps and needs.

²⁴ American Bar Association's Blueprint for Change: Education Success for Children in Foster Care is available at <http://www.fostercareandeducation.org/AreasofFocus/BlueprintforChange.aspx>

Each child entering foster care receives a medical screening prior to or within 24 hours of placement. The purpose of this screening is to identify any health problems or needs for immediate care. In an effort to provide support for the completion and follow-up for these assessments, CFSA's Health Services Administration (HSA) either schedules the examination for the child or helps the resource parent schedule it within the required timeframe. Results of the screening are provided to the child's social worker and are considered during the placement matching process. The screenings are intended to identify immediate medical needs including but (not limited to) signs of trauma, mental health or psychiatric needs, medications, durable medical equipment (i.e., eyewear or hearing aids), sexually transmitted infections (STI), or substance use. As of the end of FY 2017, 81 percent of children received an initial or re-entry health screening before a foster care placement. As of the end of FY 2018- Q2, 88 percent of children received an initial or re-entry health screening before a foster care placement.

In addition to the screening, a comprehensive medical evaluation occurs within 30 days of the child's initial placement in foster care. These evaluations build on the information and outcomes obtained from the initial medical screening. Screenings and evaluations comply with prescribed federal and District requirements, including the following components:

- Complete recording of child's medical and developmental history
- Physical examination by a qualified health care practitioner
- Age-appropriate screening tests, including identification of risks and conditions
- Preventative services such as immunizations, health education, and health and reproductive education (as appropriate)
- Development of a current and previous diagnoses list (whenever relevant)
- Development of a health care treatment plan that includes treatment objectives and methods, interventions, services that address the child's individual needs, and an array of specialized health care practitioners

As of the end of FY 2017, 92 percent of children received a medical evaluation within 30 days of placement. As of the end of FY 2018- Q2, 91 percent of children received a medical evaluation within 30 days of placement.

In FY 2017, there were 278 children that required a medical evaluation within 30 days of placement in foster care. Of this number, 252 (91 percent) received their evaluation within the required time frame. As of the end of FY 2018-Q1, 80 children had entered foster care. Of these children, 59 required a medical evaluation within 30 days. Of these 59, 80 percent (47) received the evaluation in a timely fashion.

Per federal requirements for the child health component of Medicaid (Early and Periodic Screening, Diagnostic and Treatment or EPSDT), each child must also have periodic comprehensive medical assessments (well-child visits) on an ongoing basis to help achieve optimum preventive healthcare.

Lastly, CFSA provides child healthcare guidance to social workers via the following policies: *Healthcare Coordination, Healthy Horizons Assessment Center and Nurse Care Manager²⁵ Program, HIV and AIDS, HIV & Sexual & Reproductive Health Services, Medical Consents, Medication Administration and Management, and Preventative and Ongoing Healthcare.* Like all CFSA policies, these healthcare documents are available online for both staff and the public.

Dental Health

Comprehensive dental care for children in foster care includes routine restorative care and ongoing dental examinations, preventive services, and treatment as recommended by the dentist. Follow-up care for all conditions identified in the initial dental assessment is required. A DC Medicaid dental provider or HHAC nurse practitioner conducts the initial dental screening within 30 days of a child's placement (or 14 calendar days if placed in a residential facility). To meet the EPSDT guidelines, infants in foster care are referred to a dentist after the first tooth erupts or by 12 months of age (whichever comes first). Once a dental provider is established, CFSA recommends that every child be enrolled in Medicaid so that dental examinations can occur every six months. The social worker and HHAC nurse care manager (NCM) (described in greater detail later in this section), together ensure that the child receives ongoing dental care as prescribed in the DC Medicaid Dental Periodicity Schedule.²⁶

CFSA has also partnered with three community-based providers (*Small Smiles, Kool Smiles, and Adventure Dental*) to ensure that clients receive necessary dental services in a timely fashion. In FY 2017, children received a dental evaluation within 30 days of entry 23 percent of the time. As of the end of FY 2018- Q2, the rate had risen to 50 percent.

Mental and Behavioral Health of the Child

DC HealthCheck guidelines require mental and behavioral health screenings for all Medicaid-eligible children. These screenings help identify any initial indicators of emotional and behavioral needs or risk arising from a child's individual situation. On the basis of the initial screening, children may be referred to a selected mental health care practitioner who will provide specific diagnostic information and develop treatment plans that include objectives, methods, interventions, and services. Psychiatric and psychological services, including medication management, are also made available according to the child's needs.

²⁵ Nurse care managers (NCMs) are assigned to children requiring tailored health-related services. These registered nurses are a part of the Nurse Care Management Program in the Health Services Administration (under the Office of Well Being). NCMs collaborate with ongoing social workers to develop the necessary, comprehensive health plans for children with these needs.

²⁶ The DC Medicaid HealthCheck Dental Periodicity Schedule follows the American Academy of Pediatrics Dentistry Periodicity Schedule for oral health recommendations in consultation with the local dental community. This schedule is designed for the care of children who have no contributing medical conditions and who are developing normally. The DC HealthCheck Dental Periodicity Schedule is modified for children with special health care needs or if disease or trauma manifests variations from normal.

CFSA ensures that initial behavioral health screenings occur within 30 days of entry into care. As noted earlier, co-located DBH staff coordinates all mental health screenings conducted at HHAC, at the child's school, or at any other location where both the caregiver and child feel safe. Once the screening is conducted, the DBH staff provides the assessment results to the social worker. In FY 2017, 164 eligible children received a mental health screening. Of these children, 157 (96 percent) entering foster care received mental health screenings within 30 days of entry. For the children whose screening results warranted a referral for mental health services, the DBH co-located staff linked 81 percent to a provider within six days of the screening. In FY 2018-Q1, out of 31 eligible children, 22 (71 percent) entering foster care received mental health screenings within 30 days of entry. The GAIN-SS, mentioned earlier in this section, also screens for substance use to indicate a possible co-occurring need. In FY 2017, 94 percent of youth, age 11 and older, had a pre-placement substance abuse screening.

In late 2017, the Agency conducted an internal examination of families' access to timely and appropriately referred mental health services, both for families receiving in-home services and families receiving out-of-home services. After considering several improvement strategies, the Agency elected to bring mental health services in-house. This shift in service delivery and provision of ongoing supports will enable CFSA to streamline the provision of emergency and short-term therapeutic services to children within the Agency. CFSA will be identifying new positions for supporting the new referral structure, increasing internal capacity to connect children to services in a timely manner, developing a communications plan around the redesign that engages key stakeholders, and developing a business process for the redesign.

Specialized Health Needs - Nurse Care Management Program

CFSA established the Nurse Care Manager Program (NCMP) in 2010 to provide case management and supportive services for children diagnosed with significant medical, physical, or mental health needs. Specifically, NCMP integrates the planning of health and social services in order to intensify the potential for positive well-being and permanency outcomes. This integration includes the assignment of an individual NCM to each child, as well as conscious collaboration with the child's ongoing social worker to develop a comprehensive health plan that can adequately address the child's specialized needs. NCMs also engage caregivers and social workers to bridge health-related knowledge gaps. NCMs further perform the following specific activities and services:

- Complete comprehensive assessments on medical, dental, and mental health care
- Develop and maintain care plans to address medical, mental health, and other unique needs
- Coordinate, facilitate, and implement physical, mental, and behavioral health services
- Educate clients, providers, and social workers about activities that support health, including any related social and educational outcomes (otherwise known as health promotion)
- Monitor and evaluate service outcomes and the progress of client patients

- Advocate for options within the service array to meet individual medical, dental, mental health, and other needs
- In FY 2017, a total of 409 children and youth were served by NCMs. As of FY 2018-Q1, there were 185 children and youth assigned to an NCM. As of FY 2018-Q2, there were 226 children and youth assigned to an NCM.

Table 3: Well-Being Outcomes

Data actuals for 2018 reflect point-in-time data as of March 31. Data actuals for prior years have been updated to reflect the end of the fiscal year indicated.

Four Pillars Goal #3: Well-Being: Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.									
Outcome 3.1: Children and youth in foster care get quality services for good health. <i>(Well-Being Outcome 3)</i>									
Objective 3.1a: Increase the percentage of children/youth receiving mental health <i>and</i> trauma screenings within 60 days of entering care. ²⁷ (IB) Measured Quarterly (Data source: Four Pillars Scorecard, Clinical and Health Services Administration manual data). Intervention: Universal screening, trauma-informed practice									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
90%	Not available	90%	92%	96%	100%	96%	100%	96%	Not available ²⁸
Objective 3.1b: Increase the percentage of children ages 0-5 receiving developmental screenings upon entering care. (IB) Measured Quarterly (Data source: Four Pillars Scorecard, Health Services Administration data manual data). Intervention: Universal screening, focus on children 0-5									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
85%	93%	70%	77%	82%	90%	82%	94%	82%	94%
Four Pillars Goal #3: Well-Being: Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.									
Outcome 3.2: Children and youth get the quality education and training they need to succeed as adults. <i>(Well-Being Outcome 2)</i>									
Objective 3.2b: Increase percentage of youth graduating from high school. (IB) Annual Measure (Data source: Four Pillars Scorecard, OYE manual data)									
2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
80%	78%	72%	60%	63%	76%	75%	73%	75%	Not available

²⁷ Objective expanded to include trauma screening with the implementation of trauma-informed practice.

²⁸ Due to programmatic changes in FY2018 in how mental health services will be administered and tracked, data for this measure is unavailable at this time.

Goal #4: Exit to Permanence: Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or lifelong connection. Older youth have the skills for successful adulthood.

Improving Permanency Timelines

In the spring of 2017, CFSA completed an internal assessment of permanency barriers. The assessment included 25 individual interviews with management and leadership staff to gathering insights into operational issues that are slowing down the achievement of timely permanency outcomes. The interviews revealed nearly 100 specific concerns involving practice, policy, internal systems, data, and communications. In a broader context, the concerns fell within three predominant themes: (1) inconsistent and ineffective clinical practice; (2) insufficient focus on, and resources to, birth parents; and (3) divergence between Agency policies and practices. The identified issues aligned with findings from the CFSR, quality service reviews (QSR), and other evaluative and performance material.

During the summer of 2017, CFSA held 10 focus groups with a total of 177 frontline staff, supervisors, and managers to present the above findings, further amplify the concerns, and identify potential solutions. In addition, CFSA held a brief consultation with *3P Consulting*²⁹ regarding permanency strategies, practice models, and targeting the supervisory layer. Information-gathering efforts revealed the strategies below to most likely drive changes in permanency outcomes. For many of these strategies, concrete steps (included in the descriptions) have already been taken toward implementation.

Strategy: Develop mechanisms for effective support of birth parents.

- **Response:** CFSA created a new birth parent support unit, which will launch in May 2018. For details, refer to the Parent Education, Engagement, and Resource (PEER) Support section below.

Strategy: Establish processes for routine review, analysis, and action on stalled adoption and guardianship cases. Processes will also be used for reunification.

- **Response:** In FY 2017, CFSA initiated Adoption STAT and Guardianship STAT processes to expedite successful permanency. For details, refer to the Permanency STAT section below.

Strategy: Identify and resolve structural and practice barriers to achieving permanency with kin.

²⁹ 3P Consulting, LLC, is a New England group dedicated to assisting public and private child welfare agencies to achieve positive outcomes in permanency, practice, and partnerships. Additional details are found on their website at <http://3pllc.net/index.htm>.

- **Response:** CFSA, in consultation with *A Second Chance*³⁰, Inc., is in the process of a comprehensive assessment of kin permanency barriers. For details, refer to the Kinship 2.0 section below.

Strategy: Redesign mental health service delivery and supports to increase stabilization for children and family members.

- **Response:** CFSA's Office of Well Being (OWB) is in the process of rolling out the Mental Health Redesign in phases over the next year. Examples are identified throughout this section.

Strategy: Develop a unified case plan and a more participatory, clinically-focused case teaming process.

- **Response:** Agency leadership discussed the prospect of creating a unified case plan but efforts to move forward are currently impacted by the development and implementation of a new Comprehensive Child Welfare Information System. CFSA is still trying to determine what, if anything can or should be done in advance of such a major change in data collection. However, in concert with the Clinical Practice Working Group (a cross-agency initiative), CFSA's principal deputy director has developed and rolled out an adjusted, more clinically-oriented, teaming process for new cases and re-entries. CFSA's policy team has also drafted an administrative issuance to outline the process for social workers. CFSA's general counsel is currently reviewing the document for legal sufficiency.

Strategy: Implement shared parenting principles and practices across program areas.

- **Response:** Since November 2017, CFSA's principal deputy director has been leading a cross-agency working group to develop an Agency definition of shared parenting, and to articulate how a shared parenting practice can be operationalized across all divisions. Development of needed resources and training is a part of the discussion.

Strategy: Work with courts and other legal entities to identify and resolve choke points on the path to permanency.

- **Response:** Over the past year, CFSA collaborated with the DC Superior Court on an initiative to improve scheduling protocols and to achieve a common philosophical understanding of the importance of timely permanency. For details, refer to the discussion on the Court Improvement Project in the General Information session of this report.

Strategy: Increase available permanency practice guidance and support via clinical supervision, coaching, the 2018 revised CFSA Practice Model, accessible practice guides and tip sheets, etc.

- **Response:** In February 2018, all supervisors in CFSA's Permanency, In-Home, and Entry Services administrations began participating in small group, bi-weekly clinical coaching sessions that will run through the end of July 2018. Additionally, CFSA issued a revised Agency Practice Model in February 2018. In April 2018 CFSA launched online, interactive

³⁰ A Second Chance, Inc. (ASCI) is a non-profit corporation established in 1994. The agency provides a full range of kinship care services with a mission is to provide a safe, secure, and nurturing environment to children who are being cared for by their relatives or a close family friend.

and accessible permanency practice guides and other helpful resources called “Roadmap to Permanency.” The Roadmap to Permanency offers CFSA supervisors and managers key messages and probing questions in 10 critical areas of practice to help their frontline workers move their cases to permanence more quickly. Additionally, it offers frontline staff more than 40 practice guides, videos, tip sheets, case documents and other resources for them to help families and children on their caseload.

Visits between Parents and Children who have a Goal of Reunification

CFSA visitation policies are guided by the premise that maintaining family relationships provides a sense of stability to children who have been removed from their homes. Visitation between parents and children with a goal of reunification is discussed earlier under *Goal #2*.

Project Connect

Based on the Title IV-E Waiver, CFSA implemented Project Connect, a family preservation model that assists high-risk families currently involved with the child welfare system and affected by parental substance abuse. The program supports parents in recovery to expedite reunification efforts and to prevent a child’s re-entry into foster care. Project Connect offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services, as needed. Project Connect social workers visit the home at a minimum of twice a week. While circumstances and needs vary, on average the program serves clients for 12 months. From April 2014 through February 2018, 233 referrals were received, 150 of which were approved. Of that number, only 36 successfully completed the program by meeting all service goals. Another 44 were still enrolled but had yet to achieve completion.

In April 2018, CFSA elected to no longer refer families to Project Connect. Based on a review of the program’s effectiveness, CFSA’s Safe and Stable Families (SSF) team learned that referrals to Project Connect were relatively low and the number of families successfully completing the programs was even lower. The review analyzed data based on the following assessment methodologies:

- **Case Reviews** to help understand the needs of the families referred to Project Connect, the appropriateness of the screening decision, and any contributing factors.
- **Descriptive Data Analysis** of enrollment and program activity data to understand each family referred to Title IV-E Waiver programs.
- **Geographic Information System Mapping** to identify the areas in the greatest need of services offered under the Title IV-E Waiver.
- **Needs Assessment** administered to community partners and community services customers to understand the needs of the families that CFSA serves.

At present, CFSA is striving to provide positive outcomes for a larger cross section of the families it serves. The Agency is in discussions with the Project Connect provider to determine if the aspects of the model can be changed to meet the needs of DC families while adhering to the program’s fidelity.

The DC Family Treatment Court (FTC)

FTC promotes family reunification through the provision of comprehensive substance use treatment (and related services) to facilitate timely permanency for children. Although historically the program served mothers whose cases involved both substance use and child neglect, and only offered residential treatment options, it has expanded to include fathers and regular outpatient and intensive outpatient treatment options. The program provides screening, assessment, integrated case plans and intensive case management for up to 30 families per year. During FY 2017, there were 34 parents served in FTC and 20 children reunified with parents who were participants in FTC. As of May 2018, there are 30 participants enrolled in FTC. As of May 2018, six children with a parent involved in FTC have been reunified.

Family engagement

In January 2018, 124 frontline staff completed a survey on varying aspects of their work with birth parents. Questions were asked such as how much time workers spend with birth parents, how confident workers feel to coach parents on parenting skills, how confident workers are with working with birth parents who exhibit hostility, and how confident workers are with resolving conflicts with birth families. Of those surveyed, approximately 56 percent of respondents agreed or strongly agreed that birth parents have their child(ren)'s best interest at heart. In addition, 53 percent of respondents understand that building a working relationship with a parent who may have abused or neglected their child does not imply that they are excusing the behavior. Results indicated that the Agency had some work to do to help workers feel more confident in coaching birth parents on parenting safely and effectively.

Recommendations from frontline staff who participated in the survey included:

Staffing:

- More Birth Parent Advocates and Recovery Specialists
- More bilingual staff (the language line is great but it has limitations)

Training:

- How to work with multi-generational CFSA involvement
- How to combat systemic barriers (e.g., lack of housing, poverty) which may impede a parent from participating and engaging fully with services
- How to deal with hostile parents
- Cultural competence and humility

Practice/Process:

- Birth fathers need to be included at the CPS level
- How do we get parents to communicate more about their progress and barriers? Social workers do not have time to chase birth parents around during the week
- Engaging with birth families who are homeless is difficult. "We cannot complete reunification because they are homeless and they do not qualify for family housing because their children are not with them."

Resources for parents:

- There is a need for parenting classes for teens and parents with intellectual disabilities

Parent Education, Engagement, and Resource (PEER) Support

PEER strengthens and supports CFSA-involved families by helping to increase their protective capacities and resilience, and honoring their ability to draw on family strengths and resources for bringing children home. To further reinforce these efforts, CFSA's Program Operations administration has developed a unit to provide enhanced resources and supports for birth parents actively working toward reunification. Comprising one supervisor and five specialists with previous experience in the child welfare system, the unit will provide supports for birth parents to improve outcomes for their children and families. Additionally, the unit will serve as the primary point of contact for parent engagement. The following examples illustrate how PEER specialists will help further establish CFSA as a parent-friendly agency:

- Provide one-on-one orientation for all incoming parents with a goal of reunification to educate them about child welfare timeframes and processes, focusing on the urgency to accomplish goals.
- Provide targeted interventions (e.g., accompanying a Family Team Meeting facilitator to a parent's home).
- Provide consultation on engagement to permanency supervisors and social workers.
- Participate in team meetings (e.g., RED teams, Family Team Meetings, and Shared Parenting Icebreakers).
- Lead parent support groups focusing on topics such as fatherhood, co-parenting, addiction, coping with mental health issues, etc.
- Partner with CFSA's Child Welfare Training Academy to offer parenting classes in-house.
- Host annual Reunification Day celebrations.
- Team with CFSA's Partners for Kids in Care³¹ program to host parent/child events in honor of Mother's Day and Father's Day.

PEER specialists will also work one-on-one with parents to help them resolve the reasons for the child being removed from the family. The PEER specialists may participate in the following activities:

- Attend Court Hearings.
- Supervise and coach parent-child visitation.
- Help navigate multiple systems and access a wide range of needed supports and services, such as court-ordered evaluations and appointments; obtaining documents and receiving benefits (e.g., birth certificates, non-driver's ID, school enrollment for children, other agency appointments for services like housing vouchers); and other

³¹ Partners for Kids in Care is a CFSA program that through donations from the community, provides items and enrichment experiences to children and youth in foster care and at-risk families in the child welfare system that CFSA is assisting.

community resources (food, clothing) by providing referrals, transportation assistance, and emotional support.

- Assist with cleaning and organizing to support visitation in the home and to make the home safe for reunification.
- Provide emotional support and advocacy during team meetings.

Family Team Meetings (FTM)

The FTM is a best-practice vehicle for initiating engagement with birth parents and kin. Led by trained facilitators, the FTM is a structured planning and decision-making meeting that focuses on engaging families, family supports, and professional partners to develop the initial case plan and to lay the groundwork for permanency. Participants may include parents, non-custodial parents, children (where appropriate), any identified kin, and the guardian *ad litem*. On average, the FTM includes three family members or close family friends. The initial FTM occurs within 72 hours of a removal. The meeting provides an opportunity for identifying potential resources that preserve connections for the children, including maternal and paternal kin who can be of assistance to the child and family during this time.

In FY 2017, CFSA conducted 671 FTMs. Of these, 153 were related to removals, 255 were for families at risk of a removal, 35 for permanency, 58 for youth LYFE conferences, and 173 for unspecified need.³² In FY 2017, the FTM process identified a kinship resource for 144 out of 641 children at-risk of removal. In FY 2018-Q1, the process identified kinship resources for 51 out of 75 at-risk removals that were held for a total of 171 children.

Of the 346 removals in FY 2017, an FTM took place prior to removal in 51 cases, and within 72 hours of removal in 100 cases. Of the 80 removals in FY 2018-Q1, an FTM took place prior to removal in 8 cases, and within 72 hours of removal in 24 cases.

In 2017, CFSA's Kinship Support Services Administration (KSSA) initiated a revamp of FTM supports and protocols to increase timely permanency through family engagement. Feedback gathered from staff, family and stakeholders found that the FTM model using team decision-making (Consultation and Information Sharing Framework) within in the context of RED team meetings was too prescriptive, rigid, and inhibited family engagement.³³ For example, the

³² LYFE (Listening to Youth and Families as Experts) conferences are conducted for determining appropriate permanency goals for youth. The youth, the youth's social worker, the social worker's supervisor, the guardian ad litem, and the assistant attorney general should be in attendance. In addition, if possible and appropriate, the youth's biological mother and father, their attorneys, other biological family members, the youth's foster family, the youth's lifelong connection and any other individuals who are important to the youth should attend.

³³ RED (Review, Evaluate, and Direct) The Consultation and Information Sharing Framework is completed in a collaborative setting among multidisciplinary CFSA staff. The framework allows for open discussion among participants while also providing the structure and consistency to ensure productivity and effective decision-making. RED (Review, Evaluate, and Direct) teams comprising six to eight individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of case practice at key decision points in a case, such as home removal, placement changes, case assignment transfers, and permanency reviews.

family did not participate in setting the FTM agenda, which supports the creation of a family-friendly and supported environment. The FTM process had shifted away from its original intent of being family-focused and family-driven to a professional framework when the Agency implemented efforts to streamline all meeting formats. KSSA revamped the FTM itself to ensure that kin are continuously explored and assessed as placement and permanency resources. In practice, the revamped FTM model utilizes the following protocol drivers:

- At-Risk of Removal FTM
 - A CPS social worker quickly assesses when the FTM is deemed appropriate, and submits the referral within 7 to 10 days of the investigation assignment.
 - When CPS determines that the family will be referred to Ongoing CPS Services, an In-Home social worker attends the FTM.
 - After the In-Home social worker has had a chance to engage the parents and widen the circle of support, ongoing CPS services will commence.
 - If an At-Risk of Removal FTM was held on an Ongoing CPS Services case and no progress was made within 30 to 90 days of the FTM, the family will be referred for another FTM.
- Removal and 90-day FTM
 - There are no changes to the submission of Removal FTM referrals.
 - All families with children first removed from the home or re-entering foster care can participate in an FTM.
 - During the FTM, the team schedules a 90-day follow up.
 - The Removal FTM plan should serve as a tool for case planning.
- Permanency FTM & LYFE Conference
 - FTMs are required for all cases where the team is considering a goal change. This practice ensures that kin are kept involved throughout the life of a case and increases the chances of having an identified caregiver if a goal changes from reunification to guardianship or adoption.
 - Prior to reunification, guardianship, and case closure, FTMs occur to solidify a sustainable plan, identify informal and formal supports, and reduce the risks of re-entries and guardianship disruptions.

Shared Parenting

Shared Parenting is a best practice that CFSA has begun institutionalizing within the system that was begun by FAPAC several years ago. Resource providers have various means of gathering information about the child that informs such decisions, including “shared parenting.” Shared parenting is an active, supportive relationship between birth parents and resource providers. It is a team approach that emphasizes listening, learning, sharing information, collaborating and making joint decisions. Particularly when a child is newly placed in the resource home, consultation with biological parents can be key to understanding the child. Family Link, now known as shared parenting, initially was developed by FAPAC and is now led by CFSA.

A support of shared parenting at CFSA is Icebreaker meetings. At these meetings both sets of parents meet face-to-face and discuss their mutual interest in the child’s well-being. These

meeting occur within seven to 10 days of a child's entry into foster care and the meeting is facilitated by staff of the Kinship Unit. In addition, CFSA offers resource parents training on shared parenting and the Foster Parent and Adoptive Parent Advocacy Center offers CFSA funded support groups. Shared parenting workshops have received positive feedback from resource and birth parents indicating that both sets of parents have successfully overcome some of their challenges and biases for the sake of children. CFSA has educational videos featuring feedback, sharing, and discussion from resource and birth parents.

CFSA began facilitating Icebreakers in 2015, and conducting shared parenting training in 2017. Thirty four icebreakers were held in FY 2017. As of March 2018, there have been 26 icebreakers held.

Since late 2017, CFSA has been working to better operationalize shared parenting into the work done across all affected administrations. Strategies to accomplish this have included:

- Adoption of a CFSA definition of shared parenting.
- Retooling of resource parent recruitment, orientation and training procedures to reinforce the agency's commitment to shared parenting, assess potential resource parents' comfort with the practice, and provide action steps and activities for implementation. CFSA's new "PEERs" are participating in information sessions and training to share the birth parent perspective.
- Inclusion of shared parenting messaging and expectations in the 1:1 orientation sessions that has begun for all birth parents entering CFSA after June 1, 2018.
- Continued, focused support of shared parenting by Kinship Unit staff for 30 days following the initial icebreaker.
- Planning for the launch of replacement icebreakers by the end of July, to include reconfiguration of staffing, facilitation training, and the development of necessary business processes.
- Inclusion of birth parents, resource parents and PEERs in the new Initial Case Planning Meeting (at 12-15 days following removal).
- Redoubled efforts to invite birth parents to participate in fun and educational family events (e.g., as planned by CWTA and OWB) previously attended principally by resource parents.
- Planning implementation of a new parenting training and support model (Triple P Parenting) with both birth and resource parents to align their parenting practices in order to increase placement stability and ease transitions for children.
- Developing tips and other practice material on shared parenting to support changes in frontline practice and supervision.
- Developing opportunities for bringing shared parenting concepts and expectations into relevant HR procedures (e.g., candidate screening, interviewing and on-boarding).

Kinship Care

Research shows that children placed into kinship care generally have better placement stability. These findings support efforts to maximize placement of children with willing and available kin when they enter out-of-home care. At the end of FY 2017, 212 of 898 children (24 percent) in foster care were living with kin. As of March 2018, 191 of 854 children (22 percent) in foster care were living with kin.

Increasing the number of children and youth placed with kin remains a key CFSA strategy for first placement and subsequently if kin were not initially available. Following the Temporary Safe Haven realignment, CFSA is undertaking a more thorough and targeted approach to identifying kin and working with its Maryland partner, NCCF, to mitigate barriers to placing children with kin wherever possible. During FY2018, NCCF will implement two additional evidenced-based models: 30 Days to Family and Extreme Recruitment. CFSA will determine what aspects of these evidenced based practices the Agency will implement. Many of our kin families reside in Maryland. Although many are willing to be licensed, many are screened out because they do not meet Code of Maryland Regulations (COMAR)³⁴ regulations (37 percent of foster care youth are placed in Maryland). Unfortunately, the state of Maryland does not waive licensing requirements for foster and adoptive parents, as CFSA has the authority to waive non-safety licensure requirements. CFSA does not have jurisdiction outside of DC and sometimes this makes it more difficult to place our youth with kin in Maryland.

In 2012, CFSA established the KinFirst program to expedite location and engagement of willing and able relatives to care for their relative's children in foster care. CFSA engaged A Second Chance, Inc., through the support of Casey Family Programs to complete a Kinship Care Strengths Assessment as CFSA strives to increase its first placement of children with kin (described below). Key findings included that CFSA although CFSA has a strong values system that children are better off with kin, a strong Family Team Meeting and Kinship Licensing Unit, and that CFSA has concrete resources to provide to Kin (e.g., support for making the home licensable), that does not always translate into practice across the life of a case. Recommendations included better training for social workers on best practices to work with kin and in-service training for kinship providers builds on CFSA's kin-specific pre-service training "Caring for Our Own". CFSA is in the process of addressing the recommendations.

Kinship Placement Protocol Adjustment

Effective July 9, 2017, core operating hours of the Kinship Licensing Units ensure office coverage Monday–Friday from 8 a.m. to 8 p.m. and on-call coverage Saturday, Sunday, and holidays from 8 a.m. to 8 p.m. In addition, the Agency adopted the following protocol to enhance kinship services to children and families:

³⁴ The Code of Maryland Regulations is the official compilation of all administrative regulations issued by agencies of the state of Maryland.

- When a child is removed between Saturday and Sunday from 8 a.m.–8 p.m., the Kinship Unit will assess for kin placement. The assessment will continue after 8 p.m., if necessary to complete it.
- When a child is removed after hours (8 p.m.-7:30 a.m.) any day, requests will go through the on-call Placement Services worker for an appropriate foster care placement. Social workers also submit a diligent search request. Kinship will receive notice at 8 a.m. on the morning following the removal. The Kinship team will remain engaged with the potential relatives until a final decision is made regarding their viability for placement.

KinFirst 2.0

In FY 2017, the Agency conducted an in-house organizational assessment of kin licensing operations to identify barriers and opportunities to increase kin placements. The following recommendations were included as a result of initial findings:

- Kinship licensing social workers should be allowed the first 30 days (versus the first 72 hours) to work in partnership with the assigned social worker to identify kin.
- Kinship staff should conduct FTMs at specific junctures throughout the life of a case to ensure kin are continuously explored and assessed as placement and permanency resources.
- CFSA should integrate the shared parenting model to help maintain kin relationships as appropriate.

In March 2018, CFSA staff participated in an assessment of the Agency’s kinship programs, practices, and activities. *A Second Chance, Inc.* (referenced earlier) facilitated the assessment, which was geared toward improving the overall experience and outcomes of families engaged in kinship care. In order to do so, CFSA wanted to gain feedback that could be used to provide child welfare professionals with a better understanding of the trends and drivers impacting current programming, and the development of future programming. Assessment activities included an Agency self-assessment; a desk review of numerous Agency policies, forms, and documents; interviews of management working directly in kin programs; and focus groups consisting of CFSA and NCCF³⁵ social workers, supervisors, and management. In addition, *A Second Chance* conducted focus groups with resource parents, kinship parents, attorneys, judges, as well as medical, educational and mental health professionals. These activities aimed to produce data relevant for aligning policy, program design, curriculum, content, and staff development. The primary, long range objective is to establish an outcomes-driven practice model that informs planning and brings tangible improvements in the engagement of kinship care families.

³⁵ In 2018, the National Center for Children and Families (NCCF) became CFSA’s sole private agency foster care partner serving children placed in Maryland.

A summary of the assessment and recommendations for practice and policy improvements were provided by A Second Chance, Inc. in May 2018. A few of the themes identified and recommendations include:

- **Theme:** FTMs and Ice Breaker Meetings are referenced frequently as the “key” family engagements.
 - Recommendation: Back-to-Basics training on the full integration of FTMs to occur throughout the life of the case.
 - Recommendation: Process mapping of services offered to engage each part of the kinship triad.
- **Theme:** Both favorable and unfavorable consequences of kinship care are discussed openly.
 - Recommendation: Kinship values training to address attitudes towards families in the system.
 - Recommendation: Re-boot the Kin-First campaign.
- **Theme:** Kinship care is regarded highly as a form of care, however kinship caregivers are not always held in the same esteem as the practice. Race, gender, and ethnicity as they play a role in family based engagement were not outwardly discussed.
 - Recommendation: Review any current cultural training and policies for content to address gaps and to subsequently address.
 - Recommendation: CFSA consults with families to find out what would help to support them in the community and at home so supports are more germane to DC communities.

Adoption Stat

In June 2017, CFSA’s Program Operations administration implemented the Adoption STAT process to identify and mitigate barriers to timely permanency for children with plans for adoption. From June to November 2017, multi-disciplinary teams conducted case staffings and reviewed 202 adoption cases. The teams included casework staff, assistant attorneys general (AAG), Program Operations administrators, and recruitment staff. The data displayed in the Adoption STAT Report reflects a six-month reduction in the average time to adoption from FY 2016-Q4 to FY 2017-Q4.

CFSA created the following categories for the 202 adoption case reviews during the Adoption STAT process:

- *On Track:* There were 17 children who had a goal of adoption for nine months or less and were currently on track and moving smoothly towards finalization.
- *Stalled at the Door:* There were 92 children with the goal of adoption who were not placed in a pre-adoptive home.
- *At the Cliff:* There were 30 children with plans for adoption that may not have been finalized within the 12-month national benchmark.
- *Over the Cliff:* There were 63 children who were placed in pre-adoptive homes for more than 12 months.

As of December 2017, CFSA has addressed a number of the barriers, including the filing of timely final reports, delays in home studies, background clearances, and licensing issues. Other more systemic barriers will require further analysis to determine the most appropriate mitigation strategies (e.g., recruitment, subsidy negotiations and court delays).

In addition to the above, the Adoption STAT team is analyzing barriers identified in the area of court delays. There are a number of issues identified as related to “court delays,” including delays in the legal status of a child as a result of rescheduled hearings, delays in receipt of final adoption decrees, and delays in goal changes.

In FY 2017, a total of 89 children were adopted with an average period of 12 months from filing to finalization of adoption. As of the end of FY 2018- Q2, a total of 48 children had been adopted.

Over the past two years, the average number of months to finalize an adoption decreased from 44 months (FY 2016) to 32 months (FY 2017), which is a 27 percent performance improvement. Comparison of performance in the fourth quarter of each year reflects a decrease from 38 months (FY 2016-Q4) to 32 months (FY 2017-Q4). Continued analysis of Adoption STAT will assist the Agency with determining the longer term impact on performance. Given the results of the Adoption STAT findings and the team’s ability to quickly mitigate some of the barriers, the Permanency STAT process (adoption, guardianship and reunification) is expected to result in similar, positive outcomes for more timely permanency.

As a result of these initial data analyses, CFSA is currently implementing the following practice changes:

- The Adoption STAT team will review all cases at 60 days of the goal change to adoption, ensuring that children are placed in a timely fashion in appropriate, pre-adoptive placements. The team will document the review in FACES.NET.
- The Subsidy Unit will assign a subsidy social worker to a case when the Agency receives a petition for adoption. This new process will facilitate a timelier submission of referrals, better collaboration between the ongoing social work and subsidy teams, and more efficient coordination of negotiations between the appropriate parties.
- The recruitment team will focus on child-specific recruitment for children with special needs and for older youth with goals of adoption.

Adoptive Resources

District resource parents are dually licensed for both foster care and adoption. Many who serve as foster parents, providing a temporary safe home, then decide to become the permanent resource when a child in their home has a goal change from reunification or guardianship to adoption.

In FY 2017, CFSA received 151 traditional foster-to-adopt applications in the District. For adoption only applications, CFSA received 29 in the District and 13 in Maryland. As of March 2018, CFSA has received 54 foster-to-adopt applications and 12 applications for adoption only in the District. Since the implementation of the Temporary Safe Haven Redesign (described earlier), all Maryland adoption applications are now directed to CFSA's contract partner, NCCF. In FY 2017, a total of 23 families completed TIPS-MAPP training³⁶ and expressed a desire to adopt. As of FY 2018-Q2, four families have completed TIPS-MAPP training and wish to adopt.

CFSA uses all of the adoption exchanges as possible to ensure a timely search for prospective resource parents awaiting a child.³⁷ Although all available adoption exchanges are being accessed they are not the leading resource to an adoption in the District. As a result, cross-jurisdictional resources are used on a case-by-case basis.

Child-Specific Recruitment

Every child who needs an adoptive family receives an adoption recruiter who utilizes existing resources and develops specific strategies for that unique child (or children, in the case of sibling groups) to find the perfect adoption match. Individualized recruitment plans are developed for each child. The following efforts are specific to this process:

- The child-specific recruiter first mines the child's case management record to ensure that CFSA has exhausted efforts to explore all local and out-of-state family members and other connections with individuals and supports noted in the record.
- Staff meetings assess the progression of an adoptive placement at 30, 60, and 90 days of the initial goal change to ensure that children are placed in a pre-adoptive home within nine months of a goal change to adoption.
- Profiles are maintained and kept up-to-date on www.adoptdckids.org, www.adoptuskids.org, and adoption.com, which feature children available for adoption and responds to inquiries from the public.
- The Heart Gallery displays professional quality photographic portraits of waiting children. This travelling exhibit continuously spends two weeks or more in various public venues around the city.
- Background conferences are scheduled and facilitated for potential adoptive resource parents, providing full disclosure about the child and allowing potential parents to meet and hear directly from the service providers working with the child.

³⁶ TIPS-MAPP (Trauma-Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting) training is a model program that utilizes 15 tools designed to help prospective adoptive/foster parents understand the difference between the desire to help and making the commitment to bring children into their home. Additional details can be found on the GOMAPP website at <https://www.gomapp.com/tipsmapp.php>.

³⁷An adoption exchange is a service that connects families with waiting children. Adoption exchanges facilitate communication between families and caseworkers who represent children. An adoption exchange supports families with guidance and resources but prioritizes the well-being of waiting children.

- CFSA and Maryland provider staff offer training on both the Multi-Ethnic Placement Act and the Interethnic Placement Act.
- In collaboration with CFSA's Interstate Compact on the Placement of Children (ICPC) administrator, clear policy and practice is being produced on engaging private, out-of-state agencies for potential adoptive placements.
- CFSA uses adoption exchanges, which connect children awaiting adoption with prospective resources.

At this time, CFSA is no longer actively utilizing *Wednesday's Child*³⁸ as a recruitment resource due to the minimal exposure and efficacy of the process over the last year. In FY 2017, there were no children identified as being successfully adopted as a result of *Wednesday's Child*. As for children on the national websites, CFSA rarely received inquiries and, unlike in previous years, the inquiries did not result in an adoption over the last year. CFSA is now focused toward adoption matches that come from within the family unit, including immediate relatives and people who knew the child before coming into care, as well as families that are currently licensed through CFSA as adoptive families.

Child-Specific Recruitment for Children Diagnosed as Medically Fragile

Although children diagnosed as medically fragile comprise a small number of the foster care population (32 out of 854 as of March 31, 2018), those who do come into care require specialized attention. Development of foster and adoptive homes for these children remains a steady priority. CFSA's recruitment team includes a child-specific unit that works closely with each child's assigned nurse care manager whenever a pre-adoptive family is identified. By doing so, the nurse can explain any specific needs or requirements to prepare the family. In addition, the recruitment team incorporates both general and child-specific efforts into planning for this population via CFSA's collaboration with the DC and Maryland chapters of nurses unions. The DC Chapter of the National Black Nurses Associations, for example, partners with recruitment staff to present needs for the population at large events and conferences for nurses. The association also sends a newsletter out to over 3,000 nurses, including information on the need for able resource parents to foster and adopt these children.

CFSA recruitment staff continues to identify families through two strategies that have and will continue to be utilized. One of these strategies is a process where information of potential adoptive families is found on specific websites³⁹. The information details characteristics of children they are seeking to adopt, as well as characteristics of themselves, and could include their home study to provide more detail. CFSA recruitment staff register children they are seeking adoptive homes for on these sites and the system is set up to inform the Agency if potential family matches are found based on prospective adoptive parents' information in the system and the information entered about the child. Recruitment staff reviews those families

³⁸ *Wednesday's Child* is a weekly feature coordinated by the Metropolitan Washington Council of Governments that airs on local NBC affiliate WRC-TV's. The program promotes helping to find adoptive families for specific children.

³⁹ Currently the two agencies used for these searches are www.adoptuskids.org and www.afamilyforevrychild.org.

that are identified as a potential match to determine if the parent is a viable option. In addition, on a quarterly basis, a letter is sent to all licensed adoptive parents regarding any available children with the goal of adoption.

As of March 31, 2018, the child-specific unit has been seeking adoptive families for five children diagnosed as medically fragile.

Adoption Supports

Permanency Specialty Unit – Pre- and Post-Adoption Support

Five social workers comprise the CFSA Permanency Specialty Unit (PSU) to provide both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption.

During FY 2017, PSU staff provided services for 319 children, who were referred through various services, including telephone calls, emails, walk-ins, and the newly implemented Guardianship Help Line. As of FY 2018-Q2, the unit has referred 99 referred children.

Post Permanency Family Center (PPFC)

To provide further adoption and guardianship services, CFSA contracts with the PPFC, which is administered by Adoptions Together, a community-based organization that serves children and families throughout the District. PPFC specializes in post-permanency services for any child who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved. In effect, PPFC is a "one stop shop" for direct service case management, advocacy, family counseling, monthly respite services, and crisis support 24 hours a day and seven days a week. The program also offers support groups for children, teens, and adults, including parenting classes. It is CFSA's responsibility to notify families that PPFC supports their transition to post-adoption or guardianship.

Center for Adoption Support and Education (CASE)

CFSA also contracts with CASE, which provides lifelong services to those children who have been adopted as a result of the weekly television news feature, *Wednesday's Child*. CASE also provides services for non-*Wednesday's* children on a limited basis. Utilizing an adoption-centered therapeutic approach, CASE offers a variety of competency trainings, including parent and family education, as well as other permanency-related workshops and seminars. CASE is especially equipped to manage more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and heavier court-involvement). Services include integrated family therapy, individual therapy, lifelong connection therapy, support when the Court of Appeals overturns an adoption, and case consultation. In FY 2016, CASE served 32 families (with a capacity for serving approximately 45).

Adoption and Guardianship Subsidies

To ease the potential financial challenges that may come with welcoming a new child or sibling group into the home, CFSA provides adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs as specific needs arise. Criteria for receiving subsidies are outlined in CFSA's administrative issuance on Guardianship and Grandparent Caregiver Subsidies. For FY 2017, the average month adoption subsidies were issued for 1,318 children, and guardianship subsidies issued for 788 children. Over the first six months of FY 2018, adoption subsidies have been issued, on average, for 1,280 children, and guardianship subsidies for 781 children. In FY 2017, the Grandparent Caregiver subsidy program served 466 caregivers and 716 children, and over the first six months of FY 2018, the program has served 513 caregivers and 792 children.

In FY 2015, the federal Children's Bureau awarded CFSA \$178,097 in Adoption and Legal Guardianship Incentive Payments. Under federal rules, CFSA has until September 30, 2018 to obligate the funding, and until December 31, 2018 to expend it. The Agency is in the process of planning the expenditure of this money in support of placement stability and permanency services for children in foster care.

In FY 2017, CFSA finalized a total of 37 guardianships. As of the end of FY 2018- Q2, the Agency had finalized 41 guardianships.

Supports to Promote Successful Transitions for Young Adults Aging out of Care

Office of Youth Empowerment (OYE) Career Pathways Unit

OYE's Career Pathways Unit connects youth to internships, vocational training, and employment opportunities that the youth identifies as a field of interest. Career Pathways specialists also help youth to pursue those opportunities, create effective resumes, prepare for interviews, and develop the type of workplace habits and soft skills that are critical to gainful employment, career advancement, and successful independence. In concert with OYE's education specialists, the Career Pathways' specialists also support youth in connecting with the District's Summer Youth Employment Program.

During FY 2017, the Career Pathways unit served 121 youth in care. During FY 2018-Q1 and Q2, there were 92 youth served by the Career Pathways unit. In FY 2017, there were 35 youth enrolled in vocational programs, 18 of whom successfully completed their programs of choice. At the end of FY 2018-Q2 there were nine youth enrolled in vocational programs, two of whom had completed their programs by the end of the quarter. The most common reasons for non-completion in FY 2017 involved attendance issues. Other, less common reasons for non-completion include mental or behavioral health concerns, or inability to fulfill course requirements. In one case, a youth failed an exam, and in another case, a youth left the course to pursue a full-time employment opportunity.

OYE continues to partner with local employers and programs to provide subsidized employment opportunities for youth in care. These experiences typically occur in the form of internships, wherein youth gain workplace experience and industry knowledge while receiving a

stipend from the District of Columbia. Host sites include District government agencies, hospitals, culinary institutes, community organizations, and retailers. In FY 2017, 31 youth took part in an internship, and as of FY 2018-Q1, 13 youth have been taking part in an internship.

In FY 2017, there were 182 youth, ages 18 to 21, in foster care. Of this number, 36 were employed full-time and 65 were employed part-time. At the end of FY 2018-Q2, there were 147 youth, ages 18 to 21, in care. Of this number, 22 were employed full-time and 29 were employed part-time. The majority of youth who are not employed are either enrolled in an academic or vocational program.

Pre-Aging Out Transition and Aftercare Services

In February 2017, CFSA contracted with the Young Women's Project (YWP) to provide pre-transition services for youth ages 20 ½ to 21 years old, and aftercare services for youth ages 21 to 23. To address the needs of both age groups, YWP established the Center for Youth Adults (CYA), a comprehensive program that provides a broad range of supports, including skill-building activities, support groups, jobs, individual coaching, and community connections. CYA also provides a safe environment for young adults to address challenges and work toward life goals. Built on a foundation of youth development and youth-adult partnership, CYA integrates work and best practices from successful models across the country, including YWP's own 21 years of comprehensive, outcomes-based programming with DC's most at-risk youth. The following key components are included in the program:

- **Group Support:** All CYA young adult partners must commit to attending a two-hour weekly peer support group to be eligible for financial benefits, employment, and paid training. Peer groups comprise young adults with similar goals, interests, and life circumstances. CYA promotes regular program engagement, not only as a means of financial benefit, but as an essential step toward long-term success.
- **Individual support:** When necessary, direct service staff offer one-on-one support, crisis intervention, and counseling, particularly in the areas of housing, job placement, educational advocacy, health, food, clothes, and other basic necessities.
- **Training:** CYA offers regular, incremental, interactive skills and knowledge trainings three days a week, four hours a day. Training topics include health & wellness, housing, employment, education, financial management, pregnancy, parenting, politics, and community.
- **Employment:** All young adults who are part of CYA engage in work, volunteer, or training for at least 12 hours a week unless they are a full time student. YWP facilitates employment through in-house staff positions and a network of providers, including Year Up, Brain Food, DC Central Kitchen, Byte Back, DC Department of Employment Services' Career Connections, the Office of the Chief Technology Officer, and through YWP's own

staff and work teams.⁴⁰ Every young adult who joins the program works toward a long-term (three-to-five year) career plan, as well as immediate employment.

- **Financial Support & Resources.** Young adults get paid to participate in the weekly peer support group sessions (\$35 a week in transportation funds), skills-based trainings (\$5 an hour), and individual projects (\$5 an hour). Those interested in becoming trainers, peer support specialists, or mental health specialists receive \$11.50 an hour for 20 hours a week.
- **Web-based support:** YWP's new website (www.youngwomensproject.org) includes rights, resources, and connections to community resources in housing, education, employment, and sexual-mental-physical health, as well as jobs and youth blogs. Each young adult has access to a youth portal where they can access personalized information, assignments, timesheets, stipend forms, worksheets, resources, and evaluation and documentation tools.
- **Leadership Opportunities:** YWP is an organization founded by young people and dedicated to nurturing their leadership and building their power. Working side-by-side with YWP staff and board members, young adults participate in the strategic planning process in order to shape and define their own programming, and to take on a range of roles as leaders, project developers, trainers, and peer supporters.

In FY2017, 69 youth were referred to CYA for aftercare services. In FY2018-Q1, 14 youth aged out of care. 12 of the 14 youth were referred to CYA six months prior to their transition from care. In FY2018-Q2, 15 youth aged out of care. All 15 youth were referred to CYA six months prior to their transition from care. As of March 2018, 93 youth were enrolled, with 63 youth actively participating in the CYA program. Of the 93 youth, 77 had already aged out of foster care, and 16 of were in their final sixth months of care.

Also in January 2018, CFSA's Aftercare Services coordinator and Contract Monitoring Division (CMD) specialist completed a program report on YWP's services. During the contract period, CFSA reviewed 26 total cases, including pre-transition, transition-active, and transition-closed cases. Noted strengths included documentation of monthly stipend distribution to the young adults, the provision of individual coaching, and the quality of resumes and cover letters.

Table 4: Permanency Outcomes

⁴⁰ Year Up is a one-year, intensive training program that provides low-income young adults, ages 18-24, with a combination of hands-on skills development, coursework eligible for college credit, corporate internships, and wraparound support. Brain Food programs use the power of food to engage, empower, and employ DC teens and young adults. DC Central Kitchen specializes in equipping adults with histories of incarceration, addiction, homelessness, and trauma with the hands-on training and support they need to begin a culinary career. Byte Back improves economic opportunity by providing computer training and career preparation to underserved Washington, DC metro area residents.

Data actuals for 2018 reflect point-in-time data as of March 31. Data actuals for prior years have been updated to reflect the end of the fiscal year indicated.

Four Pillars Goal #2 and #4: Temporary Safe Haven and Exits to Permanency: Every child and youth exits foster care as quickly as possible for a safe well-supported family environment or lifelong connection. Older youth have the skills for successful adulthood.

Outcome 4.1: Children and youth leave the child welfare system for a safe, permanent home. (Permanency Outcome 2)

Objective 4.1a: Increase exits to a permanent home. (IB) Measured Quarterly (Data source: FACES.NET report CMT367 based on last 12 months)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
80%	80%	80%	77%	80%	81%	84%	83%	84%	79%

Objective 4.1b: Increase the percentage of youth with stable housing upon exit. (IB) Measured Quarterly (Data source: Four Pillars Scorecard, OYE manual data)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
80%	83%	80%	88%	92%	89%	90%	81%	90%	95%

Four Pillars Goal #4: Exits to Permanency: Every child and youth exits foster care as quickly as possible for a safe well-supported family environment or lifelong connection. Older youth have the skills for successful adulthood.

Outcome 4.1⁴¹: Children and youth leave the child welfare system for a safe, permanent home. (Well-Being Outcome 2)

Objective 4.1c: Increase the percentage of youth who completed vocational training and or received industry education (IB) Annual Measure (Data source: Four Pillars Scorecard, OYE data)

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual
75%	22%	75%	44%	46%	69%	70%	71%	70%	Not available

Objective 4.1d: Increase the percentage of youth in foster care who graduate from college (IB) Annual Measure (Data source: Four Pillars Scorecard, OYE data)partnerships for aftercare services

2014 Target	2014 Actual	2015 Target	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Actual	2018 Target	2018 Actual (Q2)
30%	14%	30%	8%	12%	16%	20%	12%	20%	Not available

⁴¹ Phrasing of original 4.1c objective was noted as modified in 2016 APSR due to the separation of youth who graduated college from the cohort of youth who achieved a vocational or industry certificate.

Goal #5: Continuous Quality Improvement (CQI): CFSA will develop a comprehensive Agency-wide CQI process to assist agency programs and services to meet, track and maintain progress on goals and objectives.

In late FY 2017, CFSA's Office of Agency Performance (AP), Quality Assurance (QA) and Quality Improvement (QI) merged to become the Performance Accountability and Quality Improvement Administration (PAQIA) under the direction of the Office of Planning, Policy, and Program Support (OPPPS). This move centralized all evaluation and CQI activities and responsibilities under one administration, allowing for more effective collection, analysis, and reporting of data and findings from the Agency's QA/CQI processes. PAQIA leadership shares all report results with staff from the impacted administrations. During debriefing sessions, staff identifies strategies for areas in need of improvement.

PAQIA serves several functions, all of which provide valuable qualitative and quantitative analysis to evaluate the quality of services, to identify strengths and needs of the service delivery system, and to provide reports that include information about program and performance measure improvement. The following functions are conducted by PAQIA:

- Completing qualitative and quantitative case reviews⁴²
- Providing performance support to management and staff, based on results from reviews (e.g., recommendations to help implement practice and process improvements)
- Preparing performance reports under the *Four Pillars Strategic Framework*
- Providing performance reports required by the Executive Office of the Mayor⁴³
- Conducting surveys and focus groups with frontline staff for direct feedback on suggested practice improvements

In addition to the above review activities, PAQIA's dedicated CQI staff also provides QA and improvement reviews. Staff operates under the following principles and goals: to create a continuous learning environment for consistent use of data that helps to improve Agency processes, procedures, and functions. PAQIA also conducts data analysis independent of case reviews, utilizing a quantitative data validation plan for on-going analysis of new FACES.NET

⁴² These include 125 quality service reviews, an average of 20 child fatality reviews of children from ages 0-20, other reviews required under the *LaShawn* IEP (e.g., 132 quality investigations every six months), quality of visits being conducted for families receiving in-home and out-of-home care, quality of older youth transition planning, and special reviews based on specific requests from the deputies or the Agency director.

⁴³ Annual Public Report, CFSA Commitment to Positive Outcomes, Four Pillars Scorecard, and specialty reports (e.g., Reducing Disproportionality).

reports and the close monitoring of key exit standards under the *LaShawn Implementation and Exit Plan* (IEP).⁴⁴

Include any training or technical assistance the state anticipates needing from CB resources or other partners.

Through a contract with Casey Family Programs,⁴⁵ Chapin Hall⁴⁶ provided technical (TA) assistance during FY 2017 and will continue to do so into FY 2018 in order to enhance CFSA's CQI system. CFSA utilized the TA to develop an integrated CQI system, structure, and tools. The first phase of development has occurred. CFSA is now working to develop an integrated and comprehensive CQI system and governance structure oriented towards systems improvement and safe reductions of children entering and remaining in foster care.

PAQIA CQI results and data have been used to update goals, objectives, and interventions or use of funds in the 2019 APSR.

PAQIA's data analyses include a host of quantitative and qualitative assessments that examine Agency-wide CQI efforts across practice areas to impact Agency goals and interventions. The following reports are included under PAQIA analyses:

- *Acceptable Investigations:* As agreed between the Center for the Study of Social Policy (CSSP) and CFSA senior leadership, beginning with the January-June 2018 monitoring period, PAQIA reviewed a statistically significant randomized sample of 194 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations during March 2018. The review examined the quality of practice with conducting essential investigatory actions during CPS investigations.
- *Collaborative Referral Audit:* The purpose of this monthly review audit is to determine if a low/moderate risk referral is eligible for an exception to ensure that the clients have been connected to or offered a community service through one of the Health Families/Thriving Communities Collaboratives.

⁴⁴ The IEP was negotiated in December 2010 as the result of the American Civil Liberties Union (later Children's Rights, Inc.) filing the initial *LaShawn A. v. Barry* lawsuit in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. The lawsuit carries through mayoral administration; therefore currently *LaShawn vs. Bowser*.

⁴⁵ Casey Family Programs is a national operating foundation focused on child welfare and foster care established in 1966 and based in Seattle, Washington. Their mission is "to provide and improve—and ultimately prevent the need for—foster care" in the United States.

⁴⁶ Chapin Hall was founded in 1985 and has earned a national reputation in child welfare, pioneering strategies for collecting, linking, and analyzing public agency data to understand and improve the effectiveness of programs and policies.

- *Community Papering*: This examination provides quarterly updates regarding the number of cases presented for community papering.⁴⁷
- *Disengaged Youth*: The analysis is a quarterly report on efforts to improve outcomes for disengaged youth⁴⁸ across administrations, including the identification of supports to reconnect this population.
- *Educational Neglect Screen outs*: The purpose of the review is a monthly examination of a 42-case sample that evaluates screened-out reports and assesses whether the screen-out was appropriate. The Education Neglect Triage unit is notified as to the findings.
- *Educational Neglect Reporting*: This monthly and quarterly (school advisory period) report provides the number of referrals, referral source, trajectory of referrals, program area that engaged the family, findings of the referral, and number of children engaged by the Agency for educational neglect for children ages 5-13. The quarterly reporting highlights trends and is shared with the city-wide EveryDay Counts Taskforce and EveryDay Counts Data Committee.
- *Entries and Exits of Older Youth*: The analysis tracks the entries and exits of older youth. Reports are analyzed to determine the entry and exit reasons for this subpopulation as well as service needs.
- *Good Faith Effort (GFE)*: This one month per quarter review examines whether Entry Services has conducted all the required activities to meet the good faith effort standard on CPS investigations. Senior management for Entry Services are notified of the findings.
- *Hotline Call Quality Assessment*: This review examines the appropriate management and quality of 10 hotline calls per month. Its purpose is to determine whether the hotline staff is asking relevant questions, demonstrating appropriate customer service, and accurately completing a referral summary. At the end of the assessment, the QA team makes the determination as to whether they agree with the hotline's decision on accepting or screening out the calls. Senior management of the hotline are notified of the quarterly findings.
- *Missed Visit Efforts*: This monthly review determines whether cases are found in compliance for parent-child visits, and whether cases meet the acceptable effort threshold for a missed visit.
- *Visitation/Safety Assessment*: This review assesses whether the Agency is conducting safety assessments at the required frequency (i.e., foster home visits during the first four weeks, in-home visits, and ongoing placement visits).

⁴⁷ CFSA's process for requesting court intervention for investigations and in-home services cases where there are issues of non-compliance with the case plan in an effort to prevent removals and keep children safely in their own homes.

⁴⁸ CSFA defines "disengaged youth" as any older youth who is not involved in an education, vocational training or employment program at the beginning of each fiscal year. The Office of Youth Empowerment works with them throughout the year in a diligent fashion to link them to one of these areas where youth express an interest.

- *Permanency Staffing Reports*: The report identifies barriers to permanency via analysis of permanency barrier review forms, and subsequent evaluation of findings to inform practice improvement.
- *Four+ Audit*: The monthly audit reviews all CPS-I referrals with a history of four or more documented reports (Four+ Eligibility) to determine if a supervisory consult was conducted timely and appropriately.
- *CPS Executive Office of the Mayor (EOM) Report*: This is a monthly report developed on behalf of the CPS deputy director, summarizes the monthly results for both the CPS-I and CPS-FA programs and tracks changes and trends.
- *First Four Weeks Longitudinal Analysis*: A comprehensive one time review on six-month data for the visits during the first four weeks of placement (per the *LaShawn* IEP standards). This report reviewed trends and barriers to compliance for the standard. Findings were presented to program administrators to inform management of staff and case practice.
- *Program Manager Data Boot-Camp*: PAQIA staff held a data boot-camp for case management program managers and program administrators to train staff to manage with available data. This training, held on April 2nd 2018, reviewed topics such as reports on visitation, case plans, medical and dental appointments, and health screenings for placement. All program managers, program administrators, private agency QA staff, and contract monitoring staff attended the training. In the future, this training will expand to In-home and CPS/OYE.
- *Monthly CQI Review*: PAQIA holds monthly data review meetings with CFSA program managers, program administrators, supervisors, and private agency program managers and QA staff to review trends around selected benchmarks. Additionally, this time is used to identify barriers to completing those benchmarks, along with discussing possible solutions to those barriers.
- *Supervisor Data Boot-Camp*: PAQIA staff is planning an annual data boot-camp for case management supervisors to train staff to manage available data in the summer of 2018. This training will review topics such as reports on visitation, case plans, medical and dental appointments, and health screenings for placement.
- *CQI Review for Management Staff*: PAQIA will review data every six months with staff who attend CFSA management meetings (supervisors and above). At these meetings, staff will review trends around selected benchmarks and data analyzed throughout the year. Additionally, staff will discuss solutions to barriers identified through the monthly CQI process.

The *Four Pillars Strategic Framework* comprises both workplace compliance measures and child outcome measures across the child welfare system in the District of Columbia, including some *LaShawn* IEP standards and ACF federal measures. Although CFSA did not meet all of its targets in FY 2017, the Agency did make year-on-year improvements on 22 separate measures.

After a full review in close consultation with Agency leadership, the Four Pillars Scorecard has been revised for FY 2018 to align with the strategic priorities and the changing performance landscape facing CFSA. With a new approach emphasizing the Front Yard-Front Porch-Front Door pillar (versus isolation of the Front Door), along with the three other pillars (Temporary Safe Haven, Well Being, Exit to Permanence), the FY 2018 Scorecard reflects the advances the Agency and child welfare system has made over the past six years, including the following examples.

- *Increase shared parenting:* In FY 2018 CFSA re-emphasized its commitment to serving the needs of birth families and to respecting their rights to be involved in planning for permanency and reunification. CFSA will officially launch its PEER birth parent support unit on June 1, 2018. An example of a new key performance indicator is tracking increases in shared parenting, initially through the measurement of Icebreaker sessions with birth parents (additional Icebreaker details are provided under *Well-Being Outcome 2* above).
- *Increase families who accept community-based services following case closure:* Rooted in the ethos of preserving families, CFSA is measuring its activity in successfully engaging families in ongoing community-based services once a case has been closed. By including this on the Four Pillars Scorecard for the first time, the indicator acknowledges the importance of families experiencing a supportive relationship with community services to increase their capacity to avoid future crises requiring a child welfare response.

Each December, the Agency celebrates its staff by giving special recognition to top performers at a “Four Pillars Awards Ceremony.” This important end-of-year event reinforces the purpose of the strategic framework and serves as a focal point to unify staff around the mission of the Agency.

In addition, CFSA recognizes individual staff and teams on a quarterly basis for supporting the Four Pillars in exceptional instances while working with the children and families served by the Agency. Anyone can nominate any CFSA employee, work unit, or team at any time. The CFSA leadership team reviews nominations and selects and announces the Four Pillars Heroes Award winners quarterly. Winners receive all-staff acknowledgement within CFSA, a commemorative medallion, and “pride of place” in a wall display.

Quality Services Review (QSR)

Since 2003, CFSA has used the QSR process for annually reviewing cases and collecting and reviewing data on the quality of case planning and service delivery for children and families. The data from these reviews come from ratings that are finalized through a supervisory QA process that almost always includes representation from CSSP. QSR ratings are specific to multiple indicators on the overall status of the child and the overall practice of the system. QSR specialists spend two days conducting the exhaustive reviews.

As a standard part of the QSR process, the trained reviewers ask children, parents, and caregivers about their experiences with the foster care system, their level of satisfaction with

the services received, and whether they are listened to and included in the case planning process. This information is covered under the *Voice and Choice* indicator. The findings for this indicator in calendar year (CY) 2017 showed that 90 percent of the cases were rated as “acceptable” for children and 96 percent for caregivers. The ratings were not as high for biological parents. Those findings were 69 percent for fathers and 81 percent for the mothers who reported feeling included in the case planning process. While these scores are lower than those of the children and caregivers, in both areas there was an improvement over the CY 2016 scores, including a 15 percent increase for fathers, and a 7 percent increase for mothers. The performance was slightly higher for fathers in the reviews of 42 cases with a goal of reunification. Of these cases, 81 percent of mothers felt included in the case planning process, while 79 percent of the fathers felt included.

The QSR process also includes reviews of hard case files, case notes entered into FACES.NET, and interviews with key stakeholders (i.e., birth and resource parents, children, social workers, attorneys, and service providers). Both in-home and out-of-home cases are selected on a stratified random basis using age, gender, placement type, and permanency goal as data points. The sample is further stratified so that no social worker has more than one case reviewed per year and no family is reviewed more than once. Stratification includes representation from contracted private agency cases.⁴⁹

For CY 2017, the QSR sampling plan included 85 reviews for out-of-home cases and 40 reviews for in-home cases, reflecting the decrease in out-of-home services. The sample size was increased from 125 in 2017 to 140 in CY 2018 with a larger proportion of in-home cases reflecting CFSA’s emphasis on decreasing removals of children from their homes (unless child safety is at imminent risk). This sample increase also corresponded with the increase in the case management of in-home cases overall.

Upon completion of the review, reviewers submit written narrative summaries that support the ratings and provide further details on the child’s placement (out-of-home cases). Always included are a family’s demography, history, and functioning. Further details are provided on the system’s support of the child’s permanency goal, as well as information on supportive services provided to the child’s family to help them stabilize and become self-sufficient. For out-of-home cases, indicators are rated for the support of resource parents as well as birth parents.

As of January 2017, an “entrance conference” is now held approximately two months prior to the scheduled review with the private agency or CFSA administration. The purpose of the conference is to discuss logistics of the review, confirm sample, and provide a brief overview of the review process. In addition, during the review process, there is a weekly case presentation

⁴⁹ Based on the decreasing number of children in out-of-home care, and CFSA’s efforts to streamline effective services and practice, the Agency issued a Request for Proposals in FY 2017 to seek one contracted private agency to case manage all children placed in the state of Maryland with CFSA continuing to case manage all children placed in the District of Columbia. This reduction of its current pool of seven contracted agencies is anticipated to take effect in FY 2018. Impact on the QSR process will be updated in the FY 2018 APSR accordingly.

that is held with the private agency or CFSA administration leadership, where reviewers present the cases reviewed. Each presentation looks at what is working well in practice and what areas may be in need of improvement.

An “exit conference” occurs within a month of the final case presentation. Members of senior leadership, along with the program managers and supervisors and front line staff, are invited to participate. Preliminary findings from the reviews are presented. This process provides the leadership team with the opportunity to discuss programmatic strengths and challenges, any systemic issues that were noted during the reviews, and strategies for improvement. A formal CQI plan is then developed in collaboration with the program area within 60 days after the exit conference. The plan includes: identified areas of performance in need of improvement, the strategies and activities involved to achieve improvement, and a plan on how to measure progress on the QSR. Six months after the exit conference, the QSR team will obtain the status of the CQI plan.

CFSA also sponsors monthly team meetings for managers from CFSA, contracted private agencies, and the Healthy Families/Thriving Communities Collaboratives. An overview of key program performance is shared at these meetings, including QSR results.

Beginning in 2018, the QSR unit also initiated a formal CQI process to address areas identified as needing improvement. The CQI plan is developed in collaboration with the designated program areas to outline program goals and strategies on improving practice. Comparison of data is used to determine practice improvement and sustainability. Through the 2018 implementation of the Temporary Safe Haven Redesign (TSHR), CFSA anticipates streamlined and aligned service delivery and improved QSR ratings for CY 2018 child status and practice performance indicators.

Internal Child Fatality Reviews (CFR)

The statutory responsibility for reviewing child deaths lies with the District’s Child Fatality Review Committee (CFRC), under the auspices of the Office of the Chief Medical Examiner (OCME). CFSA has permanent representation on the citywide committee as well as its own internal process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child’s death. CFSA’s internal committee includes a multidisciplinary team of key program leaders from the Offices of the Director, Entry Services, Permanency, Well Being, and General Counsel. Representatives from the Agency’s Child Welfare Training Academy and Policy Unit are included. A representative from OCME also attends to ensure a stronger network between the Agency and CFRC.

Based on the timing of a child’s death, a fatality case may not necessarily be reviewed within the same year (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child’s death that was not CFSA-involved may not be reported by OCME to CFSA until a year or more later after the death). In FY 2017, CFSA reviewed 26 fatality cases ranging from the years of 2015 to 2017. Of these cases, 16 were closed at the time of the child’s death, eight were open (one of these was an open investigation), and two cases included past

referrals that were unfounded or unsubstantiated with no removals and no services provided. For the eight open cases, three were in-home, two were out-of-home, one was active with the Family Assessment Unit, and two were active under CPS investigations.

CFSA’s internal review process seeks to identify any systemic, training, supervision, safety, or policy issues that surface during the review of these cases. As a result of these reviews, CFSA identifies specific recommendations in hopes of reducing any factors that may relate to a fatality (despite the fact that abuse-related fatalities are statistically lower than any other type of fatality). Both the District’s CFRC and CFSA have made similar recommendations based on cases reviewed in the past two years, particularly in regards to the dangers of bed-sharing and co-sleeping, the care of children who are diagnosed as medically fragile, and the distressing number of fatalities of older youth caused by handgun homicides.

During FY 2018, the CFR Unit moved to the QA unit and the CFSR PIP case reviews moved to the QSR team for improved alignment. In so doing, CFSA also made improvements to the gathering of data for the child fatality review process. These improvements include a fatality review specialist submitting survey answers based on a detailed review of the deceased child/family history with CFSA, including services offered as well as interventions needed. The survey asks for more specific demographic details to examine trends on younger parents, past history with CFSA and other agencies (including parental involvement in child welfare as child victims), employment, housing, substance use, service delivery, etc. The surveys are completed at the end of each child fatality review. The information gathered by the survey is used to identify trends, themes, and systemic issues in order to determine policy and practice changes.

In addition, PAQIA has refined its database of information that is collected and reported out on an aggregate basis from each case reviewed. Data gathering now includes demographics as well as recommendations that surfaced from the fatality case presentation during the internal review, the CFSA administration responsible for implementing the recommendation, and the time frame for completion. The data will be used to inform the Annual Child Fatality Review Report. Below is a table trending child fatalities 2006-2016.

TABLE 6: Child Fatalities

Calendar Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total # Deaths of Known Children	59	44	68	50	33	26	25	24	22	30	20
# Non-Homicide Deaths	43	30	39	27	20	15	21	13	14	17	13
# Non-Abuse Homicide	16	14	21	19	9	11	3	9	7	13	6
# Abuse Homicide	0	0	8	4	4	0	1	2	1	0	1

Case Reviews and Analysis

PAQIA staff conducts a variety of case reviews and analyses at the request of the deputy directors. The purpose of these case reviews is to provide timely feedback to the managers in order to inform and improve child welfare practice.

As a result of such requests, QA conducted a qualitative review of the hotline (30 hotline calls per quarter), Good Faith Efforts (all applicable referrals the first month per quarter), and the Educational Neglect Triage Unit (125 educational neglect calls per quarter). With regards to the hotline, from January to December 2017, the QA review indicated that hotline workers applied customer service skills throughout the duration of a call 85 percent of the time (on average). hotline workers gathered information on the alleged victim child 95 percent of the time (on average). Additional data included the gathering of information on the alleged maltreater 86 percent of the time (on average) and gathering safety-related information 75 percent of the time (on average). In addition, the written narratives in FACES.NET with information provided by the reporter were consistent 86 percent of the time (on average). Lastly, QA agreed with the hotline supervisory screening decision 85 percent of the time (on average).

QA continues to review, assess, and elevate to the deputy of Entry Services any safety concerns pertaining to an allegation, and any significant customer service concerns pertaining to the hotline workers. Nine calls in total were elevated for either safety reasons or customer service.

In regard to Good Faith Efforts (GFE), the overall compliance rate that QA agreed with Entry Services (ES) ranged from 73-85 percent from March 2017 to December 2017. QA continues to provide a detailed analysis and breakdown by each ES supervisor on a quarterly basis to assist with targeted training needs, to identify barriers that may need to be ameliorated to execute GFE, and to pinpoint trends that impact compliance.

PAQIA reviews the quality of CPS Investigations (CPS-I) over several monitoring periods. The Agency goal for quality investigations is 80 percent. The previous three reviews resulted in an acceptability compliance range of 69-72 percent for the most recent recorded period of January to June 2017. There are plans for additional assessments of ES practices in 2018, especially as they relate to the quality of the Family Assessment (FA) practice and the quality of Hotline RED team processes.

From January-December 2017, the QA Unit conducted quarterly reviews of educational neglect referrals that ES screened out. The key purpose of this review was for QA reviewers to assess whether they agreed with the ES screening decisions for each referral.⁵⁰ To conduct the review, QA randomly selected 126 ES screen-outs each quarter in which the only allegation was educational neglect. For the four quarters reviewed, QA agreed with ES' decision to screen out the referral 92 percent of the time (range 88-99 percent).

⁵⁰ For the quarter July-September 2017, QA reviewed all 90 of the educational neglect referrals received, as school was dismissed for the summer months and the quantity of Ed neglect referrals predictably dropped.

In CY 2017-Q4 (October-December), QA conducted an additional analysis of 37 educational neglect screen-out referrals in which the documented reason for the screen out was an existing open case, investigation, or FA for the family referred. The analysis focused on whether or not FACES.NET documentation indicated that ES staff had informed the social worker assigned to the open case, or the investigator assigned to an open investigation, of the subsequent educational neglect referral. In 30 of 37 referrals (81 percent) with an open case or investigation, QA found that ES did contact the ongoing social worker or investigator.

For every PAQIA review, CFSA utilizes quantitative data to assist with deeper, root-cause analysis beyond the surface data. Every case reviewer conducts qualitative research using a tool based on current policy, best practices, and input from program area management. Reviewers are trained on the purpose of the review and the tool prior to commencing each case review. Additionally, PAQIA requires each review to include a QA process where a sample of each reviewer's completed review tools are subject to a secondary review to ensure accuracy and consistency throughout the review. Based on the results of the secondary review, re-training on specific practice areas may be provided to reviewers as necessary.

Collaboration with External Review and Evaluation Processes

In addition to the internal processes described, CFSA staff partners with representatives from other organizations brought in to conduct evaluations or assessments of the Agency's work and practice. For example, throughout 2016 and 2017, CFSA has been developing the skills of its CQI staff by engaging a national consultant to provide technical assistance for analyzing historical QSR data. The key intent here has been to determine the most salient factors impacting performances in case planning and services. As a result of the consultant's recommendations, the QSR unit conducted an internal CQI review process to strengthen the feedback loop to the program areas. The unit issued a survey, conducted focus groups, and obtained information from other jurisdictions such as New Jersey.

As a result of the internal CQI process, the QSR unit now assigns a QSR specialist to each CFSA program area (including private agencies) as a team lead. This assignment enables more collaboration with program staff in preparing for upcoming reviews, providing immediate feedback to program areas on QSR results, and addressing areas of practice in need of improvement. One formal CQI process includes an initial meeting with the deputy of each program area to identify area of practice to be addressed. Afterwards, a CQI plan is developed in collaboration with the designated program area staff with the QSR specialist as the lead.

As stated earlier, an additional collaboration has taken place between CFSA and Chapin Hall in Chicago to develop and embed a CQI system throughout the Agency. The goal is to establish an optimum CQI system that includes the following components:

- More strategic alignment of Agency resources and efforts to achieve the Agency's outcomes

- A process that is rooted in a culture of continuous learning, discovery, and problem-solving
- More proactive mid-course correction and responsiveness to change in performance
- A new learning environment for managing with data

Other Quality Assurance Activities Related to Case Reviews

Review of 10-15 Day RED teams

CFSA is required to close CPS investigations within 35 days from the date of the referral. To successfully fulfill this requirement, CFSA implemented the 10-15 Day RED team forums described in detail earlier in *Goal 1: Narrowing the Front Door*. This process of reviewing, evaluating, and directing practice improvement is a group decision-making process that occurs on a bi-weekly basis. Team members will review between five-to-seven investigations and identify steps necessary to progress the case toward timely closure. After supervisory consultation with social workers, CPS managers identify investigations for review at the meetings based upon the following criteria: (1) familial complicating factors, (2) a need for enhanced services, and (3) significant barriers to safe case closure, such as joint law enforcement investigations. QA also conducts a qualitative review of this process and assesses the outcome for timely case closure.

From May-November 2017, the QA team evaluated the effectiveness of the 10-15 Day RED team meetings for 39 referrals. The following findings were noted:

- The most frequent allegations for referrals discussed during the 10-15 Day RED team meetings pertained to physical abuse (13), inadequate/lack of supervision (9), and sexual abuse/assault (6).
- The most frequent barriers to safe and timely closure pertained to an investigator being unable to locate and interview a key family member (11), case involvement with law enforcement (4), inability to locate the family (3), and caregivers residing out of the jurisdiction (3).
- The key decisions noted for closure during the 10-15 Day RED team meetings included keeping the investigation open to gather additional key information (15), indecision during meetings due to lack of pertinent information needed (15); closing the investigation and referring a family to specific services (4); and closing investigation and referring a family to a Collaborative agency (4).

Review of Safety Assessments during Visits with Children

In June-July 2017, CFSA and CSSP jointly conducted a case record review with statistically significant samples of the three visitation benchmarks to determine the extent to which child safety was assessed and documented during visits by social workers and other CFSA employees, including both in-home and out-of-home cases.

Reviewers assessed the frequency and quality of visits and assessments of safety within the first four week of placement (n=59), general out-of-home population (n=161), and in-home population (n=167).

- For the review of visits during the first four weeks of placement, at least one visit occurred with all 59 (100 percent) children. Of these children, 50 (85 percent) received the required number of visits within the first four weeks of placement change. These social workers' visits occurred in the child's foster home for 58 children except for one child.
- From the review of the in-home population, either a social worker, supervisory social worker, family support worker, or Collaborative support worker conducted two or more visits with 137 (82 percent) of 167 children. Twenty-one children had three or more visits.
- From the review of out-of-home population, at least one visit had occurred for 159 children in May 2017. Of these, 146 (91 percent) children had at least two or more visits during the month. Seventy-two children had three or more visits. Two children had no visits by CFSA during May 2017.

4. UPDATE ON SERVICE DESCRIPTIONS

Stephanie Tubbs-Jones Child Welfare Services Program (IV-B, subpart 1) CFSA continues to apply IV-B, Subpart 1 funding toward the first of the Agency's Four Pillars: Narrowing the Front Door. Please refer to descriptions, contained in this report, regarding Entry Services.

Promoting Safe and Stable Families (Title IV-B, subpart 2)

Family Preservation Services

As mentioned previously in this report in *Goal 1: Narrowing the Front Door*, the Safe and Stable Families (SSF) initiative was redesigned for families to have more access to tailored services (formal and informal) and interventions aimed at reducing safety risk. The following services will continue to be included:

- Emergency Family Flexible Funds
- Respite services
- Support groups and trainings
- Information and Referral
- Mentoring/Tutoring
- Educational Workshops
- Parent Education Support Program (PESP)
- Family Group Conferencing
- Parent Education Support
- Mobile Stabilization Support
- Homemaker Services
- Whole Family Enrichment
- Home visiting
- Mental/Behavioral/Physical Health Assessment and Service Linkage

Community-Based Family Support Services

CFSA has redesigned and strengthened its existing contractual partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives), which support both prevention and intervention services both for families that are known and families that are unknown to CFSA. Support for known families includes preparation for reunification as well as post-reunification supports to prevent re-entry of children into care. The Collaborative services will continue in 2018. Please refer to *Goal 1: Narrowing the Front Door*, regarding the Collaboratives.

Time-Limited Family Reunification Services

The following key services will continue in FY 2018 to support family reunification:

- CFSA manages the Rapid Housing Program (RHP) to provide short-term rental payments to families in need of stable housing.
- CFSA coordinates with other DC Government agencies to help families access existing city-wide housing resources.
- The Family Treatment Court (FTC) in DC promotes family reunification through the provision of comprehensive substance use treatment and related services to facilitate achieving timely permanency for children.

CFSA has not implemented any changes to family reunification services based on the revised statutory definition.

Adoption Promotion and Support Services

Each child or sibling group with a goal of adoption receives an adoption recruiter who utilizes existing resources and develops individualized recruitment plans and strategies. Please refer to *Goal 4: Exit to Permanence*, regarding other permanency goals.

Safe and Stable Families Program (IV-E Waiver Services)

The Title IV-E Waiver provides CFSA with more flexibility for prevention efforts. Please refer to *Goal 1: Narrowing the Front Door*, regarding community services and the Safe and Stable Families Program.

Populations at Greatest Risk of Maltreatment

CFSA's declining foster care population is a departure from the national trend. The District is one of only two or three jurisdictions avoiding a steep increase in foster care. Still, in working to help child victims and struggling families in the District, CFSA faces a host of social issues on a daily basis. Even as the overall number declines, the needs of children and families who come to CFSA's attention remain acute (e.g., CFSA received just over 25,000 calls to the District's 24-hour Child Abuse and Neglect hotline in FY 2017).

For several years and continuing in FY 2017, the top five factors for substantiations of child abuse and neglect were (1) inadequate supervision, (2) physical abuse, (3) educational neglect, (4) domestic violence, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. CFSA continues to observe that most local instances of child

abuse and neglect are rooted in untreated mental health issues paired with parental substance abuse, usually phencyclidine (PCP), heroin, or the synthetic marijuana drug known as K2. These difficulties are frequently exacerbated by chronic unemployment, unstable housing or homelessness, and social isolation. Families involved in the District’s child welfare system are typically the second or third generation struggling in similar ways with similar issues.

Long before involvement with CFSA, many children and parents have already faced a number of traumatic events. CFSA is focused on meeting the changing local needs while also continuing to improve the delivery of positive outcomes that these District children and families deserve.

Based on the most recent 2016 Census data (American Community Survey), the District population was reported as 693,972 with 17.7 percent of the residents under the age of 18. As noted earlier in the APSR, the District of Columbia is compactly populated and divided into eight Wards which contain targeted service areas for child welfare and other arenas, such as public safety. Data collected in 2016 indicate the following geographic distribution of children residing in the District.⁵¹

TABLE 5: Number of Children under 18 in the District by Ward

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
10,444	4,387	12,902	17,233	15,470	11,547	17,963	24,765

As of March 2018, data indicated that CFSA and its private agency partners were serving 1,268 children. Of these, 854 (67.3 percent) children were in out-of-home care, while 395 (31.2 percent) families were receiving in-home services.⁵² These data also revealed that the majority of the children in foster care (74.6 percent) reside in Wards 7 and 8 (20.3 and 54.3 percent, respectively). All of these children have been exposed to more than one poverty-related risk factor, including distressed neighborhoods that could contribute to poor educational outcomes, maladaptive behaviors, child maltreatment, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

Poverty is recognized as a predominant characteristic of child welfare populations. The District’s child poverty rate remains at record high levels. According to the 2012-2016 Census Bureau’s American Community Survey five-year estimates, 17.9 percent of District residents live below the poverty line compared to 15.1 percent poverty level for the entire United States. Specifically, for the District, 25.8 percent of children under the age of 18 years old were

⁵¹ Kids Count Data Center 2016

⁵² This actual count is 2,170 children, including children served in in-home cases as well as children remaining at home while siblings are being served in out-of-home placements. Source: FACES.NET CMT232 Management Report.

considered living below the poverty line. According to Kids Count, child poverty is more prevalent in Ward 7 (40.9 percent) and Ward 8 (48.5 percent) than other District Wards.

As of 2016, Kids Count Data Center reported that the vast majority of the District's substantiated child maltreatment reports originate from Wards 5, 7, and 8 (67 percent). The highest concentration is in Ward 8 (35 percent), then Ward 7 (22 percent) and lastly Ward 5 (11 percent). As the result of an increase in gentrification in Ward 5 over the past five years, there has been a corresponding increase in the Caucasian population. It is too soon to determine how, if at all, Ward 5 demographic changes will impact the number of children in the foster care system from Ward 5.⁵³

While the racial and ethnic configuration of children in the District of Columbia has remained relatively stable across Wards over the past few years, it also varies from approximately 77.7 percent Caucasian in Ward 3 to over 90 percent African American in Wards 7 and 8. The current majority of District residents identify as African American so it is reasonable to expect that the majority of children in foster care also identify as African American. In 2016, children under the age of 18 comprised 59.7 percent of the African American population in the District.⁵⁴ FACES.NET data from March 2018 indicate that African American children comprised 89.7 percent of the District's foster care population.⁵⁵

As noted earlier in the APSR, CFSA uses FACES.NET to track geographic and demographic information for all abuse and neglect reports to the CFSA hotline. An additional resource used to access this information is the Geographic Information Systems (GIS) technology. The GIS application provides a highly detailed visual assessment of statistical information, which allows the Agency to geocode addresses of clients in order to produce maps and charts that inform effective resource allocation.

Analysis of socio-demographic characteristics of neighborhoods (by Ward and disposition) helps to inform CFSA's community-based partners about the neighborhoods that are in greatest need of prevention and family support services. GIS information has been crucial for informing resource allocation to address neighborhood-based needs. GIS is also used for Ward-by-Ward data related to in-home and out-of-home populations. Through these mapping exercises, the Agency discovered there were more community prevention services in Wards that were not particularly populated with families known to CFSA. This presented geographical barriers to equal distribution of services across the continuum (from case management to access to medical and mental health services).

⁵³ Kids Count Data Center 2016

⁵⁴ Kids Count Data Center 2016

⁵⁵ There was no difference in percentage of African American children when looking at those under 18 and all children in foster care.

Regarding the location of families receiving in-home services, mapping revealed the following available services throughout the District: 1) health/mental health services, 2) housing, child care and transportation services, 3) faith, library, and arts services, 4) in-Home families by Ward, and 5) income, education and poverty levels by Ward. To further understand need and usage, CFSA's Community Partnerships/In-Home administration conducted a survey from at least 10 percent of families from each Ward on the types of support services available to these families. The survey captured 1) support service needs, 2) knowledge of support services, 3) the availability of support services, 4) if the family has utilized any support services in their Ward, and 5) barriers to accessing services in their Ward.

The results of the mapping and survey were shared with the Collaboratives in order to improve service provision as well as to right-size caseloads and services by Ward to match the actual population. In particular, this information has impacted CFSA's decision to redesign the Title IV-E Waiver-funded Safe and Stable Families Program, discussed previously.

The location of child fatalities, specifically wards within the District is tracked. This information assists the Agency with understanding where supports and services are needed as well as what supports and services are needed by families. The information is shared with relevant stakeholders to inform them of trends so they can make further decisions on resource needs. Data collected demonstrates that the highest numbers of child fatalities in the District continue to be in Wards 7 and 8. More information and data regarding child fatalities can be found in the Quality Assurance section.

Services for Children Under the Age of Five: Education, Childcare, Family Resources, Screenings, and Evaluations

CFSA continues its diligent efforts to assess and provide the following early intervention services and supports to families with children ages 0-5 in order to achieve prompt, safe, and stable permanency, in addition to supporting children's healthy development.

Education

Within the first 48 hours after children ages 0-5 are separated from their parents, the early education specialist from CFSA's Office of Well Being (OWB) reaches out to the social worker and resource parent to assist the family with identifying and securing appropriate child care or early education programs to promote the child's healthy development. As a result of this outreach from May 2017 to April 2018, the specialist successfully identified and secured child care or early education placement for a total of 43 children. Four children entered Early Head Start, 35 entered traditional child care centers, and four entered family child care homes.

Child Care

CFSA has established a relationship with the District's Department of Human Services (DHS), which issues child care vouchers, in order to help resource parents expedite the processing of applications. After CFSA's child care coordinator helps the resource family determine child care needs and services, the coordinator walks the family through the process of applying for a subsidy and voucher. Once DHS receives the application, CFSA receives a response within 24 to

48 hours with the early education specialist serving as the point of contact with DHS. In addition to DHS vouchers, OWB has contracted with PSI Family Services, Inc. to provide emergency in-home, nanny services to families where child care is a barrier to placement. These temporary services provide up to 10 days of child care for a maximum of 10-hours-a-day for children ages 0-5. During this 10-day time frame, the OWB early education specialist researches a more permanent option. There may be an exception for education in rare instances.

Screenings and Evaluations

The Healthy Horizons Assessment Center (HHAC) is CFSA's on-site clinic for providing health screenings. HHAC also serves as the primary vehicle for medical evaluations for children entering, re-entering, exiting, or changing placements in foster care. In addition to the health screenings, HHAC clinicians complete the Ages & Stages Questionnaire (ASQ) to identify delays and refer children to appropriate educational resources in the District. Within 28 days of the removal or re-entry of a child between one month and five years, the HHAC clinical staff conducts the ASQ to look for any delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The outcome of each screening is sent to the District's Office of the State Superintendent of Education's (OSSE) Strong Start or Early Stages programs for review and determination of need for a more in-depth evaluation or identification of specialized services or supports. Early Stages can also recommend specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services. The ASQ is also used for children, from 0-3, who are involved in substantiated cases of abuse and neglect but do not enter foster care.

Within 28 days of the removal or re-entry of a child between three months and five years old, co-located DBH specialists also complete the ASQ-SE for social/emotional delays in self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction. The outcome of each screening is also sent to OSSE for review and determination of needs.

OSSE and DC Public Schools (DCPS) jointly administer the District of Columbia's Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program for children ages 0-5. The DC Early Intervention Program (DC EIP) – Strong Start Child Find Program under OSSE serves children ages 0-3 years. As noted earlier, Strong Start is a system that identifies and refers children 0-3 who may have a disability or developmental delay, particularly in one or more of the following areas: speech, language, fine or gross motor skills, social and emotional skills, vision, and hearing.

Once referred to the program, staff assigns the family to an initial service coordinator (ISC) who makes a referral for an evaluation to determine eligibility and to gather information for an individualized family services plan (IFSP), if warranted. Based on the outcome of the evaluation, the program staff may assign the family to a dedicated service coordinator (DSC) who facilitates the linkages to early intervention services. Program staff review IFSPs on a semi-annual basis (at a minimum) while completing annual evaluations 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 from OSSE to CFSA’s Health Services Administration (HSA) and the assigned social worker. HSA nurses are then responsible for notifying the assigned social workers of the outcome of the screening and subsequent evaluation.

Services for Children Adopted from Other Countries

CFSA does not conduct inter-country adoptions but rather refers individuals who seek a private adoption to local agencies that specialize in private adoptions. CFSA ensures that supportive services are available to families after adoption or guardianship through its partnership with the Post Permanency Family Center (PPFC), administered by CFSA’s contracted private agency partner, Adoptions Together, Inc.

Prior to the finalization of these permanency goals, and again post-finalization, families are notified of the availability of PPFC services (e.g., trainings, resources, and referrals). Additionally, CFSA has an internal post-permanency unit to address the service needs of children and families after adoption or guardianship finalization. Pre- and post-adoption/guardianship therapeutic services are also provided by the Center for Adoption Support and Education.⁵⁶

The same supportive services and post-finalization services through the Agency’s private partners are offered to families who adopt children within the District as well as to families who adopt abroad and then request adoption assistance from the District.

E. Program Support

Unlike states with multiple counties and metropolitan areas, the District of Columbia is a single jurisdiction, comprising a unified system of neighborhoods, locally referred to as “Wards”. As noted earlier, CFSA assumes the role of a “state” agency for the District. For this reason, the technical assistance (TA) that CFSA receives is applicable to the practice of all targeted social services professionals in the jurisdiction.

Below is a list of the current training and TA initiatives that occur within the various CFSA administrations.

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
Sivic Solutions Group	Work ongoing – next contract renewal is 02/01/2019	Business Services Develop, operate, and maintain infrastructure and software system	Increase social workers’ random moment sampling (RMS) response and compliance with RMS requirements.

⁵⁶ The Center for Adoption Support and Education is a local organization that promotes adoption awareness, provides counseling services, and develops the skills for professionals and families to be “adoption competent.”

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
			<p>Supports CFSA in administering email/web-based random moment sampling (RMS) time studies for CFSA and Private Agency Social Workers to allocate administrative costs to benefiting programs.</p> <p>Conducting RMS trainings for CFSA and Private Agency Social Workers and Supervisors to ensure compliance with RMS requirements</p>
Sivic Solutions Group	Work ongoing – next contract renewal is 02/01/2019	Business Services Amend and update Cost Allocation Plan as necessary	<p>Maintain Cost Allocation Plan approval and federal compliance. Prepare an updated Public Assistance Cost Allocation Plan (PACAP) for submission to the Division of Cost Allocation Services within the U.S. Department of Health and Human Services.</p> <p>Support quarterly allocation of administrative costs and completion of the CB-496 using its e-SivicCAP system.</p> <p>Support implementation of online time and effort reporting in the e-SivicCAP system for CFSA's Office of Training Services.</p>
Casey Family Programs/ Chapin Hall	Ongoing through March 2019	CFSA Programming Consultation and Technical Assistance Around IV-E	<p>Casey Family Programs (CFP) will include CFSA in all Casey waiver related convenings, consultation and technical assistance through the Casey Waiver Implementation team (WIT).</p> <p>Recommendations and action plans, as needed, Family First Prevention Services Act implementation.</p>
Casey Family Programs/ Chapin Hall	CY2018	Community Partnerships Providing technical assistance and consultation around community based prevention initiatives	<p>Inform the development of a CFSA prevention strategy that leverages the Family First Prevention Services Act opportunity and align with the broader CFSA strategic direction.</p> <p>Development of community-based resource guide</p>

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
Casey Family Programs/ A Second Chance, Inc.	CY2018	Program Operations Support to improve delayed permanency outcomes	Partner with A Second Chance, Inc to conduct an assessment of CFSA's kinship policies and practices to determine strengths, needs, gaps and opportunities for improving their kinship practice and increasing the number of youth residing with kin. Comprehensive assessment of the existing CFSA kinship practices Narrative Report and Proposal Development
Casey Family Programs/ Chapin Hall	CY2018	Program Operations Implement Treatment Foster Care Standards	Implementation tools and strategies to promote the effective roll out of Treatment Foster Care Standards and the Practice Model.
KVC Health Systems/ New York University School of Medicine	Will complete in third quarter of 2018	Child Welfare Training Academy (CWTA)	Provide technical assistance on trauma informed care giving, curriculum and training of trainers.
Casey Family Programs	CY2017/18	Community Based Prevention Initiative	CFP organized a Peer TA site visit for CFSA leadership to visit and tour NJ DCF Family Success Center(s).
Casey Family Programs/ Chapin Hall	CY2017	Program Operations Temporary Safe Haven Re-design	CH worked on the development of an RFP in partnership with CFSA to identify a single provider agency partner that will collaborate with CFSA to improve practice, placement stability, and permanency for children experiencing foster care. CH provided guidance on implementation strategies.
Children's Friend, Inc.	Completed in the fourth quarter of 2017	Community Partnerships Consultation and guidance, through meetings and site visits, on the Project Connect model	Expanded and developed plan for Homebuilders/Project Connect
The Institute for Family Development, Inc.	Completed in the fourth quarter of 2017	Community Partnerships Consultation and guidance, through	Expanded and developed plan for Homebuilders/Project Connect

TA Provider	Timeframe/ Status	Impacted Administration and TA Services	Objectives
		meetings and site visits, on the Homebuilders model	
Sue Lorbach/ KVC Systems, Inc.	Completed in fourth quarter of 2017	Cross-Administration Consultation and Information Sharing Framework Implementation and Coaching	Implementation and training of the Consultation and Information Sharing Framework (CISF), including Instruction, consultation and coaching. Identification and barrier analysis to progress the macro system of child welfare.
David Mandel & Associates	Contract ended September 2017	Office of Well Being and Program Operations Consultation and development of a data plan; support in the integration of domestic violence (DV)-informed practice into the RED team framework Consultation and TA for Subject Matter Experts. Train the Trainer training and certification of CWTA staff on the Safe and Together Model of DV informed practices. Development of training curriculum regarding domestic violence informed practices specific to the tasks and roles of CPS.	Provided enhanced services to survivors of DV through implementation of a nationally recognized model Established sustainability as a domestic violence informed agency, continuously increasing the skill and capacity to better serve children and families impacted by domestic violence.
The National Resource Center for Diligent Recruitment (NRCDR)	CY2017 – short- term engagement	Office of Planning, Policy and Program Support and Foster Care Resources Administration	Support in the development of a diligent recruitment plan for recruiting and sustaining a pool of families able to meet the needs of children served in the District.

Anticipated TA and capacity building needs for FY 2019

CFSA's TA and capacity building needs are reviewed throughout the year. CFSA therefore remains actively engaged with TA providers, Casey Family Programs, and the Center for States'

Capacity Building Center for support as needs arise. Please see the above table for TA that will continue into FY 2019.

- CFSA may need Technical Assistance through the Center for Courts to support the Performance Improvement Plan recommended strategy to work with the courts to achieve better permanency outcomes.
- In addition, CFSA may request Technical Assistance through the Center for States for peer exchanges on Child Fatality Review processes.

Research, Evaluation, Management Information Systems, and Quality Assurance Systems

Please refer to the Data Collection section and Goal 5 CQI.

5. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Federal requirements for consulting, collaborating, and coordinating with tribes on all aspects of the development and oversight of the 2015-2019 CFSP and subsequent APSRs are not applicable in the District because there are no federally recognized tribes within its boundary. Nevertheless, in compliance with the *Indian Child Welfare Act* (ICWA), and most recently the *Child Welfare Innovation and Improvement Act*, CFSA consults with the Association on American Indian Affairs and the Navajo Nation to ensure that Agency governance clearly outlines requirements for any circumstance of case transfers between state child welfare agencies and tribes.

ICWA Compliance

In 2011, CFSA sought formal technical assistance from and collaborated with the National Child Welfare Resource Center for Tribes (NRC4 Tribes) for the development of Agency governance to address ICWA requirements. As a result, CFSA developed the administrative issuance, *CFSA-13-02 Compliance with ICWA*, to address the following practice areas:

- Inquiry and research into a child's identification as an American Indian (pursuant to ICWA's definition)
- Mandatory notification to parents and a tribe regarding family court hearings involving American Indian children
- Foster care placement of American Indian children
- Court and evidentiary requirements surrounding placement and permanency decisions that impact American Indian children

CFSA also receives assistance from the Family Court in this matter (i.e., the Initial Hearing Court Order provides for an ICWA inquiry). Since the District uses a uniform court order template, every judge is required to follow through and ask the appropriate questions to identify whether a child is a member or descendent of a tribe.

As of the end of March 2018, there are no members of a federally recognized tribe in the care and custody of CFSA.

Compliance with Tribal Transfer Requirements

When ACF communicated new rules in 2013 regarding procedures for the transfer of placement 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 issuance with a new section that specifically addresses tribal transfers. In addition, CFSA sought again the assistance of the NRC4 Tribes to ensure compliance with the federal requirement that this document was developed “in consultation with Indian Tribes.” Because the issuance in question was very specific in nature, the NRC4 Tribes connected CFSA with representatives from the Association of American Indian Affairs (AAIA) to provide additional consultation.

Over the course of several months in 2013, CFSA consulted with representatives from the Association on American Indian Affairs (AAIA). AAIA made it clear to CFSA that while it can provide insight into Agency policy development, the association itself is not an Indian Tribe and could not formally speak on behalf of any Indian Tribe for the sake of meeting CFSA’s tribal consultation requirement. Therefore, AAIA interfaced with the Navajo Nation to provide the consultation necessary to meet this requirement. Further, over the course of several months in 2014, CFSA and representatives from the Navajo Nation held a number of conference calls and corresponded via email regarding the draft policy language on tribal transfers. In the fall of 2014, the Navajo Nation informed CFSA that the draft language was consistent with its understanding of the federal requirement, although the Navajo Nation specifically pointed out that it could speak only on behalf of its own tribe and not for any other federally recognized tribe.

Following the 2014 dialogue, the Navajo Nation agreed to avail itself to CFSA for dialogue and consultation on policy and practice issues that may arise in the future with respect to Indian children in the District’s child welfare system.

6. MONTHLY CASEWORKER VISIT FORMULA GRANT

CFSA uses monthly caseworker visitation (MCV) funds to augment local investments to help cover the long-distance travel expenses of social workers who must complete home visits with children who are placed outside the District. While the Agency prioritizes the placement of children within or close to their neighborhoods, schools, and communities of origin, individual child needs or preferable kinship care arrangements may warrant placing the child with caregivers who are located some distance from the District.

There have been no substantial changes to the manner in which CFSA uses these funds since the writing of the CFSP. CFSA continues to utilize federal MCV funds to cover costs associated with airfare, rail tickets, car rentals, and other expenses that help facilitate social worker visits to youth placed in other states, as well as reimburse for vehicle mileage for local visitation.

CFSA continues to meet the statutory performance requirements of the Monthly Caseworker Visitation program. Per CFSA’s Visitation Policy, children entering foster care or experiencing a new placement while in foster care shall receive one visit per week for the first four weeks of

placement, of which at least two visits must be made by the social worker with case management responsibility and the other two by either the social worker, family support worker, or nurse care manager. At least one of the visits in the first four weeks must be in the home that the child is placed.

After the first four weeks of placement, CFSA policy requires children in foster care to receive two visits per month, one of which must be made by the social worker with case management responsibility. The second visit may be made by the social worker, family support worker, or nurse care manager. At least one of these monthly visits must occur in the home where the child is placed.

7. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

CFSA was awarded \$457,000 in Adoption and Legal Guardianship Incentive Payments. Under federal rules, CFSA has until September 30, 2018 to obligate and spend this funding. The agency is on target for spending these funds by the close of FY 2018. This funding supports the Post Permanency Center and the PEER specialists, both discussed earlier in this report in more detail.

CFSA understands the non-supplantation requirements that accompany the incentive payments and will continue to expend the money within the boundary of those requirements.

8. CHILD WELFARE DEMONSTRATION ACTIVITIES

The goals of child safety, permanency, and well-being are strongly supported by prevention services that use community-based resources to ensure that the child experiences the proper supports. These supports also strengthen families, and prevent children from coming into the child welfare system.

As noted earlier, the *Safe and Stable Families* program is CFSA's Title IV-E Waiver demonstration project, which is geared toward improving in-home services and outcomes for children. The *Safe and Stable Families* program includes services such as family preservation, family support, time-limited reunification, and adoption promotion and support. For a description of these services, please refer to the Update on Services section of this APSR.

CFSA is currently planning for the continuation of successful interventions and services that are currently under the Safe and Stable Families program once the Waiver terminates on September 30, 2018. The Agency plans to build in a service framework that optimizes current programs and aspects of the Family First Act.

Transitioning from the IV-E Waiver to the Family First Prevention Services Act

The District's vision for child welfare system is outlined in its Four Pillars strategic agenda, which involves a focused effort to improve outcomes for children and families. The Title IV-E Demonstration Project has furthered CFSA's work to 'narrow the front door'. Since 2012, the Agency has made organizational changes and practice improvements that maintain safety while

making removal the option of last resort. Under the waiver, CFSA implemented activities and programs that helped accelerate the decline in the District's foster care population. At the end of FY 2012, which coincided with the commencement of the waiver in DC, there were 1,542 District children in foster care; at the end of FY 2017, that figure stood at 898.

The waiver has provided the Agency with an opportunity to enhance key strategies to achieve the outcomes of the Four Pillars and ultimately improve outcomes for children and families. Moreover, the Four Pillars have generated significant momentum toward system reform to achieve these positive outcomes and to enhance partnerships with other governmental agencies and community stakeholders to do so. CFSA has developed and implemented sound strategies to meet the goals of each pillar and the Title IV-E waiver is only one such mechanism. The Agency has engaged in program development and capacity building among its community-based partners with an eye toward post-waiver sustainability. Planning for the transition out of the waiver was a key part of CFSA's implementation strategy. CFSA leveraged existing partnerships with community-based organizations and sister agencies to support waiver-sponsored interventions. Organizational changes at the waiver's inception were minimal, and infrastructure gains both outside and within the Agency should remain in place following the conclusion of the grant.

Part of the Agency's waiver sustainability plan is to use results from the formal evaluation to de-scale the programs and interventions that did not meet expectations while at the same time scaling up those that led to positive outcomes. The loss of waiver funding at its conclusion may impact the degree to which CFSA can scale up the successful programs, but throughout implementation, the Agency has been working with key District stakeholders on budgetary solutions to ensure that we can scale to necessary levels.

CFSA did not make any large-scale organizational changes during waiver implementation. For instance, the staff from the Agency's Business Services Unit responsible for completing title IV-E eligibility determinations continued to perform that function throughout the waiver. The same is true for the staff responsible for calculating and submitting title IV-E claims. Moreover, SACWIS operations continued (and enhancements were made) with an eye toward resumption of conventional title IV-E operations at the waiver's conclusion. Post-waiver planning has been focused on identifying the successful programs and strategizing on scaling them up to meet client and community needs.

The Agency is planning to continue the momentum of the IV-E waiver through expansion and improvement of prevention services within the District through the Family First Act. Strategic planning is underway to seamlessly transition successful (according to the evaluation) waiver-funded Evidence Based Programs into IV-E-funded programs under Family First. CFSA looks forward to receiving further guidance and clarification of requirements from the Children's Bureau.

9. QUALITY ASSURANCE SYSTEM

See Goal 5: Continuous Quality Improvement.

SECTION D. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN

REQUIREMENTS

Changes to State Law or Regulations with respect to CAPTA Eligibility

Since publication of the 2015-2019 CFSP, there have been no substantive changes to District law or regulations that affect the District's eligibility for the CAPTA state grant.

Changes from the Previous CAPTA Plan

There have been no significant changes in how CFSA plans to use funds to support the 14 CAPTA program areas. As of this submission and for the foreseeable future, all of the following CAPTA-sponsored activities remain directed at reinforcing the first pillar (Front Door) of the Agency's *Four Pillars 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
- Reinforcement of child protective services through ongoing use of risk and safety assessment tools and protocols, particularly use of the Differential Response model

Use of CAPTA Funds in FY 2017

Screening and Assessment

CFSA continues to identify and utilize the most effective tools to promote and sustain trauma-informed case practice within the Agency's organizational structure, culture, and policies. For example, social workers use the Child Stress Disorders Checklist- Child Welfare DC Version (CSDCCW) to screen children for trauma (when appropriate). These trauma screenings help to inform social workers about a child's history of exposure to potentially adverse or traumatic experiences. Information from trauma screenings also provides insights into behaviors and emotions that may be the result of trauma. Social workers then incorporate this history and current clinical presentations to develop a trauma-informed service array that is integrated into the case plan.

Case Management

CFSA has also continued case planning integration of the following tools: Child and Adolescent Functional Assessment Scale (CAFAS)[®], the Pre-school and Early Childhood Functional Assessment Scale (PECFAS)[®], and the Structured Decision Making (SDM) Caregiver Strengths and Barriers Assessment (CSBA). These tools help social workers make clinically sound decisions while developing a behaviorally-based, trauma-informed case plan. CFSA strives to administer the assessments to all children within 30 days of entering care, and to update the CAFAS and PECFAS assessments every 90 days. OWB maintains databases to track monthly completion rates for each social work unit within CFSA and for each CFSA-contracted private agency.

Risk and Safety Assessment

CFSA's CPS administration continues to use the Differential Response approach for referrals, based on the immediacy of safety concerns. As noted throughout the APSR, in certain abuse and neglect situations where there is no immediate risk, families are directed to the Family Assessment (FA) unit. The FA approach differs from a traditional investigation in that the social worker utilizes clinical skills to partner with the family to develop a voluntary service plan to meet their needs. Families who participate in the family assessment are not substantiated for abuse or neglect, and their names are not included in the District's Child Protection Register. If, however, a CPS report indicates that a child's safety is at imminent risk, a formal CPS investigation occurs.

Citizens Review Panel (CRP) Report and CFSA Response

The CRP submitted a July 1, 2017 through April 30, 2018 Annual Report (see attached) to CFSA in June 2018. The Citizen Review Panel (CRP) Annual Report was considered finalized and for distribution on June 28, 2018, per the CRP chair and facilitator. Per statute CRP is required to submit an annual report to the Mayor, Council and Agency summarizing activities during the calendar year no later than April 30th. Also per statute, no later than 6 months after the panel publishes the annual report the agency shall provide a written response (942 U.S.C. §5106a; D.C. Code §4-1303.51).

[CFSA responded to the CRP's June 30, 2017 Annual Report \(see attached\).](#)

Steps Taken to Address the Needs of Infants Born and Identified as Being Affected by Substance Abuse or Withdrawal Symptoms Resulting from Prenatal Drug Exposure or Fetal Alcohol Spectrum Disorder

Changes Made for CARA Implementation

CFSA implemented the federal requirements outlined in the Comprehensive Addiction and Recovery Act (CARA) of 2016, specifically supporting and addressing the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or fetal alcohol spectrum disorder. In the summer of 2017, prior to the implementation of CARA, CFSA strengthened its response to substance-exposed newborns by introducing two practices that focus attention on reports of infants affected by prenatal substance abuse and parental substance abuse:

- In June 2017, CFSA began screening in all reports of infants born with positive toxicology from alcohol and drugs (legal or illegal). These reports do not go through an additional RED team screening. Rather, based on the level of risk, the hotline screening process now requires a referral, either for a full CPS investigation or an FA response. The exception is infants who tested positive for PCP. The hotline always assigns those reports for a full CPS investigation.
- In August 2017, CFSA began screening in all allegations that involve PCP use or exposure, regardless of the age of the child. These reports do not go through an additional RED team screening. The hotline automatically assigns these reports for a full investigation.

CFSA's new protocol also involves the development of an intervention plan, known as "the plan of safe care," which the social worker creates with the family and then further discusses with the supervisor. This intervention plan/plan of safe care is required for ALL positive toxicology referrals. The plan requires CFSA social workers to focus on supportive services for substance abuse and to ensure that the plan of safe care shows evidence of helping the caregiver address and resolve substance use issues. In addition, social workers ensure that the plan of safe care addresses any other need identified throughout the course of the investigation or the family assessment, and beyond.

At the onset, the following steps must be taken during the planning of safe care for a substance-exposed infant and family:

1. CPS social workers visit and assess all substance-exposed infants, talk with the affected parents/caregivers, and conduct safety and risk assessments. They also develop a mandatory intervention plan that includes substance abuse treatment information. The plans are designed to keep infants, mothers, and families together.
2. CPS nurse practitioners visit the child and family at least twice, including efforts to visit the family in the hospital to discuss discharge planning and to ensure that any hospital or medical recommendations are communicated to the social workers for inclusion into the plan of safe care. There is also at least one visit to the home in order to assess medical needs and to recommend additional resources and supports as needed.
3. CPS social workers submit a 0-3 early intervention referral to ensure that the child is provided with proper care. Social workers also submit a substance abuse referral for the affected mother/caregiver, and may also hold an at-risk family team meeting.
4. For those families that require ongoing child welfare intervention, the social worker documents the plan of safe care as part of the family's case plan.

To aid in preparing CFSA social workers for CARA implementation, CWTA prepared a webinar that provided social workers and supervisors with the detailed steps needed to implement this important practice.

Multi-disciplinary Outreach, Consultation, and Coordination to Support CARA Implementation

In tandem with child welfare CARA requirements, hospitals and medical professionals must also enforce the protective requirements outlined in the federal legislation. As noted, CFSA's planning for the safe care of substance-impacted families includes mandatory reporting to the CPS hotline by hospitals and other medical providers of infants born with positive toxicology. Once CFSA receives such a report, CPS refers the infant and family for services, which may include referrals to CFSA's CPS nurses, the 0-3 early intervention, and either CFSA's in-house substance abuse specialist or the District's Addiction Prevention and Recovery Administration. If there are other indications of need, such as domestic violence or mental health mobile stabilization, then CFSA also makes those referrals accordingly.

Medical Community Reporting Requirements: In addition to federal law requirements, District law requires medical professionals to notify the CPS hotline regarding infants born with positive toxicology. Again, when mandated reporters at medical facilities and hospitals contact the hotline regarding these types of reports, CPS screens in the report and assigns either a formal CPS investigation or refers the family to CFSA's FA unit.

CPS Nurse Referral: Early engagement with CFSA's Health Services Administration, via a CPS nurse referral, reinforces the nurse's partnership with the family to address the family's needs. In 2017, CPS nurses assigned to these substance-affected families increased their visits from one visit to two visits in an effort to assess the medical and the health needs of the caregivers and infants, as well as to interface with the medical staff prior to discharge, and to offer recommendations for continued health care or support when in the home. The nurses also assess the sleeping environments and educate the family on safe sleep practices.

0-3 Early Intervention Referral: Also known as the Ages and Stages Questionnaire, CFSA submits these referrals to support the well-being aspects of the substance-affected newborn and to ensure that infants and families at increased risk receive the intervention and supports needed to provide the infant with proper care. For those infants identified at risk of developmental delays, CFSA works with the District's Strong Start Early Intervention Program, which is a comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for families with infants and toddlers diagnosed with disabilities and developmental delays.

Substance Use Disorder Services Referral (aka Addiction Prevention and Recovery Administration [APRA] Referral): CFSA collaborates with the DC Department of Behavioral Health (DBH) to provide substance use disorder (SUD) services for individuals affected by SUD. DBH certifies a network of community-based providers in the public behavioral health system to provide such services (including detoxification, residential, and outpatient services), based on the level of need. DBH also provides a range of prevention and recovery services.

CFSA's OWB substance abuse specialist responds to any in-house substance abuse referral and administers an APRA-approved substance abuse screening tool to each referred client. The screening tool specifically identifies individuals who may need a more in-depth APRA substance abuse assessment. CFSA collaborates with APRA and refers clients to the most appropriate services within the District's available treatment continuum of care for achieving and maintaining recovery.

Throughout FY2018 CFSA's CARA work engaged the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) and the Children's Justice Act (CJA) Taskforce. Through presentations and teamed discussion, the guidance on CARA and CFSA practice modifications were shared with both MACCAN and CJA committee members.

Monitoring Plans of Safe Care to Determine Whether and in What Manner Local Entities Provide Referrals to and Deliver Appropriate Services for Substance-Exposed Infants and Affected Family Members and Caregivers

Through the Agency's statewide automated child welfare information system (SACWIS) system, known locally as FACES.NET, CFSA tracks the number of substance-exposed infants reported to the hotline, and whether a plan of safe care has been developed, in addition to whether CFSA offered services to the impacted infant and family. As previously noted, CFSA also requires mandatory referrals on these cases, including referrals to a CPS nurse, the 0-3 early intervention program, and a substance abuse assessment. The Agency holds monthly data meetings to discuss CARA implementation and the associated data captured in FACES.NET for this population. There are also forthcoming plans to conduct in-depth case reviews to look more closely at the quality of the plans of safe care. These reviews are purposed to ensure that the plans are providing the specific support needed by the family, and the long-term wellbeing of the infant.

CARA Case Review

Methodology

During the case review window, November 2017 to March 2018, 110 referrals were received.^[1] Of the 110 referrals, 84 had a plan of safe care (76%)

CFSA's Office of Planning, Policy and Program Support (OPPPS) randomly selected 70 referrals for the June 2018 case review. In determining the case review count, the following methodology was applied to a sample size of 84, representing the universe of plans of safe care; applying a 95 percent confidence interval (CI) with a five percent margin of error (n=70).

Staff used a case review survey tool to gather data and information from documentation in FACES.NET, CFSA's SACWIS system. The case review tool included demographic questions such as maltreatment type, drug type, and prior history with an allegation of Positive Toxicology or FASD. In addition, the tool contained questions on safety and risk assessment, the intervention and planning process of the social worker and supervisor, needs of the infants and parents/caregivers, as well as the types of services offered.

Summary Findings

Of the 70 cases reviewed, the case review reported the following:

- 51 were family assessment and 19 were CPS investigations
- 94 percent had a prior history of positive tox, FASD
- 94 percent of social workers met with the affected parents to assess for safety and made the determination if services were needed for the family
- 96 percent of social workers assessed the substance exposed infant
- In 90 percent of the cases reviewed (n=63), the social worker completed the SDM Family Risk assessment

^[1] This count represents referrals linked and accepted.

- In 90 percent of the cases reviewed (n=63), the social worker and the parent jointly created a plan of safe care
- In 40 percent of the cases reviewed (n=28), the social worker followed up with the family within seven days of connecting them to services
- The types of services offered included the following: domestic violence, mental health, mobile stabilization services, substance abuse support and Project Connect

The case review findings are phase one in CFSA’s examination of plans of safe care and continuous quality improvement of the intervention plans themselves and the support surrounding the plans of safe care. In Phase II, CFSA will further examine this baseline data to develop practice recommendations with a focus on the quality of the plans and service provision alignment with the identified intervention needs.

Technical Assistance Needed to Support Effective Implementation of CARA Provisions.

Presently, CFSA can identify no specific need for technical assistance related to CARA’s implementation. Due to the October 1, 2017 implementation of CARA within Agency practice (i.e., less than a year), there are as yet no specific lessons that have been learned in regards to practice. While the monthly data meetings and case reviews continue, ongoing analysis will be completed.

CFSA did not use the increased CAPTA funding to develop, implement and monitor plans of safe care due to CFSA having internal measures in place that did not require funding needs.

District of Columbia State Liaison Officer – CAPTA Coordinator

James J. Murphy, Jr.
 Supervisory Policy Advisor
 Office of Planning, Policy, and Program Support
 DC Child and Family Services Agency
 200 I Street SE, Washington DC 20003
 jamesj.murphy@dc.gov

SECTION E: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

National Youth in Transition Database (NYTD)

NYTD remains the data collection component of the Chafee Foster Care Independence Program (CFCIP), used by ACF and CFSA to gather additional knowledge about services and outcomes of youth transitioning out of foster care. As such, CFSA has reviewed the 2019 Information Memorandum that outlines the NYTD instructions for the review and monitoring process, and the components included in the upcoming review. In response, CFSA has expanded its earlier briefing document and outlined the objectives for a 2019 CFSA-specific Children’s Bureau review of NYTD. CFSA will also create an Agency-wide communication plan for cross-collaboration of staff. The plan will outline action items needed to ensure that CFSA is well-prepared for 2019 NYTD review. In the interim, CFSA’s internal and external stakeholders

continue to review NYTD outcome data and the use of this data for improving case practice. As part of its ongoing communication with NYTD stakeholders, CFSA continues to identify areas of opportunity for utilizing NYTD data to improve service provision (e.g., CFSA's identification and improvement of data entry for independent living service areas).

In the last B file submission, which included the requisite survey completion, CFSA attempted to meet the 80 percent benchmark for the 17-year-old population. However, CFSA was non-compliant due to the lack of staff documentation around independent living (IL) services in the following areas:

- Career preparation
- Budget and financial management
- Housing education and home management training
- Family support

As a result, the Agency implemented a corrective action plan that expanded training for the staff in the Office of Youth Empowerment (OYE), and modified the entry options in the FACES.NET database. The corrective action plan has increased awareness and improved results in documentation in all four areas previously reported.

In addition to the above, CFSA has used NYTD survey data to develop a preliminary trend report for the 17-year-old population, i.e., Cohort A. Some of the findings revealed that 95 percent of youth have connections to adults, supporting youth transitions from foster care. These adult connections further serve as supports and resources for the youth for ongoing emotional development as well as employment, housing, etc. The trend report also revealed that eight youth revealed homelessness, despite CFSA's goal to ensure permanent homes for all youth in care. Lastly, one youth reported being a parent while also being a full-time student, although the survey did not allow for the youth to indicate gender, which would have been extremely helpful in understanding the young parent's actual service needs. Moving forward, the NYTD data will be used to create formalized trend reports around IL services, focusing on how CFSA can better serve the older youth population.

In FY2019, CFSA plans to fully develop a biannual NYTD trend report that analyzes the A and B file submission data respectively. The trend report will be disseminated among internal and external stakeholders (e.g., CIP and CCAN). Additionally, the report will be presented within internal unit staff meetings. To gain youth perspective on the findings, CFSA will coordinate NYTD report findings focus groups with the older youth. From the focus groups CFSA will develop recommendations for integration into improved service delivery in order to better meet the needs of the older youth community.

CFSA's efforts to engage youth in CFCIP activities are reflected in the following numbers of youth who participated in workshops and IL programming.

Workshops/IL Programming	# in FY 2017	# in FY 2018 (as of Mar 31, 2018)
College Tours: Group, community based, and individual tours of target colleges/universities. Youth are exposed to college life and academics to determine best fit for post-secondary education.	29	20
College and Career Preparation: Exposure to post-secondary educational options and high demand employment fields.	365	333
Youth Recognition Ceremony: Annual ceremony that recognizes education and vocational accomplishments.	100	TBD: scheduled July 14, 2018
Urban Alliance: Organization that provides youth with internship opportunities. Youth participate in a three week job readiness training program and then are placed in an internship where they receive real time feedback from an onsite mentor. Youth also participate in a weekly workshop that is designed to address any issues that may have presented itself on the worksite.	10	9
Making Money Grow: Financial literacy program created for young professionals ages 15 to 20.5 in care to learn how to manage their finances, save for the future, and transition with-up to \$12,000. The savings component is a matched savings.	86	83
Quick Connect: Gives current and former foster youth access to a lifeline of tools, resources, and support. An essential guide to adulthood, this app will help you quickly and easily find the information you need to successfully start your adult life – from job openings to checklist to other helpful information.	50	N/A ⁵⁷
College Connect 4 Success: An academic and professional development workshop for all youth attending college. The purpose of this workshop is to provide students an opportunity to dialogue directly with a variety of college representatives (i.e. academic advisors, financial aid representatives, trio program counselors, etc.) and receive guidance and information aimed at empowering students to be successful academically. This workshop focuses on	23	8

⁵⁷ Not applicable (N/A) indicates that the particular workshop was not held in FY 2018.

Workshops/IL Programming	# in FY 2017	# in FY 2018 (as of Mar 31, 2018)
strategic goals to achieve academic success and examines the process and how-to steps for utilizing academic advising, financial aid, student accounts, and disabilities support services.		
Hustle 101Entrepreneurship: Connected youth to entrepreneurs to discuss hard and soft skills needed to start a business, challenges of entrepreneurship, features and benefits of owning your own business. Youth met in a group setting and then paired up with an Entrepreneur for one-on-one discussions regarding their business plans.	6	N/A
Reclaiming Your Future: A panel discussion with community activists, advocates, and leaders within the criminal justice system who will provide youth with the tools to stay in school & end the pipeline to prison.	6	N/A
Express Yourself: Workshop developed for youth to have an open and free space to talk about goals and plans for future and how to best meet their goals.	3	N/A
All The Difference: An acclaimed film that weaves together the stories of two tough, yet promising young black men as they navigate their broken homes in low-income, high risk communities in Chicago. Youth viewed the film and engaged in an open discussion about resiliency, despite your situations.	10	N/A
Freshman Meet and Greet: Welcomed incoming freshman and their resource providers to hear about services from CFSA's Office of Youth Empowerment (OYE).	5	N/A
JUMP (Juvenile Mentoring Program): Mentoring for young men who are experiencing difficulties in the communities to receive guidance and support.	11	14
Personal Best/Bright Beginnings: pregnant and parenting teen training.	29	20
Dressing for your Future: This workshop discussed techniques on professional dress, hair, and makeup needed to obtain on demand careers. Youth observed and participated in live makeup demonstrations where simple makeup techniques were explained on how to appear	14	N/A

Workshops/IL Programming	# in FY 2017	# in FY 2018 (as of Mar 31, 2018)
professional on interviews and at work. Youth also discuss the do's and don'ts for professional dress etiquette.		
Back to School Game Night: This event allowed youth to enjoy an evening of interacting with other youth and to promote team building and leadership skills through games.	1	N/A
Debunking the Marijuana Myths: Youth in care participated in a round table discussion around the new marijuana laws in the District. HR and legal representatives came together to provide the youth with information.	4	N/A
Youth Leadership/ Youth Alumni Group: Youth Empowerment Advisory Board provides a platform for youth who have spent time in the foster care system to raise awareness and advocate for child welfare reform. Our goal is to advance local, statewide and national legislation and policy.	0	35
Youth Education and Advocacy Workshop: Show Me Democracy- An acclaimed film that highlights seven St. Louis college students as they evolve into activists and demand change through policy and protest. The film was followed by an interactive question and answer period between youth and Office of Youth Empowerment (OYE) staff.	N/A	3

Human Trafficking: Collaboration to Promote Safe Transition for Victims of Human Trafficking

For those youth who are CFSA involved, regardless of whether the alleged trafficker is a parent, guardian or legal custodian, there is an Internal CFSA Commercial Sexual Exploitation of Children (CSEC) Case Review that is held weekly to review youth who are confirmed or at risk for sex trafficking. CSEC Case Reviews have a multidisciplinary team approach that includes the social work team, mental health provider, anti-trafficking agencies, caregiver, GAL and MPD (if appropriate). The purpose of these reviews are to discuss the identified risks associated with CSEC, the child's overall functioning and health, and to develop a plan of care to address any barriers such as mental health, substance abuse, domestic violence, safety and placement. A representative from Fair Girls or Courtney House⁵⁸ participates in CFSA CSEC Case Reviews to provide updates regarding their contact with the youth and the status of services which are

⁵⁸ FAIR Girls (formerly FAIR Fund) prevents the exploitation of girls worldwide with empowerment and education. Through prevention education, compassionate care, and survivor inclusive advocacy, FAIR Girls creates opportunities for girls to become confident, happy, healthy young women. The Courtney's House organization has helped more than 500 victims escape from being trafficked and find a new life. The group trains law enforcement and other non-profit groups to help and provide resources to victims.

tracked by the youth's social work team. CFSA has a contract with Courtney's House to provide support and case management to victims of human trafficking that can extend beyond the youth's exit from foster care.

For referrals in which the alleged trafficker is not a parent, guardian or legal custodian, CPS refers the youth to one of the anti-trafficking organizations (i.e. Fair Girls or Courtney House). These youth are also referred by MPD to the monthly District Wide Multidisciplinary Team Meeting. The multi-agency representatives (Safe Shores, Child and Family Services Agency, Department of Behavioral Health, Court Social Services, Office of the Attorney General, Children's National Medical Center, Department of Youth Rehabilitation Services, Child Guidance Clinic and Metropolitan Police Department) discuss youth who have come to the attention of their respective agencies with risks associated with Commercial Sexual Exploitation of Children (CSEC). The purpose is to plan for linkage to services which can specifically address sex trafficking and mental health concerns.

CFSA coordinates with the following agencies to screen and provide services to youth impacted or thought to be impacted by sex trafficking.

- Metropolitan Police Department (MPD): CFSA and MPD have reciprocal agreements regarding screening and the provision of services to this population. CFSA's procedures require all reports that indicate alleged sex trafficking to be reported to MPD immediately and no later than 24 hours after the information is received. MPD is required to report to CFSA when MPD has knowledge, information, or suspicion that a child is engaging in behaviors related to sex trafficking. CFSA collaborates with MPD to ensure the child is referred to one of the designated community resources specializing in sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources.
- Department of Behavioral Health (DBH): If the initial medical screening indicates evidence of sex trafficking, the nurse practitioner may confer with the DBH co-located staff for service referrals.
- Court Social Services Division (CSSD): The Child Guidance Clinic of the CSSD developed the Sex-trafficking Assessment Review (STAR), a brief, objective, non-intrusive, quantitative decision making system for determining a youth's amount of CSEC risk. The STAR is intended to screen and triage children's needs therefore, the STAR is typically not used to confirm a CSEC suspicion, but rather to assess whether or not a youth should be provided with a thorough CSEC assessment.
- Office of the Attorney General (OAG): The CFSA social worker coordinates with the assigned assistant attorney general (AAG) from the Office of the Attorney General regarding legal matters.

In FY 2017 Q4, the Agency created a management report to begin tracking the number of youth clients with an allegation of sex trafficking - failure to protect, sexual exploitation of a child by a caregiver, or sexual exploitation of a child by a non-caregiver. For all of FY 2017, there were 63

unique referrals. In FY 2018 to April 11, 2018, there have been 68 unique referrals.⁵⁹ The primary allegation for both years was “Allegation of sexual exploitation of a child by a non-caregiver.”

Allegation Type	FY17	FY18 to 4/11/18
Allegation of failure to protect	6	3
Allegation of Sexual exploitation of a child by a caregiver	12	8
Allegation of Sexual exploitation of a child by a non-caregiver	45	57
Total Unique Referrals	63	68

CFSA tracks the count of youth who have case involvement with CFSA (in-home or foster care open case), who are either confirmed or at-risk of sex trafficking. Of the unique referrals, in FY17, there were 10 open cases and in FY18, there were 13 open cases with youth identified or at-risk of sex trafficking.

Collaborations with Youth-Serving Programs

Public and Private Sectors Helping Adolescents to Achieve Independence

CFSA provides independent living services to all youth in care, either through OYE or through services provided by CFSA’s contracted private provider agencies. OYE has a Career Pathways Unit that focuses on connecting youth to internships, vocational training, and employment in the youth’s field of interest. The career specialists help youth to develop soft skills and to build their resumes, both of which are essential for youth achieving independence. CFSA also offers youth (ages 15-21) the opportunity to participate in a matched savings program where every dollar saved is matched by Capital Area Asset Builders (CAAB). The matched funds are capped at \$1,000 per year, and are funded directly from the Agency’s Chafee grant. They can only be accessed to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors (refer to the *Financial Literacy* section for more details and data). In addition to essential independent living skills, OYE also has an education unit that supports a youth’s effort to establish a solid educational foundation. Education support starts for youth in the 9th grade and continues all the way through college. Education specialists meet with the youth and their teams to develop educational plans that fit a youth’s personal goals while also developing a career pathway that they can continue to follow after exiting care. Educational supports through OYE are described earlier in this report under Goal 3: Education Services.

⁵⁹ “Unique referrals” mean one referral per one child. The FY 2018 unique referral count of 68 involved a total of 62 child victims. However, the count included duplicate referral numbers equaling 85 versus 68. The final count excludes multiple youth who may be on the same referral. The best intake count would come from a unique count of youth. Also, the 68 number is not counting four screen-outs for a total of 72 unique referrals.

CFSA continues to reinforce the importance of any variety of career and vocational paths for youth, including program partnerships with the District's Departments of Employment Services (DOES) and Youth Rehabilitation Services (DYRS). CFSA further has a partnership with the University of the District of Columbia to make available workforce development training for youth completing high school and transitioning to the vocational track. For youth in college, CFSA partners with local businesses to provide paid career-path internships during the summer months. In addition, the educational and vocational specialist supports the OYE Enrichment Bootcamp (discussed earlier in Goal 3). This is a specialty program to support high school age youth who may have had regular educational program interrupted due to placement, suspension, or school enrollment change.

In 2017 OYE held an Open House to promote services and resources. This one-time event, attracting approximately 35-40 youth in foster care, introduced OYE's new space and its amenities. As a result of the open house, it introduced youth, families, and providers to the new location and increased awareness of OYE's programs and services for youth.

OYE's Generations Unit: Pregnant and Parenting Youth (PPY)

CFSA's Generations Unit offers extra support and guidance for PPY to complete their education, gain work experience, and master other life skills while balancing the responsibilities of parenthood. But only about 25 percent of the teen mothers are adequately utilizing the programming. Some of the challenges to appropriate engagement relate to the placement of PPY in an Independent Living Program (ILP). The Generations Unit has found that most teens in an ILP have greater needs than can be met in the ILP setting and that teens are developing unrealistic expectations about their ability to find an affordable apartment after exiting care.

OYE completed a placement needs assessment for pregnant and parenting youth. Results of the assessment indicated a need for five professional foster parents to meet the needs of CFSA's at-risk teen parents, as well as a family group home to meet the needs of young mothers who are not prepared for independent living and have struggled in traditional foster homes.

By August of 2017, CFSA's OYE and General Recruitment units (Family Resource Division) had developed a targeted recruitment plan for the professional resource parent program. The following strategies were included in the plan:

- Target existing resource parents and potential resource parents who have expressed an interest in working with the teen mom population.
- Work with foster parent associations in advertising the program, including the Foster Parent Advocacy Center (FAPAC) and the District of Columbia Metropolitan Foster and Adoptive Parent Association (DCMFAPA); include advertising in the FAPAC and DCMFAPA newsletters and email blasts that go to DC members only.
- Reach out to community partners such as the Anacostia Council, Teacher's Union (DC Chapter), DC127, etc.
- Facilitate informational sessions until the youth achieves the identified permanency goal.

The results of the plan led OYE and recruitment staff to facilitate three informational sessions with 30 participants. Out of the 30, 10 participants expressed an interest in the program. OYE then interviewed eight participants. The team identified five for the program. However, since the population of teen mothers had decreased from 46 to 33, the number of professional parents needed was reduced from five to three. OYE anticipates that the program will commence by July 2018.

Financial Literacy

In FY 2018, CFSA has continued its long-standing partnership with CAAB (noted above) to offer financial literacy training and services to youth ages 15-20. In FY 2017, 105 youth participated in financial literacy training. Out of the 105 youth, 86 took advantage of the matched savings program. In FY 2018-Q2, there were 83 youth who had taken advantage of the matched savings program.

College and Career Preparation

For information on college and career preparation services available for youth, please see *Goal 3: Education Services* and *Goal 4: OYE Career Pathways Unit*.

Youth Transition Plans

CFSA continues to use the youth-driven Youth Transition Plan (YTP) to emphasize the importance of youth achieving success in particular life domains. All youth ages 14-19 take part in YTP meetings twice a year. Once a youth turns 20, they have a YTP every three months. Domains include (but are not limited to) finances and money management, job and career, identity, permanency, and education. YTPs require intentional dialogue, barrier resolution, and planning for the youth's path toward independent living.

Chafee funding continues to support the transition process through various programming opportunities. CFSA earmarks Chafee funds for driver's education, college tours, extracurricular activities that fall outside of youth's academic pursuits, career exposure activities, transportation funds for youth, and transitional funds that are provided to youth who are aging out so they can purchase necessary household items. Additionally, CFSA uses Chafee funds to pay the salaries of some OYE staff who work directly with youth on education and career goals.

Reducing the Risk of Human Trafficking

CFSA continues to meet both federal and local legislation requirements for reducing the risk of Commercial Sex Exploitation of Children (CSEC). Efforts include an internal committee on human trafficking (referenced earlier), comprising a collaboration of various CFSA departments whose mission is to examine and improve the practice areas impacted by the sex trafficking of CFSA's youth. Additional collaboration partners include DYRS, DBH, and the District's Superior Court. These partnerships assist youth linkages to the various systems. Representatives from community-based agencies (such as FAIR Girls and Courtney's House) routinely participate in meetings with social workers, staffing, and court proceedings to best address services for victims or youth at risk.

A new initiative in the District of Columbia is the establishment of the Here Opportunities Prepare You for Excellence (HOPE) Court. A significant number of juveniles who exhibit behaviors as a result of CSEC appear before judicial officers in the District of Columbia Superior Court's Family Court. Juveniles involved with CSEC are often at risk of re-entering the system, thus potentially increasing their contacts with the court. The HOPE Court arose from the District's desire to reduce CSEC involvement and to provide the juvenile survivor with help functioning in the home, school, and community.

HOPE Court intends to connect eligible and suitable juveniles and their parent, guardian, or custodian with services that can provide care and rehabilitation. The program also intensely monitors engagement with services designed to reduce CSEC involvement. Supporting these efforts are the Office of the Attorney General for the District of Columbia, DBH, Court Social Services Division, CFSA, Courtney's House, Fair Girls, Rights4Girls,⁶⁰ the Public Defender Service, and representatives of the defense bar. In May 2018, CFSA began attending HOPE court hearings on neglect cases.

Professional Development of CFSA Staff and Resource Parents serving the Chafee Population

CWTA provides cross-training for social workers and resource parents on topics that directly influence child welfare practice. The following courses provide staff and resource parents with the skills needed for serving older youth in foster care:

- **Concurrent Planning for Resource Parents:** Concurrent planning is the process of achieving permanency by simultaneously preparing for a secondary permanency goal in the event that a primary goal is unattainable (for whatever reason). This course focuses on the partnership between social workers, a youth's team, and resource parents (as part of the team) as a necessary vehicle for planning more than one permanency goal. The course also outlines specific practice steps for achieving the primary goal.
- **Child and Adolescent Development:** This training includes various theories on the stages of development. It explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns. Also discussed is the role of the resource parent when working with traumatized youth.
- **Families: An Afro-Centric Perspective:** The training helps participants develop inclusive and effective parenting skills. Participants learn about the effectiveness of the "Village Concept." At the conclusion of the training, participants are able to identify family members, community resources, services, and supports that empower and promote the village concept of family for purposes of achieving permanency, safety, and well-being for children in foster care.
- **Trauma Systems Training (TST) for Foster Parents:** TST training explains the impact of trauma on children involved with the child welfare system, as well as the importance of child welfare professionals being directly involved in trauma-informed service delivery.

⁶⁰ Rights4Girls is a human rights organization working to end gender-based violence.

Participants gain an understanding of child stress responses, as well as ways to support behavioral and emotional regulations. Foster parent support workers who attend TST training also attend the Applied Trauma Training for Caregivers so that they can provide a transfer of learning for foster parents.

- **Applied Trauma Training for Caregivers:** This training follows up on TST concepts and interventions, application of strategies, and promotion of healing. KVC Health Systems Inc., provided the initial Trauma-Informed Caregiving Training Series for trainers as the foundation for applied trauma training. The initial series comprised the following four modules (2-3 hours each) that sequentially build upon one another:
 - Module One, *The Impact of Trauma*, emphasizes the critical role that resource parents play in recognizing signs and symptoms of traumatic stress and how their input can help develop effective permanency plans.
 - Module Two, *Strategies for Addressing Child Traumatic Stress*, focuses on helping resource parents connect the dots between a child's trauma history, a child's trauma triggers, and a child's episodes of emotional and behavioral dysregulation. Resource parents learn to prepare and tailor their response to reduce triggers and to support their child's regulation.
 - Module Three, *Learning about Revving, Re-Experiencing, and Reconstituting*, further examines how a reminder of trauma can shift or intensify a child's thinking, emotions, and behaviors across four phases of behavior: regulating, revving, re-experiencing, and re-constituting. This module identifies specific strategies that resource parents can use in each phase of behavior to help their child calm down, regulate emotions and behaviors, and plan for future success.
 - Module Four, *Generating Signals of Safety*, focuses on the healing power of relationships. Specifically, when resource parents provide consistent and individualized signals of care, they positively impact their child's view of themselves, their relationships, the world around them. The module also emphasizes the importance of self-care and team support to prevent the risk of resource parents experiencing secondary traumatic stress.
- **Understanding and Preventing Human Trafficking:** This training discusses the impact of CSEC on children and youth in foster care. Participants learn how to recognize and react responsibly to children and teens exposed to or experiencing trafficking. The class reviews the impact of exposure on a child or youth's behavior, as well as information on exploitation and sexual abuse.
- **Working with LGBTQ (Lesbian, Gay, Bisexual, Transgendered, and Questioning) Youth:** This training offers clear definitions and experiential exercises that allow social workers and resource parents to better understand the thoughts and feelings of youth who self-identify as LGBTQ. Also discussed are the engagement factors that build a trusting helping relationship. Referral and provider information is shared.
- **Peers and Pressures: Having Real Discussion about Sexual Health:** This training prepares social workers and resource parents to have age-appropriate conversations with youth about their sexuality and sexual health. The training describes policies

regarding sexual health issues and emphasizes the importance of providing all youth with comprehensive physical and mental health services in a confidential, culturally competent, and inclusive manner.

- **Engaging Older Youth:** This relatively new training provides information on how to engage older youth involved with the child welfare system. It provides strategies for addressing their holistic development and the healthy transition into young adulthood.

The District did not make any changes to the Chafee program and currently the District's program meets the revised program purpose. At this time, CFSA does not plan to extend Chafee services up to age 23.

Consultation with Tribes

See *Consultation and Coordination Between States and Tribes* section.

Education and Training Voucher (ETV) Program

Academic and financial supports are part of CFSA's case management infrastructure for high school youth. As part of early transition planning, social workers stress to youth on their caseloads the importance of completing a high school diploma or a general equivalency diploma (GED). CFSA also has various supports for youth who are interested in pursuing post-secondary education, be it in a four-year college or university, community college, or vocational training program.

OYE administers the ETV program, which is an important financial resource to help youth in foster care with the cost of attendance at an institution of higher education. Up to \$5,000 worth of ETV funds are made available to youth only after all other forms of financial aid have been explored and utilized. In light of more than a 50 percent reduction in federal ETV funding since FY 2014, CFSA youth have, over time, had to depend more heavily on other federal and local financial resources, such as the DC Tuition Assistance Grant, the DC College Access Program (DC CAP) program, or federal grants and scholarships available through the Free Application for Student Aid (FAFSA). ETVs are distributed on a first-come, first-served basis, until the ETV funds are exhausted. Youth must re-apply for an ETV each academic year. While ETVs are tracked in FACES.NET, CFSA's methodology for federal reporting is based on the youth's Client Identification number and voucher issuance date (in order to prevent duplicated ETVs being issued). These vouchers primarily support tuition, fees, books, housing and other related-college expenses.

Youth must meet the following criteria to be eligible for the ETV program:

- Youth have been in care for 12 consecutive months prior to their 18th birthday.
- 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.*
- Youth aged 16 have reached permanency through adoption or guardianship.

- Youth are receiving out-of-home services at the age of 15 years or older, or were adopted or under legal guardianship at the age of 16.
- You are United States citizens or have legal residency.
- Youth have a high school diploma or equivalent.
- Youth are enrolled in post-secondary school or a training program, either as a full-time or part-time student.
- Youth have submitted an application for financial aid, including FAFSA, to the post-secondary school or training program.
- The youth participated in post-secondary education or training before age 21.
- There is proof of 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.

CFSA also maintains a separate pool of Chafee funds to assist with expenses that are incidental but still necessary to successfully participate in programs of study, including but not limited to uniforms, supplies, transportation, and other items not covered by ETV funds. Through these Chafee funds, eligible youth can attend summer bridge programs where the youth spend one week on the campus of a college that they may be interested in attending. Chafee funds can also be applied to tuition for pre-college programs, such as training opportunities that may not lead to nationally recognized certifications but nonetheless provide experiences and outcomes that will render students more marketable and capable to succeed in a competitive workforce. In FY 2017 approximately \$96,772 was spent to directly support 20 youth in various pre-college programs. As of March 2018, approximately \$44,965 was spent to directly support 16 youth in various pre-college programs.

The District does not plan to extend ETV eligibility up to the age of 26 at this time.

Collaboration, Program Service Description, and Program Support for ETV

The District collaborates with OWB and the District's Office of the State Superintendent of Education (OSSE) to ensure that all eligible youth are connected to OSSE's post-secondary education program for additional tuition supports. Students in the District are able to obtain funds equal to the difference of in-state and out-of-state costs in order to attend any state institution in the country. In addition, students are eligible for \$2,500 to assist with tuition to a Historically Black College or University (HBCU). This collaboration affords OYE the ability to bypass any barriers so that even youth residing in foster homes in Maryland and Virginia are eligible.

CFSA continues to collaborate closely with nearby post-secondary education institutions to enhance the ETV program specifically, and post-secondary prospects in general. OYE, in FY 2017 and into 2018 proactively reached out to the academic support departments at a number of these institutions to arrange for youth to attend individual-level "meet and greet" orientations at OYE. The purpose of these orientations has been two-fold: 1) to discuss and arrange for

actual student supports, such as subject-specific tutoring, based on the student’s needs; and 2) to forge a personal connection for the student by introducing an institution’s faculty or staff member who would be available for consultation and informal support for the duration of the student’s enrollment. It is OYE’s intent to formalize this orientation process and to create an academic “community connection” for all post-secondary students to help increase the likelihood of youth completing the academic requirements of their programs. In FY 2017, CFSA spent approximately \$136,692 to directly support youth in various post-secondary programs. In FY 2018 to date, the Agency has spent approximately \$61,329 to directly support youth in various post-secondary programs.

In addition to the above, the District continued its collaboration with the Foster Care 2 Success (FC2S) program, formerly known as the Orphan Foundation of America. In addition to educating students with ETVs, social workers, and resource parents on general ETV-related information, FC2S provides an online ETV application tool. In FY 2017, the District entered into a new contract with FC2S to expand the utilization of the FC2S database for the tracking and monitoring of each youth. In FY 2018 this contract was fully implemented. CFSA now has the ability to fully utilize the FC2S database.

TABLE 23: Number of Youth Receiving ETV Assistance

School Year (July 1 – June 30)	Total ETVs Awarded	Number of New ETVs
2013-2014	101	45
2014-2015	65	27
2015-2016	61	21
2016-2017	68	32
2018 – to date	48	15

SECTION F: UPDATES TO TARGETED PLANS

See attachments

- [Foster and Adoptive Parent Diligent Recruitment Plan](#)
- [Health Care Oversight and Coordination Plan](#)
- [Disaster Plan](#)
- [Training Plan](#)

SECTION G: STATISICAL AND SUPPORTING INFORMATION

CFSA’s requirements for entry into the child welfare profession are listed below. Social workers must have a master’s degree in social work from an accredited college and licensing certification from the DC Board of Social Work examiners. In order to advance to supervisory positions, social workers must obtain a licensed clinical social worker certification from the Board and have a minimum of two years of experience in the field of child welfare.

Child Protective Services Workforce Requirements

Family Support Workers

- Grade 9 Qualifications: Bachelor’s degree

Social Workers

- Grade 9 Qualifications: Entry Level – Master of Social Work (MSW) and Licensed Graduate Social Worker (LGSW)
- Grade 11 Qualifications: MSW and LGSW, 1-3 years of experience in child welfare social work
- Grade 12 Qualifications: MSW and LICSW, 3-5 years of experience in child welfare social work

Supervisors

- Grade 13 and 14 Qualifications: MSW and LICSW, five years of experience in child welfare social work, and one year of supervisory experience

Child Protective Service (CPS) Professionals

- Completion of at least 80 hours of pre-service training hours, addressing the following topics:
 - Foundations for Effective Child Welfare Practice
 - Child-Centered Practice
 - CPS Practice Operations
 - Life of a Case
 - Teaming with the Legal System
 - Worker Safety
 - CPS FACES.NET (SACWIS) training

Table 24: Demographic Information of CFSA Entry Services Staff

Race						
Job Title	Black	White	Hispanic	Asian	Not Reported	Total
Family Support Worker	15	0	1	0	1	17
Social Worker	59	13	2	2	19	95
Supervisory Family Support Worker	0	1	0	0	0	1
Supervisory Social Worker	15	4	1	0	4	24

Total	89	18	4	2	24	137
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Gender			
Job Title	Male	Female	Total
Family Support Worker	11	6	17
Social Worker	14	81	95
Supervisory Family Support Worker	1	0	1
Supervisory Social Worker	1	23	24
Total	27	110	137

CFSA’s best practice standard for caseload requirements for CPS social workers is a maximum of 12 referrals. Each supervisor on average has four social workers on their team.

Juvenile Justice Transfers

CFSA and the District’s Department of Youth Rehabilitation Services (DYRS) jointly address challenges and concerns of “dual-jacketed” youth who are tracked and served by both the foster care system and the juvenile justice system. For example, rather than transfer custody of youth in foster care to the state juvenile justice system, CFSA retains custody of youth in foster care until they exit the foster care system, either by achieving permanency, aging out, or having their commitment terminated by court order.

CFSA began collaborating with DYRS in March 2017 to determine not only the number of youth who are dual system involved, but further the youth who are simply co-occurring in both systems. As of December 5, 2017, there were 12 unique foster care youth with cases involving a dual jacket of neglect, juvenile delinquency, or PINS (persons in need of supervision).

Sources of Data on Child Maltreatment-Related Deaths

Immediate notification of a child fatality generally comes to CFSA through one of two sources: law enforcement officers contacting the District’s Child Abuse and Neglect Hotline, or CFSA employees. As noted earlier in the APSR, CFSA may also learn about District child fatalities through media sources and notifications from the Office of the Chief Medical Examiner (OCME), which is responsible for facilitating the District-wide Child Fatality Review Committee (CFRC). As a permanent member of CFRC, CFSA is assured notification of all child fatalities, including maltreatment-related deaths. CFSA might also interface with the Vital Records Division (VRD) of the District’s Department of Health. In general, however, CFSA does not utilize VRD as a source of child fatalities because the information is frequently redundant to information previously provided by OCME. OCME always makes the final determination of the manner of death.

All child fatality information is reported to the National Child Abuse and Neglect Data System (NCANDS), based on information entered into FACES.NET. When reporting child fatalities to NCANDS, CFSA uses information from MPD and OCME. Additional information on CFSA’s

Internal Child Fatality Review process and involvement on the City-Wide Child Fatality Committee can be found in *Goal 5: Continuous Quality Improvement*.

Intercountry Adoptions and Adoption Disruptions

As of March 31, 2018, there were 11 adoption disruption cases. Out of the 11 cases, four children entered care in FY 2017. None of the four cases began as an intercountry adoption. The reasons for these adoption disruptions were neglect - unable or unwilling to provide care. Out of the 11 cases, eight children were adopted in the District, one was adopted in Arizona, and one child was adopted from Ethiopia through the Children's Home Society.⁶¹

SECTION H: FINANCIAL INFORMATION

Payment Limitations – Title IV-B Subpart 1

Since FY 2005, CFSA has not spent Title IV-B, subpart 1 funds on child care, foster care maintenance, or adoption assistance payments. CFSA will not spend any Title IV-B subpart 1 funds on those activities in FY 2019. The non-federal match comparison requirements between FY 2005 and FY 2019 are therefore not applicable to the District of Columbia.

CFSA does not spend any Title IV-B, subpart 1 funds on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

Payment Limitations – Title IV-B Subpart II

Under the areas of Title IV-B, subpart II, Promoting Safe and Stable Families Program (PSSF) (see CFS-101 Part I), CFSA has allocated 40 percent of total expenditures to community-based family support (i.e., prevention and support services). The goals of child safety, permanency, and well-being are strongly supported by preventive services that use community-based resources to ensure child safety and support, to strengthen families, and to prevent children from coming into the child welfare system. The remaining PSSF expenditures are equally distributed (20 percent) among family preservation, time-limited family reunification, and adoption promotion and support services.

CFSA does not spend any Title IV-B, subpart 2 funds (including Monthly Caseworker Visitation funds) on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

CFSA's FY 2015 local share expenditure amounts for the purposes of Title IV-B, subpart II was approximately \$850,000. The District's 1992 base year amount was \$270,000. Thus, the District meets the non-supplantation requirements in section 432(a)(7)(A) of the Act.

⁶¹ There was one child who was not adopted in the District. The jurisdiction of adoption could not be determined.