



2015 – 2019

Title IV-B Child and Family Services Plan June 2014

DC Child and Family Services Agency
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General Information

State Agency Administering IV-B Programs

Due to the unique status of the District of Columbia, the DC Child and Family Services Agency (CFSA) provides both local and “state” child welfare functions for the jurisdiction. Accordingly, CFSA is also the public child welfare agency charged with the legal authority and responsibility to administer programs under titles IV-B and IV-E of the Social Security Act. Comprised of 13 administrations and over 700 employees, CFSA provides both in-home and out-of-home services to enhance the safety and well-being of abused, neglected, and at-risk children and their families (see attached Agency Organizational Chart).¹

All CFSA administrations dovetail their individual practice areas with the Agency’s *Four Pillar Strategic Framework* (see *Vision Statement* following). This framework was developed and implemented in 2012 as the result of a focused effort by CFSA to engage employees and the local child-serving community in developing the District’s long-term strategic plan for the child welfare system and to shore up quality service provision for children and families involved with the District’s child welfare system. The *Four Pillar* workgroups included representatives from the District’s Consortium for Child Welfare, CFSA’s contracted private agencies, the Healthy Families/Thriving Communities Collaboratives (HFTC), the HFTC Collaborative Council, the Foster and Adoptive Parent Advocacy Center, the Office of the Deputy Mayor for Health and Human Services, the Center for the Study of Social Policy, the Children’s Law Center, the Office of the General Counsel, and all administrations across the Agency, including the Child Information Systems Administration, Placement Services, Program Operations, etc. All workgroup members have historically had and will continue to have access to Agency data on permanency, placement, visitation, and other data areas of interest that may be specific to a stakeholder’s area of commitment to children and families.

Each workgroup conceptualized new approaches to fulfill the identified objectives of each pillar (see *Vision Statement*), in addition to examining new ways to address common approaches. Workgroups also anticipated “bumps in the road” in conjunction with helpful resources to offset those bumps. Considerations included whether an identified approach could actually achieve the identified outcome, whether the approach can be expeditiously implemented, whether it is new or challenging (i.e., would it require an “action team”), and which administration or stakeholder would own the approach. In so doing, the Agency’s current strengths and areas in need of improvement were stringently deliberated while delineating the *Four Pillar* goals and objectives.

It is essential to point out that the *Four Pillar Strategic Framework* developed by these workgroups is the foundation for development and implementation of the *2015-2019 Child and Family Services Plan* (CFSP). All stakeholders are invested in the shared goals and activities, assessment of outcomes, and by extension the development of this CFSP, to increase the safety, permanency, and well-being of children. Moving forward, stakeholders will be actively involved in the pending *Annual Progress and Service Reports*, both through the review of data and through the activities outlined in this document.

In the past, CFSA has partnered with the Family Court to share permanency data in order to reconcile Agency exit populations. More recently, CFSA deputy directors and staff have participated in workgroups with the Family Court alongside other child welfare professionals to discuss permanency data, including reunification, reentries, and subsidized guardianships. Over the course of the CFSP, these workgroups will meet monthly to discuss barriers to permanency for children in care and to use the combined CFSA

¹ For purposes of this document, the terms “child” and “children” are inclusive of ages 0 up through age 20.

and Family Court data to inform practice and identify trends. Additionally, the Office of the Attorney General, the Office of the General Counsel, the Office of the Director, and the Office of Program Operations meet with the Family Court on a quarterly basis to review practice and to address any issues that might surface. This ongoing partnership will continue and updates on progress will be reported throughout the CFSP review period.

The voices of youth, teen parents, birth mothers and fathers, as well as traditional, adoptive, and kinship caregivers have been collectively considered as key stakeholders in the decisions surrounding the future of the District's child welfare system, and hence in the development of the CFSP. As a result of interviews and focus groups from the *2013 Needs Assessment*, these voices have not only been heard but they will continue to be active participants (e.g., ongoing focus groups and interviews) in the monitoring of our progress going forward over the course of the coming five years. Resource parents continue to be a prominent voice in the identification of needed resources and the direction of the Agency moving forward. For example, in the spring of 2014, the Director participated in a small focus group with teen mothers and foster parents to get their perspectives on how the Agency can best serve teen mothers and their children in foster homes and the kinds of services that resource parents require to effectively support those placements. Also in 2014 and in response to issues raised by stakeholders regarding placement disruptions, CFSA implemented the mobile crisis stabilization service for CFSA foster families in the District and Maryland (see Permanency Outcome #1).

An indispensable collaboration that has greatly helped to inform and develop the direction of the CFSP is input from regularly held stakeholder meetings, specifically as part of CFSA's awarded title IV-E Demonstration Project (IV-E waiver, which is detailed further under the *Vision Statement* below). Participants discussed areas of need, answered questions, and gathered feedback on interventions and how they should be implemented effectively. In addition to staff representation across Agency administrations, representatives were included from the following stakeholder partners:

- CFSA's contracted private agency partners (including congregate care providers)
- Child welfare advocates (sponsored by the Children's Law Center)
- Birth parents and foster parents
- Healthy Families/Thriving Communities Collaborative Council (including a representative from each of the neighborhood-based Collaboratives)
- Court Appointed Special Advocates for Children of DC
- DC Citizen Review Panel
- Department of Health's Community Health Administration

These discussions fully covered existing family preservation services in conjunction with proposed target populations (i.e., families at low-to-moderate risk) for implementation of the waiver alongside opportunities for expanded partnerships, particularly in the area of home visitation. All stakeholders reinforced the need for family preservation services in the District. Participants also commented that the interventions used by family preservation and post-reunification programs are often similar, as are the needs of the families who benefit from such services, and suggested that CFSA consider implementing the same or similar model for both populations. In addition to the proposed interventions, stakeholders agreed that the identified subpopulations (i.e., mothers ages 17-25 or children ages 0-6) are seen as more vulnerable or at increased risk of abuse or neglect absent early intervention.

The particular administration responsible for the 2015-2019 CFSP is the Office of Planning, Policy, and Program Support (OPPPS), which is also charged with most "state" office functions for the District's child welfare system. These functions include but are not limited to federal state functions (in partnership with other CFSA administrations and stakeholders as applicable), general planning functions (e.g.,

coordination of Agency audits, and submissions on benchmark compliance), District of Columbia mandates (e.g., the Annual Public Report), policy development, resource development, and other similar functions falling within the rubric of planning and program supports.

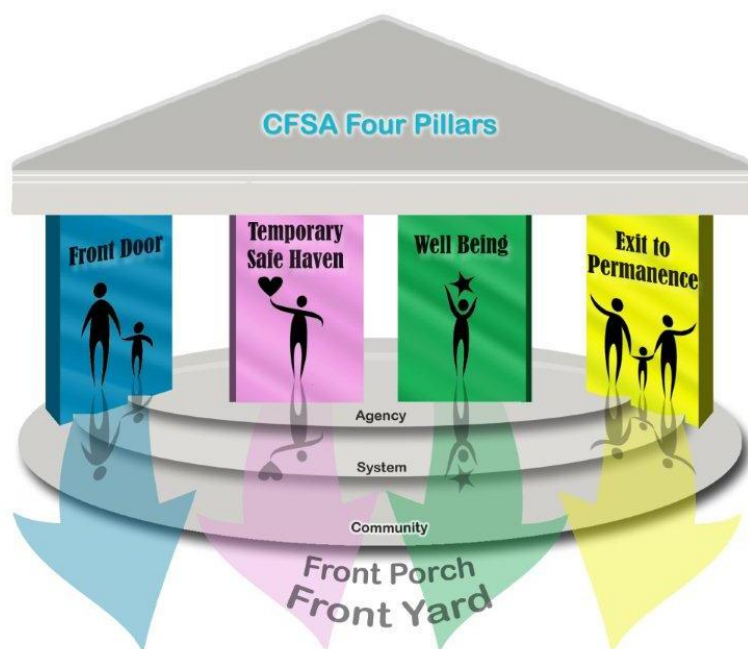
In collaboration with OPPPS for purposes of the CFSP submission, CFSA's Child Welfare Information Administration (CISA), functions as the epicenter for demonstrating positive child welfare outcomes based on data collection and analysis. The majority of all CFSA data is collected via the Agency's statewide 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 throughout the District and encompasses all geographical and political subdivisions. The child-specific information therein, which includes child status, demographic characteristics, location, and goals for placement for every child in foster care, is readily retrievable irrespective of the geographic location of the FACES.NET user, including CFSA and staff of CFSA's contracted private agency partners.

In addition to CISA's data responsibilities, the Office of Agency Performance culls, tracks, and analyzes the Agency's internal quantitative *Four Pillar Scorecard* (see attached) data, some of which is not entered into FACES.NET. The office further reviews cases for qualitative data, also for federal and local oversight. This includes the Agency's continuous quality improvement data alongside the data included in the CFSP.

Vision Statement

CFSA's mission is to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families. Over the past two years, the Agency has forged ahead in meeting this mission by way of its *Four Pillar Strategic Framework*. Each pillar represents a distinct area along the child welfare continuum and features a value-based foundation, a set of evidence-based strategies, and a series of specific outcome targets. Aligned to support a coordinated service-delivery system, the key values behind each pillar are as follows:

- **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.
- **Temporary Safe Haven:** Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care.
- **Well Being:** Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.
- **Exit to Permanence:** Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills for successful adulthood.



While CFSA has many strategies underway to operationalize this vision, the following are the most significant:

Title IV-E Waiver: Building further upon the *Four Pillar Strategic Framework* is a recently-expanded continuum of services, resources, and interventions supported through the title IV-E waiver. As a result of the waiver, community partnerships, including both public and private agencies in the District, have been further expanded by funds previously allotted solely for foster care services but which can now be utilized for prevention and in-home services. While initiating the expansion of these services, CFSA is simultaneously implementing additional family preservation and post-reunification services. Family preservation services provide time-limited interventions to promote family stability and reduce the risk of removal while post-reunification services can aid a family prior to, during, and following the child's transition home. The over-arching goals of the IV-E waiver are to increase stability and prevent entry and re-entry into care.

Differential Response: For many years, the District had one of the highest removal rates in the nation. Today, CFSA maintains safety while removing children from the home only as the last resort. Differential Response intends to prevent removals by expanding the capability of CFSA to conduct family assessments for cases at low-to-moderate risk. Unlike traditional child protective investigations, family assessments are voluntary and collaborative activities where CFSA social workers engage families to address and overcome the issues that brought them to Agency attention in the first place.

Trauma-Informed Care: CFSA has embraced trauma-informed care as part of its vision for child welfare practice. This effort is closely aligned with the District's System of Care (SOC) being administered under the Department of Behavioral Health (formerly the Department of Mental Health). Trauma Systems Therapy (TST) and implementation of evidence-based practices will direct how CFSA identifies, assesses, and treats trauma. In this regard, CFSA is rapidly developing into a transformational child welfare system where children are better off based on operationalizing well-being along the continuum, utilizing current research, and best practices. Most importantly, there is the provision of specialized training, including an in-house trauma coach to support institutionalizing the practice to child welfare staff, senior leadership, mental health providers, and the resource parents who have responsibility for maintaining a standard of care for children involved in the child welfare system.

While the implementation of TST is still in the emerging stages, CFSA's TST efforts are greatly bolstered by receipt of a grant from the U.S. Department of Health and Human Services, Administration for Children and Families under the *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare*. This includes fidelity screening tools and functional assessments that inform data-driven service delivery, and outcome-oriented case planning. The principles of trauma-informed care are inextricably linked to and congruent with the core tenets of the CFSA [Practice Model](#), especially with their emphasis on the importance of ensuring the emotional safety when working with the "whole child".

During early stages of TST implementation, CFSA staff and external partners such as Family Court judges, attorneys, and community-based providers encouraged management to take concrete steps to address "vicarious trauma" and its impact on direct care staff working with children who have been traumatized. Moving forward with TST implementation, the Agency is providing training and coaching for social workers and foster parents to identify and appropriately address their own experiences of vicarious trauma. This program also includes development of trauma-informed supervision for staff. The Agency anticipates that recognizing, addressing, and de-stigmatizing vicarious trauma will improve overall mental health as well as retention of social workers and foster parents. Beginning in FY 2015, the

Agency will have a contracted trainer supporting the leadership team and their respective administrations for demonstrating and maintaining trauma-informed performance in practice.

Consultation and Information Sharing Framework: The above activities are tied together through the Consultation and Information Sharing Framework, from which the Agency has established the RED (**Review, Evaluate, and Direct**) team. RED teams comprise 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. It occurs in a collaborative setting among multidisciplinary CFSA staff. This framework allows for open discussion among participants while also providing the structure and consistency to ensure productivity and effective decision-making. RED teams further give voice to different perspectives, promote critical thinking and problem solving, and provide validation and support to assigned social workers, enhancing accountability with respect to case planning. RED team discussions focus on a family **genogram**, which diagrams the relationships of individuals impacting the case. The overall discussion facilitates the categorization and impact analysis of the following case management areas of focus:

- **Danger/Harm:** The detail of the incidents bringing the family to the agency's attention and any known pattern and history of past social service involvement or child harm.
- **Complicating Factors:** Conditions and behaviors that contribute to greater difficulty for the family.
- **Strengths/Protective Factors:** The assets, resources, and capacities within the family, individuals, and community.
- **Safety/Belonging:** Any existing strengths demonstrated as protection over time and any pattern/history of exceptions to the abuse and neglect. This also emphasizes well-being components of children and their capacity to thrive from a social and emotional perspective.
- **Risk Statements:** The preliminary articulation of the perceived risk to the children and the context in which the risk is most concerning, reflecting any statutory basis/focus on which the report is accepted for further assessment.
- **Gray Areas:** This space is reserved for incoming information that requires further query to understand its meaning.
- **Next Steps:** Immediate actions regarding disposition.

This Consultation and Information Sharing Framework is the nexus between Agency strategy and on the ground practice. It is the forum where the vision and values of the Four Pillars are reinforced and applied to everyday case management decisions.

Independent Living Services for Older Youth: in the District of Columbia, youth may remain under the custody of CFSA until they turn 21 years old. Accordingly, child welfare practice involves the creation of opportunities for personal, academic, and professional experience and growth for these older youth. Through CFSA's Office of Youth Empowerment (OYE), older youth in foster care are exposed to a wide array of opportunities that can prepare them for the transition out of foster care. All aspects of service delivery and case practice are outlined in the Chafee Foster Care Independence Program Plan incorporated into the CFSP.

Continuous Quality Improvement: The vision of CFSA for its current and future approach to child welfare practice includes a continuous quality improvement approach that ensures timely access and receipt of services, as well as providing services with the flexibility that must accompany an individual child or family's particular circumstances to ensure safety, well-being, and permanency. Underpinning and supporting all of these efforts is an infrastructure that connects the dots in a way that is cohesive for families and also institutionalizes critical thinking.

Collaboration

Central to the Agency's ability to maintain and build upon its successes to-date are the strong cross-system collaborations with CFSA's sister agencies and community-based partners. During the time that CFSA has aggressively pursued child welfare performance improvement, several other public agencies in the District have been undergoing their own processes of reform. Like CFSA, they are succeeding so that now the cluster of District government human services agencies is effectively strategizing to coordinate delivery of services from multiple District agencies to residents. Both the trauma grant and the IV-E waiver have presented opportunities for CFSA to leverage and maximize available funding in this regard.

Collectively, the long-term vision and collaborative relationships of the District's health and human services agencies provide a strong foundation for effective implementation of the CFSP. The District is fortunate to have within its borders a number of child welfare organizations and advocacy groups that are national in scope but locally focused on improving the child welfare system. While they vary in scope and areas of concentration (e.g., some focus on specific areas of practice or service while others maintain interest in the entire child welfare spectrum), all have played a key role in the development of the Agency's Child and Family Services Plan (CFSP). As the Agency implements the CFSP, these organizations and advocacy groups are committed to supporting the CFSP implementation.

The goals, objectives and measures of progress of CFSA's 2015-2019 CFSP emerged out of the *Four Pillar Strategic Framework*. The Four Pillars align with the CFSP's overarching themes of safety, permanency, and well-being in addition to guiding Agency strategy and practice since their inception in 2012. Agency performance under each pillar can be assessed by way of quantifiable measures that are informed by the following: (1) the federal National Standards for child welfare, (2) the 2010-2014 CFSP, (3) the Agency's Child and Family Services Review (CFSR) Program Improvement Plan (PIP), and (4) the *LaShawn A. v. Gray (LaShawn)* Implementation and Exit Plan (IEP).

During the development of the *Four Pillar Strategic Framework*, and with an eye toward the aforementioned oversight requirements to which it is held, CFSA collaborated with external partners to devise meaningful, measurable objectives to create accountability under each pillar. By extension, this collaboration has also laid the foundation for the CFSP.

Key Collaborators in the Development and Implementation of the CFSP

Perhaps the longest-standing and most visible collaboration between CFSA and the greater District community is the Agency's partnership with the *Healthy Families/Thriving Community Collaboratives (Collaboratives)*. This is a multi-faceted partnership that involves various activities within the prevention continuum. As community-based, social services organizations, these Collaboratives are strategically located in five District neighborhoods that have a high representation of families in contact with the child welfare system. Accordingly, the Collaboratives serve as gateway access points to government resources and services, and also to nearby community resources. With specific respect to CFSP development, the Collaboratives are integral partners in the implementation of CFSA's title IV-E waiver demonstration project. Not only are many of the community-based programs that are being expanded under the waiver being administered by the Collaboratives but evaluation measures for overall implementation have been integrated for purposes of the continuum of services.

While the activities of the Collaboratives take place primarily prior to children crossing the threshold of child welfare's "Front Door", the *Consortium for Child Welfare (CCW)* is a key partner in service provision for children who have already entered the foster care system. CCW comprises many of the contracted private agencies that provide traditional, specialized, and therapeutic foster care services to CFSA wards. Roughly half of all children in foster care are served by the private agencies. In the context of federal reports, when CFSA refers to the child welfare system, case practice, policy, and the actions of

its social workers, these statements encompass the activities of the member agencies of CCW. They are part and parcel of the entire foster care system.

Another key partnership for CFSA is that between the Agency and the *Foster and Adoptive Parent Advocacy Center (FAPAC)*. FAPAC is a community-based organization that provides training, support, and advocacy for foster, kinship, and adoptive parents. It works to strengthen relationships between birth and foster parents, and works in partnership with CFSA and private agencies to develop solutions to systemic problems in the child welfare system. CFSA's collaboration with FAPAC has greatly improved the Agency's District-based foster family recruitment efforts, which increases placement stability for youth placed in family-like settings. FAPAC further provides important feedback from the resource parent community regarding needed system improvements and service gaps. Specific to the CFSP, it is FAPAC's focus on resource parent support and child placement stability that informed the exit standards. This partnership is integral for ensuring provider buy-in for system reforms that the Agency puts in place in response to feedback and needs of the foster care population. CFSP progress measures address those factors.

In addition to FAPAC, CFSA has partnered since 2004 with another advocacy program, the DC Metropolitan Foster and Adoptive Parent Association (FAPA). FAPA has provided pre-service and in-service training and other services to foster, adoptive, and kinship parents. FAPA has also been integral to the success of CFSA's foster parent recruitment and retention efforts.

CFSA's partnership with the *DC Superior Court Family Court Division (Family Court)* and the *Court Improvement Project (CIP)* occur both at the macro-level with program planning and development as well as at the case level. Programmatically, CFSA collaborates with the Family Court on the administration of the Family Treatment Court program for parents with substance use issues. As part of this collaboration, CFSA also works closely with the Mayor's Services Liaison Office (MSLO), which is housed in the Family Court building.

CIP representatives have participated on the planning team and the on-site review team for every federal review that has occurred in the District since 2003. As a key contributor to Agency efforts on title IV-E Foster Care Eligibility Reviews (and subsequent PIPs, when necessary) as well as the CFRS, CIP staff will continue to collaborate in this capacity moving forward.

The *Children's Law Center (CLC)* is a District-based, non-profit legal services organization that provides a full spectrum of children's legal services. Because CLC attorneys often represent CFSA clients, there is frequent case-specific teaming. In addition to being a key partner in the context of macro-level policy-making, CLC also regularly provides written testimony during District Council oversight hearings. Indeed, insights gleaned from these testimonies were instrumental in informing the IEP measures. In particular, CLC's emphasis and focus on outcomes for older youth were integral to the development of exit standards that addressed stable housing and employment readiness for youth preparing to exit the foster care system. These exit standards are integrated into the CFSP measures of progress.

The *Mayor's Advisory Council on Child Abuse and Neglect (MACCAN)* is a multi-disciplinary advisory board that has been in existence since the *CFSA Establishment Act of 2001*. In accordance with the needs of the District, MACCAN's membership, activity, and areas of focus have changed over the years. Most recently in 2013, MACCAN began convening more regularly for the purpose of reviewing and analyzing the District's child welfare system and for making recommendations to the Mayor on policy and legislation that would lead to improved overall functioning. Toward that end, MACCAN agreed to partner with CFSA to review drafted documents and to provide input to the development of 2015-2019 CFSP as well as the final Annual Progress and Services Report (APSR) of the current CFSP. Moreover, MACCAN

will review and assess Agency progress and performance in regards to implementation of the CFSP alongside monitoring progress during the development of ensuing APSRs.

CFSA also maintains a close working relationship with the District's *Citizen Review Panel (CRP)*, many of whose members come from participating organizations already mentioned in this section. Annually, CRP publishes a comprehensive report summarizing its activities and the results of its independent assessment of Agency performance. Much of that analysis is based on data that CFSA makes available to the general public in its Annual Public Report (APR) to the Mayor and the Council. CRP analyzes APR data along with quarterly progress reports on benchmark standards to produce well-informed and insightful recommendations for practice improvements. Most of these have been accomplished and integrated into the CFSP for future monitoring and tracking.

The *Center for the Study of Social Policy (CSSP)* is CFSA's court-appointed monitor of the Agency's compliance with and performance under the consent decree. As part of its monitoring responsibility, CSSP publishes a semi-annual progress report that outlines CSSP's assessment of the Agency's performance regarding the exit standards. The report involves an in-depth analysis of Agency management reports and performance data across the child welfare continuum. CSSP's most recent report contained praise for the advances that the Agency has made in terms of practice and outcomes improvements, as well as areas for continued improvement. Specifically, the report emphasized improving CPS investigations as well as enhancing the quality and frequency of social worker and parent visitation. These visits are purposed to decrease the time to reunification, which is why those practice tenets are specifically represented in the current CFSP goals, objectives, and measures.

The *Young Women's Project (YWP)* is a local advocacy organization that works with CFSA to empower teen women and girls in DC to improve their lives and communities through education, training, advocacy, and support. In recent years, the Agency has worked with the YWP's Foster Care Campaign to improve the current financial support structure for youth in foster care. The campaign has helped to enhance the Agency's youth stipend requirements, structure, and operation. As does CLC, YWP regularly testifies at CFSA's performance oversight hearings before the DC Council. Their most recent testimony highlighted the aforementioned advances with respect to older youth stipends and noted the need for continued focus on improving academic performance and educational outcomes for all youth in care, especially older youth. Increasing the percentage of youth graduating from high school is an integral internal benchmark and this too has been integrated into the CFSP.

Assessment of Performance

Safety Outcomes 1 and 2

Introduction

As noted, CFSA's *Four Pillar Strategic Framework* is the foundation upon which the Agency has built the current and sustaining quality of the District's child welfare practice to ensure safety for all children. This includes the Agency's efforts to successfully achieve the following two identified outcomes for child safety: (1) children are first and foremost protected from abuse and neglect, and (2) children are safely maintained in their own homes whenever possible and appropriate.








To reinforce efforts to prevent the removal of children from their homes whenever possible, CFSA uses Child Abuse Prevention and Treatment Act (CAPTA) funding to support Child Protective Services (CPS) activities such as intake, assessment, screening, and investigation of reports of abuse and neglect and to enhance the use of the Differential Response (DR) model by developing, improving, and implementing risk and safety assessment tools and protocols.

At present, CFSA's efforts to safely maintain children in their home of origin involve a cadre of locally-funded prevention and family preservation grants to community-based providers. These grant-funded services focus on children and families who are unknown to the Agency but who are identified by medical practitioners and community-based providers as being in need of family supports. Under the recently awarded title IV-E waiver, CFSA is redirecting IV-E funds to expand these existing prevention services and to develop new community-based, evidence-based practices to support family stabilization and preservation for families who have open in-home cases with the Agency. In instances where a family's needs and a child's safety risks exceed the capacity of in-home interventions, home removals are necessary. The investigation and removal process incorporates the full attention and rigorous training of the CPS staff to assess safety on a varied spectrum. The work of the CPS staff is further reinforced by the guidelines set forth in the CPS [Investigations Procedural Operations Manual](#).²

Assessment of Performance

Table 1 depicts the District's performance via a hybrid snapshot of relevant and important Agency internal benchmarks and National Standards. To a great extent, these have been aligned with the goals, objectives, and measures reflected later in the CFSP. Complementing the table is a narrative that outlines causality and system response to these measures, followed by additional narrative that addresses performance on other National Standards not depicted in Table 1. The narrative concludes with highlighted results of recent qualitative case reviews that correspond to the measures below.

TABLE 1: Safety Outcomes 1 and 2

Key to Status: On Track  Nearing Target ³  Needs Improvement 			
	National Standard (NS) or Internal Benchmark (IB)	Current Performance (<i>reported for FY 2013</i>)	
SAFETY OUTCOME 1			
Decrease the foster care population (IB)	N/A	1,318	
Increase percentage of investigations initiated within 48 hours (IB)	95%	82%	
SAFETY OUTCOME 2			
Decrease re-entries into foster care (NS)	9.9%	13.8% (most recent internal) 11.3% (data profile)	
Families with low-to-moderate risk level referred to services at a Collaborative (IB)	90%	56%	

The national standards measure Agency performance on the following key "Front Door" indicators:

² This manual is available online at the CFSA website: <http://cfsa.dc.gov/publication/investigations-pom-pdf>. The manual is also available in hard copy upon request.

³ For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.

Decrease in the foster care population

Based on available census data, District residents 18 and under have declined by four percent between FY 2007 and FY 2012. Comparatively, during that same period the foster care population has decreased from 2,360 children in foster care to 1,794 children in foster care as reported on the first day of the year in the District of Columbia's data profile. This is a decrease by 24 percent overall between 2007 and 2012. Like most jurisdictions, CFSA has observed a steady decline in the foster care population over the past several years. Most recently, for example, at the end of FY 2013, the Agency was serving 1,318 youth in foster care. As of April 2014, the Agency was serving 1,167 youth in foster care. Comparatively, the number of youth receiving in-home services increased from 1,478 youth⁴ in FY 2013 to 1,541 as of April 2014.

What is contributing to the decrease in the foster care population?

The Agency keeps track of the number of children in foster care through a daily report disseminated to CFSA deputies, administrators, program managers, and data analysts from the Office of Agency Performance and the Office of Planning, Policy, and Program Support (OPPPS). Also provided is performance data for the decrease in the number of youth in foster care. Further, a monthly management report that goes to the Court Monitor and members of the management team highlights internal benchmarks from the Agency's SACWIS⁵ system and the quarterly *Four Pillar Scorecard*. Decreases in the foster care population have been evident since 2012 and appear to be directly correlated to the *Four Pillar Strategic Framework*, specifically "narrowing of the front door". The following practice activities are helping to achieve this goal:

- Scaling up the Differential Response (DR) model
- Examining screening criteria
- Increasing at-risk Family Team Meetings
- Reforming kinship care
- Reducing short stays in foster care

CFSA anticipates that the ongoing impact of the above activities will continue to influence decreases in the foster care population while also influencing the increase in the number of families receiving in-home services. This projection is supported by the following data: in 2011, the number of children served in-home versus foster care was still about equal. By the end of 2012, after the *Four Pillar Strategic Framework* was implemented, children served in-home increased to 55 percent while children served in foster care decreased to 45 percent. In response to this ongoing trend and in partnership with its community stakeholders, the Agency set forth its goals, objectives, and service array.

Alongside the belief that children are entitled to develop naturally while maintaining healthy relationships with their families of origin, there is an emphasis on diverting families from traditional Child Protective Services (CPS) investigations and increasing quality services for in-home cases, as well as diverting families with low-to-moderate risk to the Family Assessment (FA) track for voluntary community services. FA is a primary component of the implementation of the DR model, and is supported by an evidence-based decision-making tool (Structured Decision Making, or SDM). Through this track and the SDM tools, the Agency is able to determine the most appropriate response to CPS Hotline referrals for families. CFSA has and will continue to take a comprehensive look at the service and resource needs for these families.

Timeliness of Investigations

In FY 2012, the Agency began measuring acceptable investigations through the lens of its *Four Pillar* framework by producing a quarterly scorecard that tracks National Standard measures as well as the

⁴ Siblings in out-of-home placements are not included in this count.

⁵ Statewide automated child welfare information system

Agency's benchmarks. One benchmark that tracks safety and to what degree the Agency ensures that youth are free from abuse and neglect is the timeliness and efforts made for closed investigations. The Agency standard for initiating investigations within 48 hours is 95 percent, including documented good faith efforts. CFSA has worked to steadily improve performance on this measure. In FY 2012, the Agency performed at a baseline of 70 percent. In FY 2013, the Agency established a target of 85 percent. The FY 2013 baseline, however, was slightly under the target at 82 percent. Despite not meeting the target, performance has steadily increased each quarter since 2012. Accordingly, the Agency has increased the target. For FY 2014, the target was increased again to 95 percent. The average for the first two quarters of the current fiscal period was 88 percent. In support of the Agency's overall efforts to increase timeliness, the CFSA director is personally becoming immersed in the day-to-day analysis and barrier reduction.

What impacts the timeliness of the Agency's investigations?

Similar to the decrease in entries into foster care, the Agency analyzes the timeliness of investigations both through a daily CPS report and a monthly report that is disseminated to management and support staff, such as CFSA deputies, administrators, program managers, and data analysts from the Office of Agency Performance and OPPPS. By drilling down data to the managerial and supervisory levels, the Agency is able to determine patterns and reasons for investigations that have not been initiated within the 24-48 hour time frame or that have not been completed within the 30-day timeframe. CPS managers review the data and identify corrective actions accordingly. Although CFSA has observed qualitative inconsistencies in investigation practice, the projected impact of trend reports and deep-dive analyses of the investigation data, alongside implementation of the new SDM and RED team frameworks, is expected to bring about an improvement in the quality of investigations as well as timeliness.

To more accurately track the Agency's levels of response to allegations of abuse or neglect, the Agency enhanced FACES.NET to allow CPS Hotline workers to document intake and RED team decisions so as to reduce the time it takes to generate a referral.

As of FY 2013, the District's data profile revealed that 1300 reports were substantiated (with a unique count of 320 entering care); 4,190 were unsubstantiated; and 741 were either closed with no finding, screened out for no victim being identified at the level of abuse or neglect, or diverted to the DR/FA assessment track. In all categories, the number of substantiated and unsubstantiated referrals has been declining over the past five years. Since FY 2013, however, the District's data profile indicates reports with a disposition of "other" are almost four times that of FY 2011 baseline of reports (741 vs. 198). CFSA associates this significant increase to the emergence and growth of the DR/FA response to CPS investigations.

The Agency has also observed a diminishing proportion gap between the number of CPS referrals and FA referrals. In observing caseload counts as of May 2013, 88.6 percent (659) of Hotline reports were referred to CPS investigations compared to 11.3 percent (84) being referred to the FA track. As of April 2014, 54.8 percent (508) of Hotline reports were referred for CPS investigations compared to 45.1 percent (414) for FA referrals.

Based on utilization of the Agency's growth model forecast, CFSA can anticipate that 95 percent of the investigations conducted in FY 2015 will be initiated within 48 hours. Further, it is expected that this performance will be maintained through FY 2017, which means the Agency will be achieving its internal benchmarks.

Decrease re-entries into foster care – For the past 12 months (as of April 2014), there were 324 initial entries and 78 reentries into foster care. The Agency has an internal target of no more than 9.9 percent of youth reentering care within less than 12 months of being discharged to reunification in the previous fiscal year. For the first time, the Agency met this internal measure in FY 2013 by achieving a performance level of 9.72 percent (24 reentered out of 247). As of April 2014, Agency performance was

at 6.03 percent (i.e., 7 children reentered out of 116). The Agency is evidencing progress and continues to focus on reducing reentries, especially those involving reunified children.

Why the Agency anticipates that re-entries will continue to decrease

Although the Agency works with birth parents and caregivers to prevent re-entries, CFSA does not have a formal procedure for analyzing the factors that impact how we are reducing re-entries however with the 2013 *Needs Assessment* and ongoing implementation of Title IV-E intervention programs the Agency will be able to provide more analysis around prevention efforts. The Agency has conducted quarterly reviews to examine reasons why children who have exited foster care within the past 12 months have returned to foster care. As with reoccurrence of maltreatment, the Agency's Office of Agency Performance (OAP) will conduct a more in-depth analysis that will look at the case notes for children who have been reunified and returned within 12 months.

The 2013 *Needs Assessment*, with the support of foster parents, biological parents, social workers and youth the Agency examined services and resources needed to prevent entry or re-entry into foster care, as well as supports and resources needed to ensure stabilized placements. Most importantly, it seeks to identify placement-related factors that support or hinder achievement of permanency goals for children in care. The 2013 *Needs Assessment* reveals a number of important strengths but also several challenges, specifically for the Agency to maintain its recent momentum towards reducing the foster care population including reducing re-entries. One recommendation from stakeholders such as Collaboratives, birth families, youth and workers was for CFSA to expand on post-reunification resources to prevent re-entry. More specifically, to continue to evaluate the effectiveness of competitive prevention grants that empowers community-based organizations to make early contact with at-risk families, and to intervene and overcome those risks. Additionally, it was recommended that CFSA also needs to identify local and federal resources, in addition to the title IV-E waiver demonstration project, to expand effective programs and fund promising new interventions in the District's neighborhoods to keep families from coming into contact with the child welfare system, to expedite reunification, and to reduce re-entries.

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

Ensure that families with low-to-moderate risk levels are referred to a Collaborative.

CFSA depends upon its community-based partners to deliver prevention and family stabilization services in order to prevent at-risk children from entering into foster care. As a matter of course, families exhibiting a low-to-moderate abuse or neglect risk levels are often referred to their neighborhood Collaborative to receive voluntary services that mitigate their risk factors. The availability and clinical capacity of the Collaboratives to work with low-to-moderate risk families allows CFSA to direct its resources toward higher risk families with greater clinical complexity. It is an integral and positive symbiotic partnership within the child welfare continuum. The more effective CFSA is at creating the linkage to the Collaboratives, the greater the likelihood that the linked child will stay out of foster care.

To accurately capture data on the number of families referred to a collaborative to receive services due to a low or moderate risk of abuse or neglect present in the home, the Agency modified a management report in June 2013 to more accurately track the number of these referrals to a collaborative. The modification to the report, i.e., improving data factors, revealed an increase from 45 percent of families needing services being referred in June 2013 to 89 percent of families as of April 2014.

Overview of Other Quantitative Performance Measures Related to Safety Outcomes 1&2

Improve Visitation for In-Home Families– To ensure that children remain safely in their homes the Agency set a target of 95 percent of families being visited by a CFSA social worker in their home and 85 percent of families receiving a second visit per month by the social worker or family support worker. Since establishing this measure in FY 2010, the Agency has excelled in meeting the 85 percent benchmark for families receiving twice-monthly visits with at least one of which occurs in the home. Performance has remained within the 89-91 percent range.

Absence of Maltreatment Recurrence and Absence of Child Abuse and Neglect in Foster Care – In regard to safety, the CFSR measures the number of incidences where children are found to be re-victimized while in the first six months (with a finding of maltreatment indicated) and within nine months of entering foster care. With respect to recurrence of maltreatment within the first six months of entering care, the Agency has improved from 6.2 percent in FY 2011 to 5.3 percent in FY 2013, which is below the national standard of 6.1 percent. The second measure looks at all of the children served in foster care during the reporting period (e.g., nine months within the fiscal year). The national standard for the incidence of child abuse and/or neglect in foster care is .57 percent or less, with a lesser score meaning a state is performing at a level above the national standard. As of FY 2013 the Agency has experienced a decrease (.17%) in the percent of youth exposed to abuse and/or neglect while in foster care since FY 2011. The Agency's performance is above the national standard and safety monitoring continues for all children in foster care.

What contributes to decreasing the reoccurrence of maltreatment while children are in foster care?

OAP has conducted quarterly reviews to examine reasons why children who have exited foster care within the past 12 months have returned to foster care. Moving forward, OAP will be conducting a more in-depth analysis that will look at the case notes for children who have been reunified and returned within 12 months and whether or not the parents had any unmet needs, gaps in services, noncompliance, practice challenges, etc. In this manner, the Agency can identify any correlation between reasons for removal, service implementation and reentry. The Agency anticipates that the understanding provided by the in-depth reviews will facilitate the Agency's continuing positive performance above national standards for the reoccurrence of maltreatment. Ongoing monitoring of this indicator through a daily report, the monthly management report packet, and the quarterly *Four Pillar Scorecard* will also help to reveal barriers and successes over time. The information will subsequently be used by management to enhance practice and services that continue to address and reduce reoccurrences of maltreatment.

Overview of Qualitative Case Review Data Related to Safety Outcomes 1 & 2

The Agency performs Quality Service Reviews (QSR) annually with the number of case reviews being determined jointly by CFSA and the *LaShawn* Court Monitor, CSSP. The *Safety* indicator measures the degree to which the child is free and safe from abuse, neglect, intimidation and exploitation by others in his/her place of residence, school, and other daily environment. This indicator has remained consistently high – between 93 and 96 percent - over the last three years.

Between January and March 2014, a case review was conducted across elements of Entry Services from Intake to CPS, providing further insight and data into how the Agency is responding and engaging children and families at risk of abuse and neglect. Findings were shared through a quarterly trend report and aid in enhancements over time to practice. Review participants include Quality Assurance, Agency Performance, and the Court Monitor.

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

Under the rubric of the first pillar (i.e., narrowing the front door), prevention has become a defined interface among CFSA's contracted partners, as well as among its working relationships with other

government agencies. Services are provided based on a thorough and comprehensive assessment of family needs, strengths, and challenges. Details and descriptions follow.

The Front Door Continuum: Community-Based Prevention

The District's child welfare system actually begins prior to contact with CFSA when families access primary prevention services that are readily available in the community. CFSA continues its longstanding partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives), which are located in neighborhoods from which many child welfare referrals have come historically. CFSA contracts with the Collaboratives to provide families in their neighborhoods and communities with access to a range of services geared toward mitigating abuse and neglect risk factors, building familial capacity to care for children, promoting family stability and self-sufficiency, and ultimately keeping children safe in their homes and out of the foster care system. Collaborative services are available to families who are referred by CFSA and to those who self-refer or are referred through the assistance of other third-party agencies. This ongoing collaboration of service delivery remains a critical part of the family support infrastructure in the District.

As a District government grant-making authority, CFSA leverages local dollars and federal Community-Based Child Abuse Prevention (CBCAP) resources to fund community-based providers that implement evidence-based practices to promote family stability and bonding and to reduce community risk of abuse and neglect. Informed by needs highlighted in its Quality Service Reviews, the Agency bi-annual *Needs Assessment*, and feedback from the provider and advocacy community about the District's prevention service gaps, CFSA releases Requests for Applications (RFA) for capable providers of services such as home visitation and parent education and support programs. As the District's population continues to diversify there is a corresponding need to regularly reassess its needs, and to put the appropriate services in place to meet those needs. CFSA has the flexibility and resources to do so every year.

In FY 2013 and continuing into FY 2014, these grants include the following evidence-based services:

- *Parent Education and Support Project (PESP)* – Four grantees throughout the District provide in-home visitation, classroom education, and support services specifically geared toward equipping parents with tools and strategies to keep children safe and to nurture and promote healthy development and academic achievement. The program also links families to clinical services, support groups, and direct assistance programs.
- *Father-Child Attachment Program* – One grantee provides home visitation and consultation services in the District Wards that have disproportionate reports of abuse and neglect. The program is designed to help fathers forge lasting bonds with their children in order to improve child development outcomes. Program goals include increasing protective factors specifically by improving non-custodial father/custodial mother relationships and interactions.
- *Home Visitation* – CFSA awarded multi-year grants to two community-based organizations that provide voluntary, intensive home-visiting services for up to 150 families. Families served may have histories of trauma, intimate partner violence, and mental health or substance abuse issues. Services begin prenatally or shortly after the birth of a baby and may continue through the child's 5th birthday.
- *Parent and Adolescent Support Services (PASS)* – In 2013, CFSA and the Department of Human Services (DHS) entered into a Memorandum of Understanding to support expansion of the DHS Parent Adolescent Support Service (PASS). The PASS program is a voluntary program open to families of District youth ages 10-17 who have committed a "status offense", e.g., truancy, running away, curfew violations, and extreme disobedience. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare or juvenile justice intervention is needed. In FY 2013, PASS received 91 referrals for services. At

the end of the year, nine families had successfully completed services based on the goals identified in their individual case plans and another 30 families were open for services. Success is defined as the elimination or dramatic reduction of the status offender behaviors. PASS and the family may also choose to close the case when the behaviors are trending in the right direction and the youth and family have ongoing supportive services in place which makes continued involvement with duplicative. PASS will also follow-up with a family after case closure (at one and six months) to see if the success has been maintained and if the family could benefit from any additional support.

In addition to providing grants for these services, CFSA also entered into contractual agreements in FY 2014 with providers to extend the services to families involved with CFSA as part of the District's title IV-E waiver demonstration program. Prior to this, funding restrictions under the grants had prevented the services from being provided to these families. Information on the number of families who have been referred to and have received the services to-date is captured in the table below. CFSA recognizes that the services are currently underutilized and has developed a communication plan to increase social worker awareness of the availability of services. This has included monthly meetings with the providers to discuss challenges with referrals and possible strategies to address them.

Provider	Parents
CentroNia (PESP ⁶)	5
Columbia Heights/Shaw Family Support Collaborative (PESP)	11
East River Family Strengthening Collaborative (PESP)	4
Healthy Babies Project, Inc. (PESP)	1
Mary's Center for Maternal and Child Care, Inc. (Home Visitation ⁷)	15
Mary's Center for Maternal and Child Care, Inc. (Father-Child Attachment ⁸)	2

CFSA has partnered with an independent evaluator to develop and administer an evaluation of the waiver. CFSA's evaluation plan was approved by the Children's Bureau on June 24, 2014. As part of the evaluation, each of the providers will be using the Protective Factors Survey to collect data to evaluate outcomes related to family functioning. The Protective Factors Survey is a self-administered survey that is a pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services. The tool measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development.

The Front Door Continuum: Agency Response to Abuse and Neglect Reports

When families do come into direct contact with the Agency, it is through the Entry Services division and in particular, the CPS Child Abuse and Neglect Hotline (202-671-SAFE) through which Agency social workers receive and vet reports of alleged child abuse and neglect.

In order to determine the most appropriate response to each Hotline report, CFSA has implemented a Differential Response (DR) model supported by an evidence-based decision-making tool (Structured Decision Making, or SDM) and a formal group decision-making construct (or RED teams) that help to

⁶ The PESP contracts were finalized in December 2013.

⁷ The home visitation contract was finalized in August 2013.

⁸ The contract for Father-Child Attachment was finalized in November 2013.

ensure that the Agency's response to each report is uniform, appropriate, and effective for each family's individual circumstances.

Informed by the completed SDM tool, the RED team determines which "pathway" is the most appropriate for each Hotline report it reviews.⁹

- A report is *screened out* when elements of child abuse or neglect are not met, such as in the following circumstances:
 - ✓ The alleged perpetrator is not a parent, guardian, or custodian, in which case the Hotline worker forwards the report to law enforcement.
 - ✓ The alleged victim is 18 years of age or older, also forwarded to law enforcement.
 - ✓ The alleged victim resides outside the District and there is no emergency situation (as defined by law), in which case the report is forwarded to the appropriate child welfare jurisdiction.
- *Information and Referrals* (I&Rs) are calls that do not require the Hotline worker to formally screen for abuse or neglect, but they either fall outside the parameters of CFSA's mandate or require a non-investigatory response from the Agency. Examples include reports where:
 - ✓ A curfew violation is the only presenting issue.
 - ✓ Fetal Alcohol Spectrum Disorder (FASD) is the presenting issue.
 - ✓ The call is a request from another child welfare jurisdiction to provide assistance by way of a "courtesy interview" of a child or family.

For I&Rs, the Hotline worker is instructed to provide the caller with contact information with appropriate District agencies, organizations, or service providers who can appropriately address their issues or concerns.

- *Family Assessment* (FA) assignments occur when the neglect allegations are determined to be low-to-moderate risk. FA social workers engage these families, work with them to address their issues, and link them to services they need to address them. For a family who agrees to the voluntary FA process, there is no finding or substantiation of abuse or neglect, nor is any adult's name entered into the Child Protection Register.¹⁰ The family may, however, have an in-home case opened through the Agency's Office of Community Partnerships so that services and resources are provided according to the family's unique needs and goals for stabilization. It is also possible that the family may be referred to the Healthy Families/Thriving Communities Collaboratives for services and case management.
- *CPS Investigations* originate when the Hotline RED team determines that there are specific child safety concerns that require further investigation and analysis. The assigned CPS investigative social worker will then contact the family and perform a comprehensive investigation of the reported allegations. In partnership with the family, the social worker will develop a safety plan to address the risk factors, and to provide linkage to necessary services within CFSA or in the community.

CPS investigations are also supported within the RED team framework through a review that occurs 10 days following the assignment to the investigator. The team discusses the family risk factors and assists the assigned worker with recommendations on how best to proceed with the case. In instances

⁹ The only Hotline reports that are not subject to a RED team review are those that require, in the clinical judgment of the Hotline worker, an immediate Agency response due to emergent circumstances OR that are screened out.

¹⁰ The Child Protection Register is an index of perpetrators of child abuse and neglect in the District of Columbia. CFSA is responsible for the operation and maintenance of the Register, making appropriate entries and releasing information in a manner that is consistent with the law.

where risk factors remain prevalent but do not warrant a home removal, the CPS social worker refers the family to ongoing in-home case management services through CFSA's contracted partnership with the Collaboratives. When the Hotline receives a new report about a family with a current in-home case, but the report does not meet a level that requires an investigation, the Family Assessment and in-home social workers conduct a joint safety assessment. The social worker managing the case will provide a re-assessment to address the new allegations. CFSA in-home staff will ensure that interventions and services are in place to help the family stabilize with a focus on child safety.

A CPS investigation may also result in a disposition of substantiated allegations (i.e., the maltreatment actually occurred) that requires removal of a child and the opening of an out-of-home case. Depending on the risk level and needs of the family at the investigation's closing, a disposition of "inconclusive" may also result in a referral to a Collaborative for services, or as noted above, an open in-home case under CFSA's Office of Community Partnerships.

- *Educational Triage* – CFSA's Educational Triage Unit is not a pathway itself, but rather it is a dedicated unit of trained social workers who are responsible for vetting and researching Hotline calls that allege educational neglect. The unit was created in 2013 to respond to an increase in educational neglect calls from District schools that partially resulted from the passage of [*Attendance Accountability Amendment Act*](#), "to amend the Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2010." The influx was also due to the enforcement policies established by the schools in FY 2013 due to their previous lack of compliance with the 10+ reporting standard. Among its many provisions was a mandate that District public schools (and charter schools) formally report to the Hotline whenever an enrolled child had 10 unexcused absences. Many of these schools do not have social workers on staff to intervene in educational neglect situations and obtain a full understanding of the familial situation, yet they still must comply with the new law with a Hotline report. Many of these reports involved cases that did not, in fact, meet the statutory definition of educational neglect. Therefore, every educational neglect call to the Hotline is immediately referred to the Educational Triage Unit, which sets out to confirm the veracity of the report before it is then referred to one of the other pathways above for appropriate services intervention. The Triage unit, when warranted, responds directly to school Administrators and faculty in regards to educational neglect referrals, however this does not occur to discuss the circumstances of every report. The triage unit has received 2,705 reports for the 2013-2014 school year, the figure presented is point in time as of May 26, 2014 (the unit actively receives reports on a daily basis).

Family Interventions and Practice Supports for Prevention of Home Removals

The Agency has made concrete strides toward improving overall practice by providing written practice guidance to social workers working within entry services. This has included the development and publication of "procedural operations manuals" (POMs). POMs cover the most salient steps required for achieving quality practice standards and governance of key functions along the child welfare continuum, including but not limited to the CPS Hotline and investigations process, as well as service provision for clients receiving in-home or out-of-home services.

While publication of the various POMs has supported improved practice with clear guidance for staff, CFSA recognizes that POMs must function as "living documents". CFSA will continue to review and update the POMS to allow for quality case practice and consistency in the work. Overall, the staff has responded anecdotally but positively to the POMS and is pleased to have the desk reference guide to assist them with the work.

When CPS completes its clinical and legal determination that a removal is unnecessary, the child subject of that investigation and his or her family are linked to a CFSA in-home social worker (co-located at one of the community-based Collaboratives). The in-home social worker then partners with the assigned

Collaborative family support worker (FSW) to ensure that the most appropriate services and supports are offered in response to the family's identified needs. In addition, the case management team partners closely with the family to develop a tailored case plan with the intent to overcome or mitigate any risk factors.

The Agency also has internal resources via CFSA's Office of Well Being to support social workers' decision-making, specifically for assessing and referring clients who have been impacted by co-occurring issues. These types of issues may include but are not limited to domestic violence, substance abuse, mental health issues, parenting problems, educational neglect, or lack of material necessities. In addition, CFSA's Office of Community Partnerships provides referrals for housing issues or in-home parent education and support.

Identifying and Responding to Families Affected by Domestic Violence

Domestic violence (DV) has a significant impact on the children and families involved with the child welfare system. For example, in fiscal year (FY)¹¹ 2012, CFSA's DV specialist received 167 referrals for DV services. In FY 2013, the DV specialist received 292 referrals, almost a 75 percent increase. Additionally, social workers reported through the Agency's *2013 Needs Assessment* that engaging families who experience DV is one of the most challenging issues confronting their work with children and families. In direct response to this feedback from direct service staff, CFSA implemented a new [Domestic Violence Policy](#) and developed DV webinars and training for staff and social workers.

Identifying and Responding to Families Affected by Substance Use

The correlation between substance use and child maltreatment is well documented in child welfare research. To address substance use in this regard, CFSA has partnered with its sister agencies through the Family Treatment Court (FTC).¹² To date, the program has served over 200 women (and their children). Over half of these women have graduated successfully from residential substance abuse treatment programs and are reunified with their children. Recently (in the first quarter of FY 2014), FTC was expanded to include fathers as well as non-residential treatment options (see *Safety Outcome 2*, below).

Beginning in FY 2014, CFSA's Permanency Administration will include a unit of "recovery specialists" who help with services, e.g., transportation, as well as coaching clients involved with FTC. Augmenting this partnership are multiple new substance use processes through CFSA's Office of Well Being (OWB). For example, since 2013, the FTC assistant attorney general screens every petition and enters the clients with substance use issues into APRA's DATA¹³ system. The FTC coordinator meets with clients to discuss FTC, administer the Global Appraisal of Individual Needs (GAIN-SS), obtain the necessary consent, and to schedule clients for the APRA assessment. The FTC recovery specialist follows up to ensure consents from all clients and that the GAIN-SS is completed. This follow up may also include collaboration with the ongoing social workers. For youth who are screened at CFSA's Healthy Horizons Assessment Center (HHAC) upon entry into care and whenever a placement change occurs, HHAC attempts to do a GAIN-SS and a urine screen. The results of those screenings are transmitted to OWB. For youth with a positive GAIN-SS, positive urine screen, or concern by HHAC regarding substance abuse, the HHAC substance use coordinator notifies the social worker and requests submission of the OWB Universal Referral Form. This form provides the information needed to connect youth to the appropriate services.

¹¹ October 1st – September 30th.

¹² The District of Columbia Family Treatment Court (FTC) was created in 2003 under the umbrella of the Superior Court of the District of Columbia's Family Court in order to assist substance-abusing parents who are willing to maximize their chances of family reunification. See page 25 for further detail.

¹³ District Automated Treatment Accounting.

CFSA also maintains a strong partnership with the Department of Behavioral Health (DBH) as a key partner in the District's System of Care (SOC). Under the terms of a multi-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), DBH is leading efforts to expand the SOC. This partnership has also expanded access to services via DBH's dedicated mental health liaison, co-located to work directly with social workers to facilitate access to referrals and services.

This is particularly important to the in-home population, helping to navigate network requirements and service eligibility issues that these clients face. The partnership also avails Crisis Mobile Response services to children who are CFSA-involved. In FY 2014, a count of 79 referrals was sent for mobile crisis stabilization, including 26 from CFSA and 53 from Private Agencies. In total, 82 percent (65) of the placements were maintained as a result of services. Of the remaining cases, 11 youth experienced a replacement and three went into abscondence.

Strengths and Promising Approaches

Looking ahead, CFSA will continue to strengthen and improve its model of Differential Response. While an urgent protective response continues to be a priority in situations involving severe abuse, the establishment of the Family Assessment (FA) administration allows the Agency to better intervene with families with low-risk allegations. This FA process is designed specifically to be supportive of the family, focusing on identifying, assessing, and addressing a family's needs. Through family engagement and partnering, families can receive necessary services without investigation techniques that focus on identifying a victim and a perpetrator. Currently, the Agency is in the process of identifying short- and long-term goals for evaluation outcomes. Technical assistance to support this effort is coming from the National Resource Center for Child Protective Services (NRCCPS) and Casey Family Programs. This evaluation, led by the Institute of Applied Research, will allow for a detailed examination of whether our practice is achieving the Agency's desired outcomes. Findings from the evaluation will help to inform decisions about the size and scope of any proposed enhancements or expansion to FA.

As noted earlier, the Agency is also implementing program changes under the title IV-E waiver demonstration project. Planned enhancements include the expansion of home visitation programs and support of the Parent Education and Support Project (PESP). The primary goal of these CFSA grant-funded services is to prevent initial entry and to reduce re-entry of families¹⁴ into the system through the provision of services that promote protective factors that can reduce risk, build family capacity, and foster resilience. In 2013, CFSA engaged the National Resource Center for Community-Based Child Abuse Prevention (CBCAP) to provide PESP grantees training for administering and incorporating the Strengthening Families Protective Factors tool into their respective programs. After CFSA's standardization of the use of the Protective Factors Survey (PFS) for its PESP provider network, each provider is now able to administer the PFS and utilize the findings to adjust and improve service delivery to the target population.

Technical assistance for in-home services was provided by the National Resource Center for In-Home Services (NRCIHS) in 2013-2014. The purpose was to inform recommendations for child welfare systems design, program design improvement, and practice model improvement. The NRCIHS met with staff to map the in-home services system and to review existing policies and procedures. NRCIHS also facilitated discussions with all key stakeholders and conducted case reviews of in-home and Collaborative cases. This work led CFSA to develop strategies to address the following areas:

- Transfer of CPS information and cases to the In-Home Administration.

¹⁴ This includes families who have come through the Family Assessment pathway and families receiving in-home services.

- Use of Functional Assessment and Safe Closure Pathway.
- Clear procedures for connecting the family to services that increase parental capacity and protective factors.
- Enhanced engagement with families, specifically those with a history of substance use and mental health issues.
- Determinations regarding efficacy, benefits, and coordination of in-home services for children and their families.

NRCIHS also partnered with CFSA to develop curriculum for social workers and supervisors to increase critical thinking and improve documentation the following areas:

- Better engagement with families and assessment of safety during visits.
- Connecting families to the services they need to ensure the safety and well-being of the children in their care.
- Purposeful and strategic visitation as a tool to improve outcomes for children and families

The curriculum is expected to be fully incorporated into CFSA's training plan in FY 2015.

To complement the proposed strategies outlined above, CPS and the In-Home Administration initiated the CPS to In-Home Transfer RED team meetings. These meeting occur with families in their homes to facilitate the families' understanding of the purpose and direction of in-home services.

Other supportive technical assistance was provided by the National Council of Crime and Delinquency's Children's Research Center to revise the current Structured Decision Making Caregiver Strengths and Needs Assessment (Family Functional Assessment). A major shift resulting from this revision will be the common use of one caregiver assessment tool shared by CFSA and the Collaboratives. At present, CFSA uses one tool while the Collaboratives use their own tool. The revised assessment, retitled the Caregiver Strengths and Barriers Assessment (CSBA), focuses on what prevents success while yet still noting the family's needs. As a result of the revisions, the CSBA will more adequately capture the extent to which parents are able to meet the needs of their children and to what the extent services provided increase the protective capacity of the parents and reduces safety concerns for the children in their care. CSBA assesses 14 domains – six more than the current assessment – and rates four levels of functioning with consistent definitions for each item. Full implementation is expected in FY 2015, including use by the CFSA's Family Assessment Unit, the In-Home and Permanency Administrations and, as noted, the community-based Collaboratives.

In addition, CFSA is implementing two new evidence-based models under the waiver:

- Intensive Family Preservation Services – [*HOMEBUILDERS®*](#) is an intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth. The program provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. The program is also used for families whose children are being returned from out-of-home care, and for difficult post-adoption situations.
- Post-Reunification Services – [*Project Connect*](#) is an evidence-based model that works with high-risk families who are affected by parental substance abuse, mental health issues, and domestic violence. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most *Project*

Connect families is maintaining children safely in their homes, the program also works to facilitate reunification if removal is necessary.

Areas in Need of Improvement

Data and qualitative analysis of information and stakeholder feedback related to Safety Outcome 1 highlight the need for improvement in the timeliness of CPS investigations. Specifically, the Center for the Study Social Policy (CSSP) noted investigations of abuse and neglect as an area of focus for continued improvement in its February 2014 testimony before the DC City Council's Committee on Human Services. Through investigation case reviews by RED teams, including continuous quality improvement (CQI) steps that are integrated into practice and outlined in CFSA's *CQI Plan*, CFSA is ardently working to increase the percentage of investigations initiated within 48 hours of a referred hotline call.

In addition, CFSA has taken aforementioned action to improve case management teaming from the initial stages of each case, including representation from the varying systems impacting the family at the time of the referral. As noted above, it is anticipated that the aforementioned strategies will result in performance improvement in this area.

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

Following the implementation of the *Four Pillar Strategic Framework* in 2012, CFSA greatly fortified efforts to prevent children and families from entering or reentering the "front door" of the District's child welfare system. This has been accomplished first by addressing the needs of children and families who may require assistance but whose situations do not yet rise to the level of concern that warrants a report for child abuse or maltreatment. By providing a series of diverse family assistance, education and support services and interventions, CFSA has been able to divert more formal involvement with the child welfare system.

Respond, Evaluate, and Direct (RED Team)

There are approximately ten RED teams operating at the Agency: 10-15 Day Review, CPS to In-Home Transfer, In-Home to Permanency Transfer/Removal, In-Home, Placement Matching, Permanency, Special Corrective Action, In-Home Big RED,¹⁵ Permanency Big RED, and CPS Big RED. Most recently, the QSR Big RED was introduced to provide a forum for sharing of the QSR findings and recommendations as well as follow-up on case progress. These decision and consultation teams have been designed to respond to the needs of children and families at risk of experience abuse and neglect from prevention to permanency. Currently, the Agency is in the process of gathering preliminary data for the 10-15 Day Review and In-Home RED team meetings. Manual tracking is taking place and captures data elements such as demographics (e.g., ward, gender, and language), goal length, barriers to returning home or being placed with kin, paternal and maternal engagement, length of time in care, permanency goal, placement type, allegations, services and next steps. The Agency is working to develop a framework for reporting outcomes on each of these teams within FACES.NET in order to produce management reports and track performance and trends.

CFSA's Title IV-E Waiver: Focus on Prevention and In-Home Services

As previously mentioned, the title IV-E waiver provides CFSA with the opportunity to further enhance the continuum of services provided to children and families involved with the child welfare system. CFSA is now able to increase implementation of family preservation services that will provide intensive

¹⁵ Big RED team meetings include supervisory aspects of case practice.

in-home services for families at-risk for removal ([HOMEBUILDERS®](#)). In addition, waiver funds will support post-reunification services to expedite permanency and to decrease the length of time that children are placed in out-of-home care ([Project Connect](#)).

IV-E Waiver Emphasis

While all families with children ages 0 to 18 will be able to access services under the IV-E waiver, CFSA will capture specific outcome data on the following sub-populations that have been identified as high-risk:

- Mothers ages 17 to 25
- Families with children ages 0 to 6
- Youth ages 14 to 17
- Families with three or more repeat referrals
- Families who have prior substantiations of abuse or neglect

What does CFSA hope to achieve?

CFSA's ongoing vision for a comprehensive continuum of child welfare services for District children and families includes maintaining its ongoing commitment to fund effective services and interventions outside of the services administered directly by the Agency. With implementation of the IV-E waiver demonstration project, CFSA hopes to achieve the following outcomes:

- Decrease new and repeat reports of maltreatment
- Improve family functioning
- Decrease new and re-entries into foster care
- Increase exits to a permanent home
- Decrease average number of months to achieve permanence
- Improve educational achievement
- Improve of social and emotional functioning

Trauma Systems Therapy (TST)

As noted under CFSA's *Vision Statement* above, a new program innovation is implementation of a system-wide trauma-informed organizational model. Through a \$3.2 million 5-year federal grant "to improve access to needs-driven, evidence-based, evidence-informed, mental and behavioral health services", CFSA is implementing the transformational Trauma Systems Therapy (TST) model. In the first phase of our grant (FY 2013) CFSA internally assessed "system readiness", the level of preparedness of the Agency and partnering agencies to become a trauma-informed system. The assessment was approached in a three-part evaluation process. The first phase of evaluation was designed to capture a baseline for CFSA and private agency readiness in the understanding and application of trauma-informed social work practice. The objective was to assess readiness to implement a trauma-informed system of care across nine measures including: (1) provider demographics, (2) education and training, (3) knowledge and implementation of trauma-informed practice, (4) trauma intervention, (5) secondary trauma and staff support, (6) trauma systems communication, (7) policy and evaluation, (8) trauma system readiness, and (9) staff feedback. Based on the results of the first survey, the second phase of the evaluation was initiated.

The objective of the second phase was to create a TST Operational Planning Guide that includes the mission of the agency, the priority problems and solutions to address each problem within the agency, and the roles of each program and administrative support area in carrying forth the goal of becoming a trauma-informed system. An action team was developed comprised of managers from each program area in CFSA to examine the issues of concern that were identified in the first survey, identify barriers, and define at least four systemic priority problems that the agency and staff is facing from the top-down that

may impede on progress in becoming a trauma-informed system. In order to identify the type of solutions that would address the priority concerns, the input of CFSA and private agency staff at all levels was solicited through a final survey.

The objective of the third phase was to develop solutions to the barriers staff identified in the treatment planning process and work environment. Recommendations for the TST Operational Planning Guide will also be suggested based on the information gathered throughout the three-part evaluation process. Some of the challenges highlighted from the review suggested that the Agency needed more team coordination around planning for permanency, more education around managing trauma in case planning as well as managing secondary trauma among staff. This input from stakeholders continues to help shape the direction of activities over the course of the five year trauma grant.

Family Treatment Court (FTC)

Historically, CFSA has partnered with its sister agencies through the Family Treatment Court (FTC).¹⁶ At its inception, the FTC's target population was any mother (or female caregiver) over the age of 18 in need of substance use treatment, who had the willingness and capacity to address the risk factors that contributed to the alleged neglect or abuse of their children. The current FTC program is a District-wide partnership among stakeholders from the Family Court, CFSA, the District's Department of Health (DOH), DOH's Addiction Prevention and Recovery Administration (APRA), the Office of the Attorney General, and various community-based agencies and service providers. It further enhances family reunification through the provision of comprehensive substance abuse treatment and supportive services, and it supports system-wide compliance with the federal Adoption and Safe Families Act's mandates for achieving timely permanency for children.

Beginning in 2014, and with the support of federal funding through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Family Drug Court Expansion grant, the FTC expanded services to fathers with the following goals and objectives in mind: 1) increasing access to substance abuse treatment services available for families in the child welfare system, 2) enhancing the array of existing treatment and supportive services, and 3) improving family and child outcomes. Activities over the three year funding period will include: screening, assessment, integrated case plans, and intensive case management for up to 150 families, increasing the annual capacity from 18 residential beds for women with children to 50 slots (out-patient and in-patient) for mothers and fathers. Services will be open to eligible participants from all eight wards in the District. A new staffing structure will employ FTC case managers (known as recovery specialists) for families enrolled into the FTC. This specialized unit will be housed in the Permanency Administration.¹⁷ The recovery specialists will help with accessing resources and connecting clients to treatment and supportive services. Partnerships between the child welfare, substance abuse and court systems will be supported by coordination with mental health, housing, employment and domestic violence service providers. This expansion of supportive services is designed to improve engagement and retention in treatment interventions while improving and strengthening the social network and resources utilized by families throughout the entire continuum of services.

Over the past 18 months, the National Center on Substance Abuse and Child Welfare (NCSACW) has facilitated planning among CFSA, APRA, and several other providers. The District is one of two sites

¹⁶ The District of Columbia Family Treatment Court (FTC) was created in 2003 under the umbrella of the Superior Court of the District of Columbia's Family Court in order to assist substance-abusing parents who are willing to maximize their chances of family reunification.

¹⁷ CFSA is contracting with an external provider to recruit and retain the recovery specialists. The contract will be finalized by the end of FY14. Beginning in FY15, a unit comprised of one supervisor and four recovery specialists will be housed in the Permanency Administration. Two of the recovery specialists will be dedicated to the FTC while the other two specialists will support youth and adults (non-FTC participants).

chosen to receive in-depth technical assistance from NCSACW, including cross-systems collaboration of child welfare and public substance abuse treatment programs. Key objectives include data sharing; improving screening, assessment, and monitoring practices; and cross-training. The project offers the opportunity to identify the kinds of treatment interventions that best meet the needs of children and families involved with the child welfare system and to address existing gaps in service delivery. The Agency has begun to respond to the recommendations and is moving forward to full implementation in FY 2015 with the following:

- Mobile assessment of youth and adults.
- Incentives for youth to enter and complete treatment.
- In-home treatment services and expanded treatment options for youth placed in Maryland.
- Increased support for successful recovery using family coaches.

Strengths and Promising Approaches

Also mentioned earlier is implementation of the promising Differential Response (DR) model. The Agency is currently in the process of identifying short and long-term evaluation goals for its DR approach (see *Plan for Improvement, Evaluation*, below).

Over the next five years, CFSA will continue its focus on supporting the expansion of the Family Treatment Court (FTC) program. FTC has proven itself to be an effective partnership between the Family Court, CFSA, the Office of the Attorney General (OAG), and DBH's Addiction Prevention and Recovery Administration (APRA). Historically, the program has provided treatment and support services to mothers and their young children who have been victims of neglect. After 10 years overseeing the program, the interagency steering committee applied for and received a federal grant through the Department of Justice Office of Juvenile Justice and Delinquency Prevention for expanding the program's target population and service array. Using this federal grant funding, CFSA and its partners have now expanded the service arena to include fathers with young children in addition to incorporating a wider range of treatment services and options. CFSA will continue to evaluate the effectiveness of the competitive prevention grants that empower community-based organizations for making early contact with at-risk families, and for intervening and overcoming those risks.

CFSA will also work to identify local and federal resources, in addition to the title IV-E waiver demonstration project, to expand effective programs and to fund promising new interventions. In this manner, the District can keep families from coming into contact with the child welfare system, and when applicable, expedite reunification and reduce re-entries.

Areas in Need of Improvement

Data for FY 2013 demonstrates that the Agency needs to do more to ensure that families with a low-to-moderate risk of abuse and neglect are linked to CFSA's Collaborative partners to receive the in-home interventions they need to overcome the risk factors that resulted in a Hotline report. The Agency has tightened its data gathering and reporting process around this measure, and performance is approaching the desired benchmark. Through IV-E waiver implementation, there is federal and local expectation that practice in this area will continue to improve.

Beginning in 2013, CFSA requested technical assistance from the National Resource Center for Child Protective Services (NRCCPS) to support increased understanding of domestic violence (DV) as a child welfare issue and strengthening of practice around addressing the intersection of child abuse and neglect and domestic violence across CFSA, government agencies and community partners. At the same time, the TA will help to identify gaps in the District's current service array (for victims, perpetrators and children exposed to DV) as well as identify and propose strategies in response to the gaps. In June 2014,

the Agency convened a diverse group of internal and external stakeholders concerned with the issue of domestic violence. The purpose of this meeting was to learn about the work of advocates, organizations, and government agencies that work in the field of domestic violence. This information sharing session, facilitated by the NRCCPS, was designed to help CFSA and its partners to understand the landscape of existing domestic violence supports and services.

Looking forward, CFSA intends to work with the District's DV non-profits and experts to increase capacity for supporting non-abusing parents, mitigating the impact of exposure to domestic violence on children, and holding perpetrators accountable while still increasing the District's capacity to provide batterer intervention and treatment programs. Collectively, CFSA expects these strategies to build a more coordinated community response to DV in the District, particularly insofar as it impacts child safety.

Permanency Outcomes 1 and 2

Introduction

Child welfare agencies employ numerous strategies to achieve permanency for children. As an "industry term", permanency means a legally permanent, nurturing family for every child. CFSA's primary permanency strategy includes prevention of entry into foster care at the front door. Effectuating this goal occurs most successfully when child welfare professionals focus on preserving families through assessment and services, again preventing the need to place children outside of their homes. When children must be removed from their homes to ensure their safety, CFSA's permanency planning efforts focus on returning them home as soon as is safely possible or placing them with another permanent family, including relatives who obtain legal custody. Other permanent settings may occur through adoption, guardianship, or living with relatives.










CFSA examines its progress in securing permanency for children by measuring the following two outcomes: (1) children have permanency and stability in their living situations, and (2) the continuity of family relationships is preserved for children. Again, when placement in foster care must occur, permanency planning begins at the moment of placement. This includes a prioritized search for relatives who are willing and able to serve as placement options until children can return to their families of origin. Social workers also include family members and the age-appropriate child to develop and employ decisive, time-limited, and goal-oriented activities that implement permanency plans according to the individual child and family's needs. Roles and responsibilities for all team members are clearly outlined and tracked throughout the life of the case, pursuant to the goal delineated by the fourth pillar of the *Four Pillar Strategic Framework*: Exit to Positive Permanence – every child and youth exits foster care as quickly as possible to a safe, well-supported family environment or lifelong connection; older youth have the skills for successful adulthood.

In order to ensure that every child exits foster care as quickly as possible to a well-supported family environment or lifelong connection, CFSA may provide families with ongoing support after positive permanency is achieved. Support should be tailored to maintain stability and to reduce the likelihood that the child will re-enter the system. Further, the Agency strives to ensure that older youth exit care with appropriate community-based aftercare services and the education and skills necessary to become successful, self-supporting adults.

Assessment of Performance

Table 2 below outlines the District's performance in comparison to national standards, and includes the Agency's internal benchmarks for Permanency Outcomes 1 and 2. Additional narrative describes the Agency's strides towards achieving permanency for children in foster care.

TABLE 2: Permanency Outcomes 1 and 2

Key to Status: On Track  Nearing Target ¹⁸  Needs Improvement 	National Standard (NS) or Internal Benchmark (IB)	Current Performance (reported for FY13)	
PERMANENCY OUTCOME 1			
Decrease average number of months to reunification (IB & NS)	5.4 months (NS) 12 months (IB)	13 months	
Decrease average number of months to guardianship (IB)	36 months	37 months	
Decrease average number of months to adoption (IB)	36 months	46 months	
PERMANENCY OUTCOME 2			
Increase visits between parents and children in foster care with a goal of reunification (IB)	85%	70%	
Increase visits between siblings (twice monthly) in foster care (IB)	85%	83%	
Increase relative placements (kinship care) (IB)	26%	24%	

Decrease Time to Permanency Through Reunification, Guardianship, or Adoption

As a national standard for Permanency Outcome 1, children with a permanency goal of reunification are expected to exit foster care within 5.4 months of initial entry. In FY 2013, CFSA did not meet the national standard, having a median length of stay for all children with a goal of reunification of 13 months. The Agency has also been challenged to meet its own standard of 12 months for exiting care to reunification. As of the first two quarters in FY 2014, the Agency was averaging 17 months on this measure.

In addition to reducing the length of stay for children with a goal of reunification, CFSA has established an internal target to decrease the number of months to achieve guardianship and adoption to 36 months. Over the past two years, including the current FY 2014 quarterly average, the Agency's performance in the guardianship category has been 46.5 months. In the area of adoption, the Agency's performance has decreased from 46 months (FY 2013) to a current FY 2014 quarterly average of 40 months.

A key indicator for lowering the time it takes to achieve permanency is placement stability. Ensuring stability in placements, continues to pose challenges for the Agency as the needs of the foster care population continue to change and become more complex. As a part of the QSR process, the *Stability* indicator measures the degree to which a child's daily living, learning, and work arrangements are stable and free from risk of disruptions. This particular indicator measures the number of changes in settings within the past year and the probability of an unplanned move within the next year. There has been a slight fluctuation in the ratings for this indicator over the past 3 years (between 67 percent and 79 percent).

A measure that the Agency seeks to improve is the percentage of children that have been in care less than 12 months up to more than two years who have experienced two or fewer placement settings. For FY

¹⁸ For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.

2013, the percentage of children that have been in care for less than 12 months who have experienced two or fewer placement settings was 80.7 percent for CFSA compared to the national standard of 86 percent. Although internal CFSA performance has steadily improved over the past three fiscal years for this measure, the Agency remains below the national standard but is in reach of the national median (83.3 percent). Additionally, the percentage of CFSA children that have been in care 12-24 months who have experienced two or fewer placement settings was 55 percent compared to the 65.4 percent national standard. CFSA performance has remained flat across fiscal years for this measure. The percentage of children that have been in care more than two years who have experienced two or fewer placement settings was 29.2 percent. Over the past five fiscal periods, CFSA has maintained performance in increasing the number of youth with two or fewer placements in the past 12 months. To-date in FY 2014, performance is averaging at 92 percent.

How is placement stability for youth in care improving?

In 2013, CFSA reviewed, revised, and updated its Placement and Matching policy to provide social workers with more succinct guidance on the difference between placement changes and placement disruptions, including how to enter the changes in the FACES.NET system. Prior to the policy modification, such events as temporary respite care placements were logged and categorized as placement disruptions even though such activities were planned, scheduled and coordinated with the child's team, including foster parents and other case stakeholders. Similarly, youth abscondences were formerly being categorized as disruptions. These non-disruptive events skewed Agency placement data by being reported as disruptions. A corresponding minor change in FACES.NET methodology improved the accuracy of placement data reporting. Using the newly-enhanced reports and projecting forward up until FY 2017, CFSA expects to maintain its current performance at 75 percent for the QSR stability indicator, and to further increase the number of children with two or fewer placements in the past 12 months. The Agency will also continue to monitor this indicator through daily and monthly reports disseminated to the management staff, alongside the quarterly *Four Pillar Scorecard*.

The Agency continues to work on improving outcomes for older youth for whom achieving permanency through reunification, guardianship, or adoption is unlikely. For those youth age 18 to 19 years with the goal of APPLA, a youth transition plan is developed and reviewed every six months. Reviews occur every three months for youth age 20 to ensure they're preparedness for the imminent exit from foster care at age 21. CFSA's internal performance target for this population is that 90 percent of youth requiring youth transition plans have them developed and reviewed in a timely manner. The Agency has made significant strides to improve performance, with performance at 77 percent as of April 2014.

Increase Visits between Parents and Children in Foster Care with a Goal of Reunification

Regular visitation between parents and children in care is an indicator of both placement stability and the Agency's ability to maintain family connections during a child's stay in foster care. The Agency has exceeded benchmarks related to in-home visitation (monthly, twice monthly), foster care/out-of-home care (monthly, twice monthly), sibling visits (monthly, twice monthly). CFSA has experienced challenges in reaching the benchmark (85 percent) for visits between parents and children in foster care with the goal of reunification.

In FY 2013 CFSA performance was below the benchmark for parent-child visits with 70 percent. Over the past five years, however, Agency performance in meeting the 85 percent benchmark for ensuring visits among siblings has hovered at or near the benchmark, including an 83 percent achievement rate in FY 2013.

What contributes to the Agency's ability to reach its benchmarks for visits between parents and children with a goal of reunification?

CFSA's Office of Agency Performance tracks visitation and analyzes causes of those that are not occurring. Recent analyses revealed that many visits do not occur because of client choice, e.g., the birth parent does not show up for the meeting, or an older youth in care is unwilling to meet with his or her birth parents. Because the Agency recognizes that the separation between parents and child, including older youth, is traumatic for the entire family, it is actively applying its trauma-informed approach to visitation. In hopes of mitigating these client choices not to participate in visitation, the Agency is also focusing on TST implementation specifically to equip social workers with tools to work with families to identify family bonding issues and to overcome the dynamics of family rifts, especially those precipitated by traumatic experiences. Through ongoing social worker and supervisory training, the Agency continues to foster a culture of visitation, encouraging direct care staff to be thoughtful and persistent in engaging families and encouraging them to re-establish or maintain their connections. It is anticipated that the impact of the preceding recommendations will allow the Agency to reach the 85 percent benchmark for parent-child visitation. The Agency will continue to monitor this indicator through daily reports and the monthly management report packet that highlights internal benchmarks from FACES.NET. Both reports are provided to CFSA deputies, administrators, program managers, and the Office of Agency Performance. Lastly, the quarterly *Four Pillar Scorecard* is distributed to the entire CFSA and private staff population.

Increase Relative Placements for Children in Foster Care

Kinship care continues to be the most desired placement setting for children in foster care, providing both a family-like and non-restrictive home setting. By example, CFSA witnessed an improvement in increasing kinship placements between FY 2012 (16 percent) and FY 2013 (24 percent). As of April 30, 2014, performance on this measure was 22 percent. The average performance, however, (as of the second quarter in FY 2014) was 23 percent. CFSA's current permanency target for increasing relative placements is 26 percent.

What contributed to the improvement in relative placements?

To refine this practice standard, the Agency redirected kinship-focused staff and resources in 2012 to its Office of Entry Services. The consistent use of family-involved team meetings and efforts to engage kin at the earliest stages of a child's involvement with the child welfare system have become hallmarks of CFSA's practice. This family-focused and strength-based approach remains unequivocally tied to our improvement in relative placements, child safety and successful permanency outcomes.

Although there is no formal analysis for this indicator, the Agency will continue to monitor this indicator through daily reports, the monthly management report packet that highlights internal benchmarks, and the quarterly *Four Pillar Scorecard*.

Overview of Qualitative Case Review Data Related to Permanency Outcomes 1 & 2

The QSRs measure and evaluate the planning intervention process for children in care. The indicator focuses on case planning around permanency, safety, well-being, functioning/role fulfillment and transition/life adjustment. It also takes into consideration the level of family engagement in developing the permanency plan, the effectiveness of the strategies, services, and interventions included therein, and the child and family's level of preparedness for life after foster care.

- Among the QSR measures related to *Planning Interventions*, permanency in FY 2013 was rated the highest at 90 percent compared to planning for the safety and well-being for the child, both of which were both still in the acceptable range and above the 80 percent compliance *LaShawn* benchmark.
- In FY 2013, the QSR added two more indicators: *Daily Functioning/Life Role Fulfillment* and *Transition and Life Adjustment*. The first indicator measures the extent to which a client is functioning appropriately in their various life roles. For a child or youth, this may be functioning

as a student, sibling, or teammate. For an adult, this may be functioning as a caregiver, employee, homeowner, or tenant. The second indicator measures whether or not the child is capable of making a smooth transition to new settings and circumstances. Using the results of the 2013 QSR data, CFSA established baselines of 72 percent for *Daily Functioning/Life Role Fulfillment* and 63 percent for *Transition and Life Adjustment*.

Table 2: Acceptable Indicator Ratings 2013	
Indicators	2013
Planning Interventions	
Safety	84%
Permanency	90%
Well-being	81%
Functioning Role Fulfillment	72%
Transition Life Adjustment	63%

The Agency will continue to monitor these indicators through a qualitative analysis of QSR stories, internal Big RED meetings, Quarterly Trend Report Analysis, and Annual Quality Service Review Report. With improvements

such as integrated teaming in permanency planning, the Agency anticipates gradual improvement in the planning areas of *Functioning/Role Fulfillment* and *Transition/Life Adjustment*. The impact of the QSRs will continue to help shape the practice of the Agency and identify practice areas that need improvement.

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

Keeping Children in their Homes

It is an Agency priority to keep children at home whenever possible, and whenever safety is secured. When placement into foster care is necessary, CFSA aims to make such placements short-lived by planning the child's exit from the child welfare system on the same day he or she enters care. This includes seeking relatives who may be willing and able to serve as placement resources. If relative options are inappropriate or unavailable, the most appropriate and family-like setting is sought. Regardless of placement setting, when children are in foster care, CFSA strives to ensure that the children are connected to their schools and their communities of origin. Additionally, during a child's stay in foster care, the Agency actively ensures frequent, intentional, and high-quality visits between children and family members to promote and preserve both maternal and paternal relationships, as well as sibling connections. Finally, as noted throughout, CFSA further strives to move children quickly out of foster care by way of a legal and permanent relationship (i.e., reunification, guardianship, or adoption).

Quality Services and Supports

To minimize placement disruptions for children in foster care, CFSA works diligently to provide quality services and supports that encourage healthy and stable relationships between children and their foster and birth families. Yet still, services must be continually reviewed for quality. The following initiatives are purposed to improve quality services:

Parent Advisory Committee – The Parent Advisory Committee was created as a partnership of stakeholders to explore innovative avenues for supporting the community of individuals and families involved in the child welfare system. The Committee's primary purpose is to advise and consult with CFSA on matters that involve or affect how foster care services are delivered throughout the child welfare system, including a focus on permanency. Meetings are conducted quarterly with organization of the meetings being a shared task between CFSA and a designee. The Committee members include representation of a foster parent and birth parent, as well as a leadership representative from the following organizations:

1. Foster and Adoptive Parent Advocacy Center
2. Adoptions Together/Parent Advocacy Project
3. DC Metropolitan Foster and Adoptive Parent Association
4. CFSA Mockingbird Model

Future APSRs will include summaries on those areas that the committee has specifically provided input on as well as the outcome of any changes or adjustments to current practice in response to the recommendations.

DC Family Link – This model encourages shared parenting between birth parents and foster parent and helps to alleviate the conflict that children and youth may feel when having to “choose” between caregivers. It was developed and implemented in partnership between CFSA and FAPAC, based on the recognition that permanency potential increases and all parties benefit when birth and foster parents connect. Over the next year, FAPAC and CFSA will evaluate the outcomes of this effort to determine impact on outcomes for children and youth, and to inform decisions about changes or expansion of Family Link.

Child Needs Assessment (CNA) - CNAs provide a profile of a child’s strengths and needs in an effort to find the best match at the time of placement. If the child needs to transition to a new placement, the CNA can help prevent disruptions by outlining services and needs in advance. CFSA resource development specialists (RDS) complete these assessments, and subsequently identify the most appropriate placement for the child, in collaboration with the CFSA or private agency social worker. Each CNA is first completed when the child enters foster care and then updated at scheduled intervals (e.g., 30 days, 90 days, and 6 months) to ensure the information remains accurate and up-to-date. Again, information gleaned from the assessment is used to ensure the child’s needs are met. As a child’s needs are met, there is less likelihood that placement difficulties or disruptions will occur and more likelihood that permanency is expeditiously achieved.

I did not want to choose between
my mom and foster mother. –
Participant, focus group with
teens in foster care, October
2013

Child and Adolescent Mobile Psychiatric Service (ChAMPS) - This primary goal of the ChAMPS program, which is funded by the District’s Department of Behavioral Health (DBH), is to help maintain family stability by keeping children in their homes while helping them manage extreme emotional behavior. Providing 24/7 intervention services, ChAMPS is free to any child residing in Washington, DC, including children receiving CFSA in-home services, or DC wards residing in Maryland foster homes. In FY 2014 to-date, ChAMPS has responded to approximately 56 calls from foster parents.

Mobile Crisis Stabilization (MCS) Services - Unlike ChAMPS, a psychiatric emergency is not necessary for foster parents to access MCS services. During an interview with the CFSA LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer/Questioning) Task Force, a respondent indicated, “One service we don’t have but very much need is a Mobile 24/7 crisis unit . . . not just after hours, but ready at all times and who are available to work together to address immediate needs of families . . . not just foster families facing disruption, but also families at risk of removal.” The MCS program was created in response to such feedback regarding the unique needs of foster families experiencing challenges that may put a child’s placement at risk of disruption. Services are exclusively for CFSA’s foster families in the District and Maryland. The goal of MCS is to provide comprehensive services that will help to relieve acute symptoms of family stress, and ideally to help restore the family to optimal pre-crisis levels of

functioning. Essentially MCS assesses, treats, and stabilizes the situation to reduce immediate risk of placement disruption.

Cross-Training – Trainings related to permanency reinforce practice and communication among the entire case management team. In particular, the *Permanency Planning* class is a cross-training opportunity that purposefully delves into the teaming relationship between the social worker and the resource parent. This collaboration is critical for successful permanency and must be maintained throughout a child's stay in foster care, but especially during initial placements, placement changes, and instances of potential placement disruptions. The training addresses strategies for teaming and good communication, including exercises on stating needs and expectations. It provides methods and materials that promote effective team-work, increased cooperation, and understanding between the social worker and resource parents. The training also reinforces the aspects of the Placement Services Administration that promote common understanding and expectations among all case stakeholders, and that reduce stressors and disruptive occurrences in foster placements.

Utilization Management (UM) and Utilization Reviews (UR) - UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources and services to meet the placement and permanency needs of children in care. Its aim is to review pertinent information prior to, or during, the initial request for services. Accordingly, UM is utilized either proactively or concurrently during the time services are being provided. Information from various sources drives the decision-making process regarding the appropriateness of services. The process is managed by the resource development specialist (RDS) who administers the formal CNA tool for a child in need of placement. Following the assessment, the RDS and social workers hold a team meeting with the child as appropriate, along with family members, to discuss needs, services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the child is placed in a setting that best meets his or her unique needs. Conversely, utilization reviews are retrospective, typically occurring once treatment has been concluded. The purpose of these reviews is to assess the appropriateness of the care and treatment provided, to determine if the policies governing the type and frequency of care need to be revised, and assessing the quality of services delivered within a network of providers. Overall, both are an instrumental means in identifying, monitoring, evaluating, and resolving issues that may result in inefficient delivery of care or that may have an adverse impact on resources, services, and client outcomes.

My foster mother was older and I was more than she could handle. – Participant, focus group with teens in foster care, October 2013

National Resource Center for Permanency and Family Connections (NRCPFC) – Technical assistance from NRCPFC has greatly impacted CFSA's recent organizational realignment and new practice initiatives to support the changing demographics of the populations served by the Agency. These enhancements appear to have directly influenced the steady decline in CFSA's foster care population over the past two years while simultaneously increasing exits to positive permanency. Included in the enhancement process, CFSA realigned its practice areas in FY 2013 to create case-carrying administrations that focused separately on children being served in their own homes (in-home cases) and children in foster care (out-of-home cases). While there are commonalities among both types of cases, there are fundamental differences in approach with respect to needs and goals. Each administration is therefore supported by an exclusive management structure. The intent of this realignment was to create centers of excellence for the case management of both constituencies, and to promote uniform case

practice within each administration. This re-alignment provides the Agency with greater ability to focus on and tailor practice to the unique needs of each population.

To further assist the Agency toward meeting its benchmarks in the achievement of timely permanency, NRCPPFC engaged in an eight-month comprehensive assessment of Agency functioning and performance around that measure. Following the assessment, they put forth the following series of recommendations to positively impact performance, all of which were incorporated into CFSA's practice to buttress the ongoing potential for increased permanency outcomes.

- *Improve utilization of a least restrictive placement array to ensure that children will be placed in the best and most appropriate placements that best meet their needs.*

CFSA continues to utilize a behavioral crisis stabilization support service for foster parents and kinship foster parents. CFSA also continues to utilize a management process that reinforces the integrated teaming approach to identify, coordinate, and link appropriate supports and services to meet the needs of children currently in, or at risk of, a restrictive level of care.

- *Improve the life-long connections of foster care children by increasing quality visitation and maintaining connections to significant individuals in a child's life.*

CFSA conducts a monthly data analysis for the required parent-child visits to determine barriers to meeting the standards. Findings from the analysis are shared monthly and scrutinized by higher level management staff, such as the CFSA's director, deputy directors, administrators, and program managers in order to inform practice and performance improvement.

- *Increase the number of children exiting foster care to positive permanency.*

Through the QSR process and its accompanying Big RED follow-up review, supervisors and social workers continue to receive sound case-specific advice and recommendations on next steps for accelerating progress toward permanency. Case practice specialists track the steps identified through the QSR and permanency Big RED and report to the permanency Big RED team if the steps are not occurring. The Quality Assurance unit condenses these system-wide observations into an annual report, bringing major trends and findings to the attention of CFSA management so that practice enhancements can be implemented.

Growth modeling and projections based on the last seven fiscal quarters of performance data indicate that 35 percent of children in foster care in FY 2017 will be in kinship placements, surpassing the 30-percent benchmark. Given the ongoing focus on kinship and integrated teaming approach, the Agency anticipates increases in kinship placements and expects the percentage of children in family foster homes versus group homes to remain steady at the 82 percent benchmark. As stated previously, the impact of the recommendations for improving parent-child visits (identified under *Permanency Outcome 2*) should be the Agency reaching the 85 percent benchmark for parent-child visitation. The Agency anticipates the third recommendation to impact the percentage of exits to a permanency home also to the internal 85 percent benchmark.

Pre-Adoptive Practice Strategies

In order to expedite permanency and maintain stability for children placed in pre-adoptive homes, CFSA has committed to ongoing implementation of the following practice strategies:

- Recruitment supervisors continue to review monthly management reports to identify children who have had their goal changed to adoption that month.
- CFSA recruiters connect to each private agency or CFSA case-carrying administration, and serve as single, consultative resources for their assigned units with respect to recruitment and adoption-related activities.

- Recruiters follow the case of each child who has a goal of adoption but who is not currently placed in a pre-adoptive home. The recruiters work diligently to get a referral to the recruitment unit or to ensure that FACES.NET is updated when a home has been identified.
- Once social workers make a referral to identify a pre-adoptive resource, recruiters work in collaboration with the matching staff members, who either identify an existing family or who send the referral on to CFSA's Family Resource Division for child-specific recruitment.
- Recruiters conduct case mining and utilize diligent search engines to locate family members.
- Recruiters advise program staff on how best to engage family members to build a team around placement resources.
- Recruiters create digital videos of all children needing pre-adoptive homes and use appropriate Agency-sanctioned websites to stream these videos to an appropriate audience for increasing recruitment outreach.

In addition to the above recruitment strategies, CFSA has implemented the *KinFirst* initiative which incorporates the expertise of multiple interagency resources, including CFSA's Family Team Meeting (FTM) Unit, Diligent Search Unit (DSU), and Kinship Licensing Unit. Especially important is the temporary, emergency licensing process to expedite a child's placement with kin. Collectively, all of the *KinFirst* resources identify and engage family at the earliest possible stages of a case. As a result, the *KinFirst* initiative has led to guardianship as CFSA's most rapid form of permanency, which has also balanced the need for recruiting additional foster homes. Ultimately, the initiative has helped to divert some children from entering care and to find relative caregivers for those children who must be placed into out-of-home care.

CFSA also works with the following two outside resources that support timely permanency for children in pre-adoptive homes: the Center for Adoption Support and Education (CASE) and the Post-Permanency Family Center (PPFC). These agencies provide an array of services that support both pre- and post-adoptive and guardianship families throughout the process of adopting or becoming legal guardians. Services include counseling, training, and links to community services.

Resource Parent Recruitment

CFSA's most recent bi-annual *Needs Assessment* (FY 2013) reinforced results of past assessments regarding placement service gaps among several foster care sub-populations (e.g., older youth, children who are diagnosed as medically fragile, or children who self-identify as lesbian, gay, bisexual, transgender, or questioning [LGBTQ]). CFSA has consistently moved towards and will continue to build family-based placement capacity in the District to address these needs, including recruitment of foster, kinship, and adoptive parents. Such recruitment not only supports stability through tailored placement matching but it also supports stability by keeping children in their own communities with access to their family and friends, reaffirming a child and family's local support system. Moreover, CFSA's efforts include community-oriented recruitment, whereby a specific neighborhood or community niche is explored for prospective resource parents.

CFSA has also developed the attached *Recruitment and Retention Plan* (RRP), which outlines the activities that CFSA will conduct for the duration of the 2015–2019 CFSP to ensure that the District's foster and adoptive home capacity in the District and in its immediate vicinity can adequately meet the needs of the District's foster care population. The Agency will continue over the course of the next five years to look at modifications to the RRP, based on ongoing feedback from the Foster Care Quality Improvement Committee, changing demographics, and enhancements recommended by consultants.

Post-Permanency Services

As noted above, two of CFSA's contractual partners, PPFC and CASE, offer pre- and post-adoption and guardianship supports and services for children and families. Post-permanency services are available for any child who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved. These providers offer a wide range of effective supports and resources for families at various points along the permanency process.

A significant new permanency resource under development is an innovative inter-generational housing model called the *Generations of Hope*. For children adopted from foster care, this new program provides permanent housing in the District within a residential setting that includes seniors and other families. CFSA is supporting the development of the inter-generational housing model for teen parents as well as reunified families. Under the terms of a multi-year grant agreement, *Generations of Hope* is leading the District's efforts in partnership with key external agencies and community-based providers that will develop, implement, and oversee the housing program with supportive and case management services. Over the CFSP period, the Agency anticipates this housing program to impact the long-term housing needs for both teen parents and reunified families who might otherwise struggle with maintaining permanent housing.

Strengths and Promising Approaches

Collaboration among internal CSFA administrations and external stakeholders, including the District's Department of Behavioral Health (DBH), are an important component to achieve overall shared agency goals to improve permanency outcomes for children. As previously noted, CFSA's efforts are closely aligned with the DBH's SOC expansion grant. One example of this collaboration is the implementation of the Child and Adolescent Functional Assessment Scale (CAFAS) and the related Pre-school and Early Childhood Functional Assessment Scale (PECFAS). Importantly, all child-serving agencies are implementing CAFAS/PECFAS, providing consistency in decision-making permanency strategies. Further, CFSA is incorporating family functioning assessments (Caregiver Strengths and Barriers Assessment) to provide a comprehensive and holistic approach to service delivery.

CFSA has also developed the concept of the Permanency Big RED team to increase timely permanency outcomes for children with the goal of adoption, guardianship, and reunification by elevating the process to the supervisory level. The membership of this group is the supervisory social worker, program manager, case practice specialist, assistant attorney general section chief, counsel from the Office of the Attorney General, permanency program administrator, and the deputy director for Program Operations. Through the consultation and information-sharing framework, the team assesses the barriers and complicating factors that inhibit the achievement of timely permanency. Through the review process, the team establishes a projected permanency date. As a result of the consultation, next steps are developed and often involve systemic barriers that require policy changes or interagency communication and collaboration at higher levels within the organization and legal parties. The Permanency Big RED team also facilitates follow-up via the assigned case practice specialist and supervisor to ensure the completion of action steps and to ensure progress towards permanency. This follow-up is reviewed by the program manager who facilitates the original meeting in 1:1 supervision with the supervisor.

The Trauma Systems Therapy (TST) approach to practice is also being incorporated as a permanency strategy. This includes all facets of case planning from engagement to assessments. The intent is both to stabilize families and to stabilize placements for positive permanency outcomes. In response to the increasing number of families receiving in-home services, CFSA is actively taking steps to ensure that social workers have the necessary tools and resources to regularly assess risk and a family's strengths and needs. Included in these tools is the recently upgraded Structured Decision Making (SDM™) tool for gathering longitudinal information on each family as they move toward case closure. When a family is

referred for an investigation, investigative social workers complete an SDM Family Risk Assessment within 30 days of receipt of the maltreatment referral. This information provides a baseline of family functioning to which the ongoing social workers can compare subsequent assessments for families who are referred for in-home service. These SDM tools also provide the social worker with a mechanism to empirically rate the family's level of functioning and the level of risk in the home.

Noted earlier, another promising approach for reinforcing permanency and stable environments is the recent implementation of cross-training between social workers and resource parents. These trainings purposefully address the issues raised during placement stability meetings. By ensuring consistent information sharing, as well as training, the relationship between foster parents and social workers is automatically strengthened, which can have a significant impact in the overall course of placement. As well, fostering a teaming approach throughout the case promotes timely reunification, placement stability, and better emotional development for the child.

CFSA is committed to the ongoing improvement of the quality of foster care its consumers receive, as evidenced by the outcomes achieved. In order to ensure such quality, the Agency developed the *Foster Care Quality Improvement* charter in 2014 to establish a formal collaborative process for Recruitment, Licensing, and Placement to identify problems, implement and monitor action plans, and study effectiveness. The team reviews data on the identified goals (e.g., increasing foster parent recruitment, retention, and licensing, as well as quality placement matching). Reviews include practices and program structure. The group makes decisions using a consensus model. Any goals not achieved on a quarterly basis will have correction action plans created and reviewed until goals are achieved. This charter is a new and promising approach for inter-administration quality improvement that CFSA anticipates will be exceedingly useful over the next five years.

In addition to the above, CFSA has initiated a 30-day meeting for all children in foster care that dovetails with RED team reviews. This meeting is conducted by the case practice specialists to assess a child's progress toward permanency and to strive to eliminate any barriers with the overall goal of expediting permanency. The meeting is also an opportunity to maintain the birth family's engagement in the planning process and to ensure their involvement in all key decisions. CFSA analyzes length of time in foster care, length of time in permanency goal, and other relevant data. In addition, findings from the 30-day meetings are aggregated to identify trends and systemic barriers that can be addressed by Agency leadership.

Areas in Need of Improvement

While permanency performance has improved over the last five years, CFSA is acutely aware that decreasing time to permanency remains a system-wide concern. CFSA is actively working to increase social worker skills around parental engagement, co-parenting, prevention of substance use relapse, and the use of trauma-informed and science-driven brain research to help determine the most appropriate services and resources for children and families to reach permanency. Each of the strengths reported above are the underpinning strategies for increasing positive permanency outcomes. In addition, the Agency's Child Welfare Training Academy's Training Plan details the curricular offerings around engagement, effective parenting, substance use and screening, as well as overlap between substance use and mental illness. Senior staff from the Agency's Office of Program Operations is also embarking on training specific to the scientific aspects of trauma on the development of the infant brain. By increasing the Agency's skill sets in all of these areas over the coming five years, CFSA intends to uphold and surpass the best practice standards acknowledged nation-wide for permanency.

CFSA continues to commit to placing older youth with families and to increase opportunities for these youth to achieve permanency through guardianship or adoption (when reunification is not possible). In keeping with these efforts, recruitment and trainings for resource parents (both prospective resource

parents and currently licensed resource parents) focus on educating resource parents on the particular needs and issues facing older youth. CFSA will necessarily continue to explore paths to encourage resource families of the value of caring for older youth, and nurturing them into self-sufficient adults.

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

Quality Visitation

CFSA strives to ensure that family visitation takes place in a timely and effective manner. Conducting quality visitations with children and families to address their evolving needs is essential for the continuity of family relationships when a child is in foster care. CFSA has implemented various strategies to ensure frequent, purposeful visitation, and ongoing contact between social workers and children, and between social workers and families.

To ensure that family visitation occurs in a timely and effective manner, CFSA has outlined procedures and detailed requirements in its recently updated [Visitation Policy](#). As a complement to the policy, social workers also consult the In-Home and Out-of-Home Procedural Operations Manual (POM) for time frames and expectations for items to address during the visit, such as assessing for safety and risk. Frequent contact consists of at least twice a month visits with the child and family, with one of the visits occurring in the family home. In addition, the child must be seen outside of the presence of the parent or caregiver once a month. These visits generally occur at the child's school or day care setting.

The POM also details best practice tips for intentional visitation, that is, a thoughtfully planned approach to visitation that guides social workers to role model for the parent or caregiver, and to use critical thinking skills to determine the intensity and focus of visitation. Both the policy and the POM have shown to be beneficial resources to promote timely and effective visitation.

Finally, CFSA also uses management reports from FACES.NET to review and monitor aggregate data related to family visitation. Data has shown over the last three fiscal periods (FY 2011-13) that CFSA is consistently performing at the 85 percent performance benchmark for at least two social worker visits for in-home cases.

Early Engagement of Kin

The following evidence-based, family-involved meeting models have been included at various stages in the life of a CFSA case to maintain family engagement in case planning:

- *KinFirst*, as described above under *Pre-Adoptive Strategies*, and in conjunction with expedited licensing for kin, has been a major engagement strategy to ensure that children stay connected to family members, and to increase the potential for positive permanency outcomes.
- *Family Team Meetings* (FTM) have played a consistent and important role for convening and incorporating key family members in case planning at the time of a child's home removal, or when it becomes evident that there is imminent risk of removal.
- *Family Group Conferences* (FGC) are facilitated meetings that empower the families of youth in foster care who have a goal of reunification to develop a self-determined plan to ensure that imminent reunification is lasting and successful.
- *Listening to Youth and Families as Experts* (LYFE) conferences are for teenagers in foster care who are preparing for independence while at the same time taking stock of the family connections and supports that will be available to them along the way.
- *Youth Transition Planning* (YTP) meetings are youth-driven and family-inclusive team meetings convened by older youth in care who are preparing to exit the foster care system.

In addition to the above models, CFSA has also enacted the following action steps to quickly identify potential kin resources for youth who were removed or at risk of removal.

- *CFSA Diligent Search Unit (DSU)* - all CPS investigative social workers are required to make formal referrals to DSU at the same time they make a referral for an FTM. The DSU staff dispatches its considerable resources toward locating relatives and providing contact information to the FTM staff members who work quickly to open communication with and engage parents, grandparents, and other family members. Additionally, FTM staff solicits family attendance at the meeting and keeps them actively engaged throughout their involvement with the Agency. For FY 2013, CFSA's DSU successfully located 382 relatives, including birth mothers (16) and fathers (92), incarcerated fathers (12), maternal (141) and paternal (118) relatives, and non-relative persons (3) involved with the family.
- *Engagement of fathers* - CFSA developed the *Connecting Dads* campaign to raise systemic awareness of the importance of the role of fathers in the family. This campaign continues to emphasize to social workers the need to make concerted efforts to engage fathers, and to equip direct service staff with the tools and techniques to do so efficiently and effectively. The campaign has also and most recently included father/child activities that have been heavily promoted, e.g., the "Dunkin' Dads" basketball tournament.

Strengths and Promising Approaches

CFSA has recently updated its [*Diligent Search Policy*](#) to allow kinship social workers to make a diligent search request 24 hours per day to assist with locating kin during a Temporary Emergency Kinship

Placement Investigation. DSU investigators are required to complete diligent search referrals made by the Kinship unit for emergency home assessment and placement purposes within 4 hours of the request. The results are emailed to the referring social worker. DSU workers also have the ability to conduct background checks, including checks from the Child Protection Register (CPR) and the National Crime Information Center (NCIC). DSU also uses Live Scan (fingerprinting) to identify qualified potential kin providers.

We have noticed a real change in practice and increased willingness by CFSA staff to work with families to identify kinship resources. – Children's Law Center, testimony before the DC Council, Committee on Human Services, February 2014

Another promising approach is CFSA's new agreement with the District of Columbia Metropolitan Police Department (MPD). MPD has agreed to work with CFSA to make immediate efforts to find adult family members and potential kin of caregivers who were arrested, and whose children face potential foster care placement as a result of the arrest. The

intent of these efforts is to connect CFSA and at-risk children with a larger pool of potential kinship caregiver resources and supports.

Areas in Need of Improvement

A major point of practice emphasis is ensuring that parents and children in foster care with a goal of reunification visit each other regularly. TST implementation and ongoing training and reinforcement of the value of visitation among staff are strategies intended to enhance performance in this area.

During development of the *2013 Needs Assessment*, data and qualitative feedback from participants¹⁹ revealed a number of distinct areas of need requiring the Agency's attention if CFSA is going to reap successful outcomes for continuity of family relationships and placement with kin:

- CFSA's case practice should continue to focus on conscientious teaming among social workers, attorneys, foster parents, etc. to ensure birth parents and other family members are actively engaged in the child's permanency success.
- Clear communication and advance planning are practice tenets that improve placement stability with kin (as well as non-kin homes) and positive permanency outcomes. All child welfare stakeholders need to commit to deliberate and thoughtful communication amongst peers, colleagues, and clients. This is also relevant to ensuring that family members are involved throughout the life of a child's case.
- The diversity of CFSA's populations requires a tailored array of placement resources. This array must also include family members who are willing and able to serve as a placement resource as well as a bridge between birth parents and the child welfare system.

As noted within the document, CFSA is addressing these areas through the *KinFirst* initiative, expedited licensing procedures for kin, and increased trainings on engagement.

Well-being Outcomes 1, 2 and 3

Introduction













Although every child welfare system must individually address safety, permanency, and well-being, CFSA recognizes that each Well-being Outcome necessarily dovetails and intersects with the other. Collectively, all three foci impact the child's potential for becoming healthy, self-sufficient, and whole. To reach such a state of wholeness, it is imperative that the Agency recognize the trauma experiences of children who come to the attention of the child welfare system. Trauma influences all levels of a child's development: neurological, psychological, physical, emotional, and spiritual. The District's child welfare system emphasizes the importance of addressing trauma, most recently through the TST training for social workers, resource parents, stakeholders, and other staff. Further, as part of its comprehensive approach to well-being, educational needs for all ages alongside life-skills for older youth are integrated into every well-being consideration.

Assessment of Performance

Table 3 below outlines the Agency's internal benchmarks for Well-Being Outcomes 1, 2, and 3. As with the previous outcomes, the narrative following details how the Agency is approaching achievement of the benchmarks, all of which are relatively new based on CFSA's recent implementation of the *Four Pillar Strategic Framework*.

¹⁹ Needs Assessment participants include youth in foster care, social workers, birth parents, teen parents, foster parents adoptive parents, attorneys, agency managers, and staff and judges from DC Superior Court's Family Court.

TABLE 3: Well-Being Outcomes 1, 2, and 3

Key to Status: On Track  Nearing Target ²⁰  Needs Improvement 	Internal Benchmarks	Current Performance (reported for FY13)	
Well-Being Outcome 1			
Increase supports and services for children (per QSR)	80%	86%	
Well-Being Outcome 2			
Increase youth in foster care who perform at grade level in the third grade	41%	17%	
Increase children in foster care who graduate from high school	80%	71%	
Increase children in foster care who graduate from college	30%	18%	
Well-Being Outcome 3			
Increase children getting a mental health screening	90%	47%	
Increase children getting an initial and re-entry health screening before placement	95%	90%	
Increase children getting a medical evaluation within 30 days of entering care	90%	70%	
Increase children getting a dental evaluation within 30 days of entering care	58%	42%	
Increase children age 11 and older getting a pre-placement substance use screening	95%	87%	

Increase Supports and Services (Child)

In FY 2013, 86% of cases reviewed for quality (n=100) demonstrated evidence that the team of professionals were developing and maintaining quality and trust-based relationships with the children that lead to better assessments and more appropriate service provision. This percentage exceeds the 80% internal benchmark. Team members, including mental health providers, were cognizant of the fact that each child/youth has their own unique identity and world views that shape their ambitions and life choices. Having this deeper level of assessment contributed positively to the engagement of the child as well as the family in the change process. It also provided for a more comprehensive assessment and understanding of the child and his or her family situation. Team members were able to make a positive difference in the child's life, prevent harm, and work in collaboration with each other. Qualitative data

²⁰ For the purpose of distinguishing progress, a label of "nearing target" is given if the Agency's performance is within five percentage points of reaching target or benchmark.

indicated that supports and services were of the right fit (i.e., clinically appropriate) and delivery of services was timely, competent, and consistent with needs identified.

Improve Educational Performance and Outcomes

Educational measures are reported on an annual basis for the Agency. CFSA internally collects data for the following three main educational measures and reports the data on the *Four Pillar Scorecard*: (1) children in foster care perform at grade level in the third grade, (2) the percent of youth who graduate from high school, and (3) the percent of youth who graduate from college. Importantly, CFSA's educational measures are aligned with the indicators outlined in the District's *Raise DC* initiative and its strategic plan to improve performance within the District of Columbia Public Schools. As of FY 2013, the Agency reported 17 percent of children in foster care in the third grade were performing at grade level. The target for this measure has been set to 41 percent for FY 2014. CFSA set a target of 80 percent for youth in foster care who graduate from high school in a given fiscal year. As of FY 2013, CFSA observed 71 percent of youth graduating from high school and 18 percent graduating from college. It should be noted that all educational data is reported on an annual basis, and therefore the Agency does not yet have data for FY 2014.

The projected impact of educational interventions includes an increase in the percentage of third graders performing at grade level (up to 44 percent as of FY 2015 and continuing at that performance level into FY 2017). There is a projected gradual increase from 35 percent to 40 percent to 60 percent between FY 2015 and FY 2017 for students graduating from high school. There is also a projected increase in the number of students entering college, rising from 35 percent to 40 percent from FY 2015 to FY 2017. For the college graduation rate, there is an expected increase to 35 percent that will stabilize until FY 2017. Additionally, the Agency projects an increase in youth age 20 who are either employed or in post-secondary education from 60 percent in FY 2015 to 65 percent in FY 2017. Lastly, the number of disconnected youth (i.e., youth who are not in school or working) between ages 16-21 is projected to decrease to 32 by FY 2017. Educational data is also expected to improve and trend upward as CFSA and private agency staff improves their communication and engagement with youth, as well as tracking youth around educational status and needs. The Agency monitor this indicator through the quarterly *Four Pillar Scorecard*.

Increase the Timeliness of Mental Health Screenings and Assessments for Children Entering Foster Care

CFSA is gradually seeing improvement for the percentage of youth who received a mental health screening and assessment upon entry into foster care. As noted in Table 3 above, the percentage in FY 2013 was 47 percent whereas FY 2014 data currently indicates 59.5 percent, which is a first (56 percent) and second quarter (63 percent) average. In an effort to improve mental health services for children and youth in care, the Agency implemented a universal screening tool to identify mental and behavioral health needs for children entering foster care, using feedback and recommendations from a workgroup under the System of Care comprised of local pediatricians. A similar process was used to identify the functional assessment that CFSA and its sister agencies will be implementing over the next year. Moving forward, the Agency will continue to share the findings from its tracking of screening and assessment data with stakeholders to identify gaps in service delivery as well as to solicit recommendations for improvement.

Increase the Timeliness of Physical Health and Dental Screenings and Evaluations for Children Entering Foster Care

Since FY 2013 and within the last two quarters of FY 2014, the Agency has been getting closer to meeting the Agency's internal benchmarks for the following three measures: (1) increasing the percentage of children receiving an initial and re-entry health screening before placement, (2) increasing the percentage of children who received a dental evaluation within 30 days of entering care, and (3) increasing pre-placement screenings for substance use by children age 11 and older. The Agency is also

observing improvements in the percent of children receiving a medical evaluation within 30 days of entering care. Although the Agency has yet to meet its internal benchmark of 90 percent, the Agency has increased its performance from 70 percent in FY 2013 to a first and second quarter average of 78.9 percent in FY 2014.

Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Assessment of family needs is critical to identifying and providing the necessary supports for each family to provide for their children's needs. Assessment of the needs of families and children begins at the front door and impacts how CFSA provides supports and services to vulnerable families from the first point of contact with the child welfare system throughout the life of the case.

Family Assessment

Through the full implementation of the Family Assessment (FA) model, CFSA has strengthened its capacity and opportunity to assess families at the front door. The FA social worker applies a clinical assessment approach to identify the family's strengths and protective capacities along with a family's broader needs and any overarching issues that are affecting the child's safety, permanency, and well-being. Results from that initial assessment allow direct service staff to tailor a response specific to the family's individualized needs, without pressuring the family to comply.

Child Needs Assessment

As described above (see *Permanency Outcome 1*, above), the CNA provides a profile of the child's strengths and needs to facilitate identification of the best placement (or replacement) match for the child, with the goal of preventing disruptions. The tool addresses placement stability, mental and physical health needs, educational issues, and kinship resources in order to establish permanency for the child.

Case Planning and Supports

CFSA's In-Home administration currently incorporates the RED team framework into their case planning activities. The purpose of the Case Planning RED team (CPRT) is to bring together the family with any informal or formal supports to develop meaningful and achievable goals that address safety, well-being, and family functioning. This team collectively facilitates teamwork activities, organizes family-centered planning and service decision processes, and follows up on commitments made by team members to ensure that a clear pathway (including concurrent planning)²¹ to case closure is clear. An initial CPRT occurs within the first 30 days of a newly-assigned in-home case. Subsequent CPRTs will be held every 90 days to revisit the case plan with the family, make revisions when needed, and ensure safe case closure.

Data for the In-Home RED teams is currently being tracked manually. From FY 2013 until the date of this report, there were approximately 47 In-Home Big RED team meetings and 35 CPS to In-Home Transfer RED team meetings. Numbers are from a manual count of the RED team data forms that are submitted so it may not reflect the totality of team meetings completed in the month of June 2014. The CFSA CISA team is currently enhancing the SACWIS system to incorporate the RED team framework and decision points so that data can be tracking accurately and in real time. CFSA anticipates having the capacity to report out on RED team outcomes including trends in the upcoming APSRs.

²¹ Traditionally, CFSA has approached concurrent case planning as a stop-gap measure in hopes that reunification will occur. As a result of child welfare's changing landscape and the implementation of the Agency's Four Pillar Strategic Framework, CFSA is approaching concurrent planning as side-by-side case planning for families and foster families to simultaneously strive towards one permanency goal.

The supervision and coaching of social workers to critically analyze and find solutions to complex family issues is at the core of case planning for timely permanency. Indeed, the ability of the supervisor to effectively coach social workers towards critical thinking is a priority for CFSA. This has led directly to the development of a process for in-home cases that mirrors the Permanency Big RED team. CFSA is using this strategy to ensure a fluent use of the consultation and information framework during supervision as a way to review case planning procedures and to build sustainability of the overall RED team infrastructure.

The Quality Service Review (QSR) *Engagement* indicator measures case planning for the youth with the support of the team inclusive of the youth, biological parents, substitute caregivers and other supportive figures. QSR trends from FY 2011 to FY 2013 reflect the Agency's efforts in engaging youth in case planning as ranging between 86 and 91 percent. Although engagement with parents has been a challenge in previous years, the Agency continues to make strides in ensuring that biological, parents especially fathers, are engaged and included in the case planning process. System indicators for *Engagement and Assessment of Fathers* have historically revealed low ratings for performance and while they were rated in 2013 at 58 and 43 percent respectively, this was an increase from 2012. QSR staff are coaching the direct service staff on the importance of fathers and/or the father's family. It is expected that this teaching tool on individual cases, as well as the RED Team review, will directly influence improvement.

Strengths and Promising Approaches

As mentioned, the Family Assessment (FA) and Child Needs Assessment (CNA) approaches provide early and adequate opportunity for the agency to assess the needs of the child and to put the necessary supports in place. Through the CNA, information is used to ensure appropriateness of the placement type and to ensure that prospective providers have the necessary tools, qualifications, and skill sets to meet each child's unique placement needs. Further, the tool assesses progress and identifies opportunities to step the child down to a less restrictive environment.

As of the writing of this report, it is too early to make conclusions on the precise impact of the use of the Child Needs Assessment (CNA) on stability, but the Agency has observed an improvement in placement stability with the onset of the CNAs coupled with the launch of TST and the RED team process. Data collection on changes in the rate of placement disruptions post-CNAs, TST and the RED teams did not begin until these processes were initiated between February and April of 2013; however the average number of placement disruptions was lower in FY 2014 as of April 30, 2014 (n=16) when compared to data from a portion of FY 2013 (February to September, n=26).

Areas in Need of Improvement

The 2013 QSR findings confirm that social workers are effectively planning for interventions. However, areas for improvement include initiation of permanency planning meetings at earlier points in the case, and consistent contact with team members to assess the appropriateness of the permanency goal throughout the life of the case. These factors have the potential to decrease delays in planning for interventions such as supports and services as well as developing appropriate steps towards closing cases safely and expeditiously. As families continue to experience changes in their lives, a consistent assessment and planning meeting with all team members' participation gives the opportunity to gain a clear understanding of the family's current status. This gives members an increased opportunity to strategize and develop specific steps needed to achieve permanency.

Additionally, in 2013 CFSA began implementation of the Consultation and Information Sharing Framework and the RED Team Process, which are designed to respond to the needs of children and families at risk of experience abuse and neglect from prevention to permanency. There are a variety of types of RED teams held throughout the agency, and in 2014 the agency began utilizing QSR Big RED teams to respond to specific areas of concern raised in these reviews.

Well-being Outcome 2: Children receive appropriate services to meet their educational needs.

The federal *Individuals with Disabilities Education Act* (IDEA), Part C, requires early and coordinated services for infants and toddlers who are diagnosed with disabilities so that their families have the support needed to make a positive developmental difference in their children's lives. CFSA's present practice is to provide developmental screenings for all children within 30 days of their entry into foster care. Children ages 0 to 3 years old coming into foster care are screened at CFSA's on-site clinic, the Healthy Horizons Assessment Center. If delays are indicated at the completion of the screenings for children ages 0-3, they are referred to [*Strong Start DC*](#), a program implemented through the District's Office of the State Superintendent of Education (OSSE). Strong Start DC is a comprehensive, coordinated, multidisciplinary system that provides early intervention, therapeutic, and other services for infants and toddlers with disabilities and developmental delays. Services are also provided for these children's families. These services are flexible, culturally responsive, and most importantly, tailored to meet the individual needs of the child and the family. Children ages 3-5 are screened by CFSA's Office of Well Being (OWB). Any delays that are indicated at the completion of the screenings for this population result in referrals to [*Early Stages \(Interventions\)*](#) through the District of Columbia Public Schools (DCPS).

CFSA's *Four Pillar Scorecard* includes an indicator to track the percentage of children 0-5 who receive a developmental screening upon entry into foster care. The established target for FY 2014 is 85 percent and during the first two quarters of the fiscal year, the Agency is averaging 75 percent.

In addition to early childhood developmental screenings and services, the primary focus of cross-system coordination between CFSA, OSSE, and DCPS continues to be the timely sharing of information to support children's educational needs. In FY 2014, CFSA's Office of Well Being (OWB) expanded its capacity with the addition of two new education resource specialists, including one contracted position (through September 30, 2014), bringing the total number of education resource specialists to three. The education resource specialists provide technical assistance, guidance, and consultation to social workers and resource parents. In addition, the specialists are responsible for processing and monitoring contracts for mentoring, tutoring and school transportation for children in foster care. Also in FY 2014, the Agency added an early education specialist to the Office of Well Being. Targeting the 0-5 population, the early education specialist will support resource parents in making informed decisions about early education, including Pre-K, Early Head Start, Head Start and other child care programs. The early education specialist will also provide assistance with enrollment into child care programs and processing vouchers and subsidies.

Supporting the need for comprehensive data regarding academic proficiency, the OWB initiated and coordinated administration of an assessment that measures the level of skill, comprehension, and mastery of basic reading and mathematical function. Starting in the summer of 2013 and through early 2014, the [*A+ Learning Link Educational Assessment*](#) was administered to 557 school-aged children and results were provided to social workers. Preliminary review of the data revealed that 58 students were on grade level for both reading and math, 46 students were above grade level in reading and 32 students were above grade level in math, 219 were below grade level in reading and 239 were below grade level in math, 21 were above grade level in both reading and math and finally, 192 students were performing below grade level in both subjects. In conjunction with some data from OSSE, the results of the CFSA-administered

A+ Learning Link Educational Assessment²² are being used to help social workers determine the kinds of supports children need to improve or maintain school performance.

Strengths and Promising Approaches

In 2014, the education resource specialists targeted particular age groups who were assessed as performing below grade level in the areas of reading and math. Starting with approximately 72 children in 2nd, 3rd, 8th and 9th grade, the specialists engaged the social workers in a focused review to determine the kinds of services needed to support improved academic achievement. The selection of this first cohort of children was intentionally aligned with the specific points of academic development being monitored by the city's Raise DC initiative. More recently, the focus has expanded to approximately 55 children in kindergarten and first grade who could potentially benefit from summer programs designed to improve reading and math skills. Lastly, one of the education resource specialists has engaged the social workers of approximately 34 children whose assessments were completed in late 2013. The outreach to social workers is designed to ensure the results of the assessments are being reviewed by the social workers and to facilitate enrolment into needed services. The targeted effort of the education resource specialists is supporting increased utilization of available resources. For example, in January 2014 there were approximately 27 children receiving tutoring services. Following the outreach by the Office of Well Being staff, the number of children receiving tutoring services has increased to 75 (as of June 2014). Moving forward the OWB will be targeting youth reading below grade level, conducting quality assurance of those receiving tutoring services, determining utility of assessments and ensuring that education discussions are more integrated in the Permanency RED team meetings.

An exciting new initiative is the centralization of the Agency's child care referral process to identify and access quality child care, as well as early education options. The initiative assists resource parents (including kin families), birth parents with children in protective supervision, and teen parents who are in foster care. As noted above, the addition of the early education specialist supports a more targeted approach to helping social workers and resource parents use available information to make informed decisions about early education and other child care programs. Moreover, as a result of the Agency's *Four Pillar Scorecard*, there is a renewed focus on improved tracking and measurement of how children are performing academically.

Areas in Need of Improvement

CFSA is working to improve educational outcomes through several approaches. In 2012, CFSA and OSSE developed a memorandum of agreement (MOA) to support the exchange of educational enrollment and limited achievement data for District wards in CFSA's care and custody. Before enactment of the MOA, the two agencies exchanged information only for school-age youth who were the subject of a CPS investigation. Under the MOA, in addition to the education resource specialists, CFSA has the ability to train social workers to obtain "read only" access to the OSSE student tracking system.

Additionally, OWB will continue to implement the [A+ Learning Link Educational Assessment](#) to keep children on target for age-level outcomes. The Agency is also exploring new contracts with tutoring vendors to expand its service in this area. Most importantly, there is great emphasis on partnering among OWB's educational resource specialists, social workers, and foster parents to encourage positive educational outcomes.

Lastly, CFSA has engaged the American Bar Association's (ABA) Legal Center for Foster Care and Education to provide consultation and technical assistance with the development of an all-encompassing

²² The A+ Learning Link Educational Assessment measures the child's level of skill, comprehension, and mastery of basic reading and mathematical functions.

education strategy for the District, using the national Blueprint for Change framework. The Blueprint for Change framework is used to help child welfare agencies guide education success for all school age children in foster care. In partnership with the Office of Well Being, along with a large group of internal and external stakeholders, the ABA will complete a comprehensive review of CFSA's existing efforts to support education achievement, identify strengths and gaps across those efforts, and support the development of internal capacity to track and measure education stability and achievement of children in foster care. The outcome of the collaboration with the ABA over the next year will be a framework that aligns CFSA's work related to education achievement and identification of those areas that require additional attention and efforts with corresponding strategies to improve practice.

An important tool in the measurement of the efficacy of these strategies and tools is the Child and Adolescent Functional Assessment Scale (CAFAS), alongside its companion tool for very young children, the Pre-school and Early Childhood Functional Assessment Scale (PECFAS). These functional assessments, which include assessments related to a child's school performance, are integral components in the initiative to create a trauma-informed child welfare system. Completed every 90 days for as long as the child remains in foster care, the CAFAS/PECFAS measures child functioning over time along eight life domains, and provides the case management team with longitudinal information as to the child's functional improvement or regression. CFSA plans to use case-specific CAFAS/PECFAS results to inform case planning and to aggregate system-wide results to inform resource development and service scaling or de-scaling.

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

Healthy Horizons Assessment Center and Nurse Care Manager Program

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

- *Medical screenings:* Screenings occur immediately upon initial placement in foster care or upon a change in foster care placement. The screenings are intended to identify any urgent medical needs, including signs of trauma, psychiatric needs, medications, and food allergies. Results of the screening are passed on to the child's social worker to thoroughly inform the placement process. The Agency gathers data on the percent of children who receive a medical screening/evaluation within 30 days of entering foster care. Performance has been on a steady incline since FY 2012. CFSA's baseline performance for FY 2012 was 69 percent and increased to 70 percent in FY 2013. As of the end of the second quarter, the Agency was performing at 79 percent, which represents the average of the first and second quarters in FY 2014.

Strategies that impact performance on medical screenings

To a certain extent, CFSA attributes performance improvements to changes in the organizational structure and practice approach of the Office of Entry Services. For example, CFSA's monthly *Health Assessment Marathon* was a strategy intended to ensure that children were consistently assessed within 30 days of entering foster care. On the last Saturday of each month, HHAC opened for the entire day to see children who needed their initial DC HealthCheck, or children who required a placement change medical screening. By January 2014, however, the *Health Assessment Marathon* strategy had not met performance expectations and many children who needed the service were not being brought in during the designated

time of the monthly event. The Health Services Administration responded with the following series of strategies to promote practice changes:

- Joint collaboration and communications (e.g., weekly face-to-face meetings, phone calls, emails) with permanency staff related specifically to specific children who have not received medical and/or dental evaluations
- Participation in social worker unit meetings
- “Direct marketing” to supervisors and managers to remind their staff of HHAC’s operating hours and the availability of the mobile dental van
- Articles in the foster parent newsletter
- Publication of an HHAC check list for foster parents to alert them of any potential service gaps and needs

Continuing with the *Four Pillar Strategic Framework* tenet that all children in foster care will receive quality health care, the Agency employed 15 registered nurses (RN) in 2014. These nurses function in the role of nurse care managers (NCMs) and provide case management and supportive services for children with significant medical, physical, or mental health needs. NCMs perform the following activities and services:

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

Based the last seven fiscal quarters of performance data, CFSA anticipates reaching the 85 percent benchmark for children receiving full medical evaluations within 30 days of entering care between FY 2015 and FY 2017.

Although there has been no true write-up or evaluation produced on medical screenings or the strategies note above being put in place, towards the end of FY13 the Agency’s Quality Assurance unit and the Office of Agency Performance continued to conduct monthly analyses on medical screenings. They examined the out-of-compliance population to uncover reasons for missed screenings and gaps in medical services, and then reported out on their findings during monthly management meetings that included private agencies and CFSA program staff. The Agency will continue to seek qualitative and qualitative data from Health Services to monitor this indicator through daily reports, manual reporting, and the monthly management report packet that highlights internal benchmarks via the Agency’s SACWIS system (specifically FACES.NET Management Reports HTH004 and HTH005, both of which are disseminated to management). Manual data is captured on the quarterly *Four Pillar Scorecard*, again disseminated to all staff.

- *Comprehensive health assessments:* Assessments occur within 30 days of a child’s initial placement in foster care. These assessments follow the requirements of the federal Early Periodic

Screening, Diagnosis, and Treatment (EPSDT) services program (known locally as [DC HealthCheck](#)). DC HealthCheck incorporates the following components:

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

Mental Health Services

CFSA also partners with the Department of Behavioral Health (DBH) program, [Families First](#). This evidenced-based initiative was jointly created by DBH and CFSA to expand the range of mental health services for families and children. Some examples of the types of evidenced-based treatment modalities in this initiative include Parent-Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), and Trauma-Focus Cognitive Behavior Therapy. These practices are proven to strengthen family life; to meet the needs of the children and youth who experience depression, anxiety and acting out behaviors in reaction to trauma and violence; and to help avoid more complex, long-term challenges.

Responding to the needs of trauma-exposed children and parents, CFSA is still in the early stages of the implementation of TST (see *Safety Outcome 2*, above). The TST model is expected to address a serious gap in services for CFSA's families that have experienced trauma.

Strengths and Promising Approaches

CFSA realizes that home removal and foster care placement is frequently another layer of trauma for a child who has been traumatized by neglect and abuse. TST is a major investment by CFSA. In order to see the full benefits of this model, CFSA has ensured orientations and training for the public, staff, and resource parents on the impact of trauma.

Another promising approach is CFSA's afore-mentioned implementation of the Child and Adolescent Functional Assessment Scale (CAFAS) and the related Pre-school and Early Childhood Functional Assessment Scale (PECFAS). These scales, which will provide social workers with a valid and reliable measure of a child's functioning and progress over time, are going to be administered to every child in foster care approximately every 90 days for the duration of their home removal episode. Both will be integrated into FACES.NET.

In addition to the above, CFSA is also strengthening its approach to mental health care through the co-location of DBH mental health specialists at four of the five sites of CFSA's contracted partners, the Healthy Families/Thriving Communities Collaboratives. The role of these specialists will be to screen and assess families for mental health and/or co-occurring disorders and trauma, refer them to and engage parents and/or children in the appropriate mental health and/or substance use services based on the findings of the assessment and assist the families with accessing the services. The co-location of DBH staff greatly complements the co-location of CFSA's 10 in-home units. These staff members are able to provide the community with easy access to assistance and service referral, an obvious and natural addition.

As well, CFSA's partnership with the District's Department of Health (DOH) is affording CFSA an opportunity to focus specific resource on parents with young children by co-locating infant and maternal health specialists in each of the five Collaborative sites. These specialists are responsible for providing health and trauma screening and the coordination of comprehensive nursing care and case management to

young mothers with at least one child under the age of six. Specialists assess their needs, develop a care plan, and provide direct care or refer the mother to other community-based services based on the need. These resources were developed to address current gaps in services for these vulnerable populations and also to complement the supports available to families involved with waiver-funded services.

Areas in Need of Improvement

The purpose of the mental health screening is to identify any child's initial indicators of potential emotional and behavioral needs, issues or problems, or risk arising from their unique situation. On the basis of the initial screening, children are referred, as needed, to a selected mental healthcare practitioner who provides specific diagnostic information and develops treatment plans that include objectives, methods, interventions, and services.

With respect to the range and availability of mental health services for children, CFSA and DBH continue to build local clinical capacity and to further mitigate the frequency of distant out-of-state placements in specialized facilities. While Agency standard is that mental health screenings are to be completed within 30 days of entry, not all children require them, such as children under the age of one year. Moreover, children under six require the screenings to be completed in the presence of a caregiver, which can be a barrier to its timely completion.

In FY 2013, 407 children entered or re-entered foster care. Of these, 272 were eligible for mental health screenings. Of the 272, 137 (50 percent) received mental health screenings within 30 days of entry, which fell below the performance benchmark. Aware that screening time frames need to improve, CFSA is relying upon RED team reviews and CQI procedures to ensure that referrals are timely.

Overall well-being concerns include the need for a more profound understanding of how a family is truly functioning. As a result, CFSA and the Healthy Families/Thriving Communities Collaboratives partnered on the development of one comprehensive and universal family functional assessment tool, in consultation with the Children's Research Center (CRC). This assessment tool is accessed under the Structured Decision Making (SDM) system and includes domains that measure parental capacity and overall family functioning.²³ In using a common tool, CFSA and the Collaboratives have improved data-sharing, which has enhanced the capacity of both entities to come together in a coordinated manner and team on cases to jointly address the needs of the family. The assessment tool will help the Agency fully grasp a family's progress, well-being outcomes, and changes in overall functioning.

In addition to the SDM tool noted above, ongoing supervisors also monitor the completion of family functioning, safety, and risk assessments. Again, this is a purposeful monitor to glean more accurately the subtleties of family functioning so that social workers can ensure that proper supports and resources are put in place. Supervisors meet with social workers on a weekly basis to discuss the progress of individual families, including any challenges they may be experiencing, and practical steps to address the families' needs. Weekly supervision also serves as an opportunity to review progress on the case management tasks to ensure that the social worker has met time frames for required assessments and case plan goals, as well as addressing anything that may be outstanding.

Policies, practice guides, and professional tools are in place that will inform clinically appropriate placement decisions within the TST model but consistent practice remains an area of focus going forward. This is why the evaluation component of the trauma grant is so important. It will help the Agency to identify current gaps in services, identify which evidence-based practices should be scaled up (or down),

²³ The Structured Decision Making (SDM) system is a battery of assessments that aid social workers with critical decision-making around risk and safety during key points in a child or family case. The addition of the revised tool will also allow social workers and Collaboratives to more accurately and thoroughly assess family functioning.

and identify long-term mechanisms to fund services through Medicaid.

An additional area of interest has been noted by the co-location of mental health specialists assigned from DBH. Mental health specialists are tasked with initiating mental and behavioral health screenings on all children who are initially placed or are re-entering the foster care system. This unit also ensures that the child is referred to the most appropriate mental health provider.

One of the major challenges is being able to verify whether or not children are receiving mental health services in a timely manner. CFSA is working closely with DBH, the Choice Providers, and the Core Services Agencies to improve upon the timeliness of children receiving mental health services. It should be noted that structurally, the Agency's clinical and mental health services have been strategically placed under the Placement Services Administration. This allows for more coordination between placement and mental health services staff. In addition, the newly updated [*Placement and Matching Policy*](#) defines the practice related to placing a child with an appropriate provider and identifies the Child Needs Assessment (CNA) as the primary driver of the matching process.

Encouraging utilization of available and accessible mental health services is another area for improvement. DBH reports that 24 percent of children served in-home were connected to DBH to their involvement with CFSA (as of May 2014.) Of these, only 48 to 50 percent are currently active with their respective service providers. CFSA is requesting similar information for heads of households who were also connected to DBH services prior to their referral to CFSA. The review and analysis of cross-system data should enable the Agency to identify these families and to encourage them to connect to services. Access will be facilitated as the result of the afore-mentioned co-located mental health specialists in each of the five Collaboratives.

One area of current focus is encouraging social workers and resource parents to ensure that children are scheduled for the 30-day comprehensive physical examination conducted by HHAC upon a child's entry or re-entry into foster care. In addition, CFSA is focusing on improving the data for children receiving health screenings when they experience a change in placement (replacement). Progress has been made since the last quarter of FY 2013 when 76-86 percent of the children received a replacement screening. The second quarter of FY 2014 indicated between 86-89 percent of the screenings occurred. While this is very close to the benchmark of 90 percent, CFSA is eager to increase the number of screenings to 90 percent and beyond. HHAC is currently developing an internal social marketing strategy to reinforce the importance of screenings for child health.

Systemic Factors

1. Information System

Introduction

CFSA's statewide automated child welfare information system (SACWIS) is known locally as FACES.NET. FACES.NET is used not only by CFSA staff and social workers but also by social workers employed by CFSA's contracted private agency partners who provide case management services to children in the District's care and custody. Security settings and data access rights for private agency staff are the same as for Agency staff with similar duties. As a web-based system, it is completely accessible to approved users throughout the child welfare system wherever there is an internet connection. The child-specific information therein, which includes child status, demographic characteristics, location, and goals for placement for every child in foster care, is readily retrievable irrespective of the geographic location of the FACES.NET user.

FACES.NET is the central repository for all child welfare client-level information in the District. It operates uniformly throughout the District and encompasses all geographical and political subdivisions. It serves all of the following required federal SACWIS recordkeeping, program, and reporting functions:

- 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,²⁴ NCANDS,²⁵ Monthly Visitation, and NYTD²⁶

Performance and Effectiveness

CFSA's Child Information Systems Administration (CISA) is responsible for maintaining FACES.NET, the District's statewide automated child welfare information system (SACWIS), a comprehensive case management system that generates data reports as needed. CISA also responds to requests for enhancements or revisions to FACES.NET. Such enhancements are jointly prioritized by CISA and Agency leadership to improve the effectiveness of the system, improve worker efficiency and case practice overall, as well as to streamline data entry efforts. CISA also provides ongoing FACES.NET training for pre-service and in-service employees as well as disseminating tip sheets to help social workers understand how to navigate particular screens within FACES.NET. Such activities are expected to support accurate data entry.

CISA Quality Assurance (QA) Processes

The District and Deloitte Consulting share responsibility for activities related to completing impact analyses, gathering report requirements from end users, and determining report logic. Select quality assurance (QA) activities, however, are assigned separately. For example, Deloitte has full responsibility for "bug fixes" and initial quality assurance of the code. The District has responsibility for the following QA activities:

- Functionally reviewing issues reported to the Help Desk
- Recommending solutions to system bugs
- Reviewing and approving design documents
- User acceptance testing (UAT)
- Regression testing
- QA reviews
- Confirming validity of data

Lastly, CISA works with the District's Office of the Chief Technology Officer to ensure that services are running well, i.e., guaranteeing service availability to the users, looking at each business within the Agency, and mapping and developing solutions that give value to end users utilizing CFSA's network (*described in CFSA's Continuing Quality Improvement Plan*).

²⁴ Adoption and Foster Care Analysis and Reporting System

²⁵ National Child Abuse and Neglect Data System

²⁶ National Youth in Transition Database

Since its release as a web-based application, FACES.NET has undergone the following series of steady enhancements to better support best practices in case work, improve system-wide management and accountability, and facilitate the extraction and analysis of meaningful data:

- *Intake Re-Design* – CFSA’s improvements to its intake processes required modifications to FACES.NET to accommodate new and improved screening and Structured Decision Making (SDM™) tools. The Agency also updated FACES.NET’s graphical user interface and intake screens to allow for greater flexibility for Child Protective Services Hotline workers receiving reports and taking information. At the same time, the Agency introduced better defined business rules to ensure the entry of uniform and reliable data within the system.
- *Continuum-Wide Implementation of the RED Team* - CFSA is creating alignment by building the technological structure to record the RED team framework in FACES.NET. For example, as an internal decision-making process, the Hotline RED team matches an accepted report of child maltreatment with a selected child protective service response. The RED team then determines the appropriate pathway response with the known information. The In-Home and the Permanency decision-making processes contain a wide range of child and family assessments. Centered on the framework, the decisions include the conditions and behaviors that contribute to greater difficulty for the family, e.g., a distressing environment, threatening behaviors that are troubling, emotional states that are prolonged or exaggerated. The alignment specifically supports the institutionalization of critical thinking.
- *Dashboard Utility* – The development of the FACES.NET dashboard utility was the first of two enhancements aimed at giving social workers better and easier access to direct information to assist them with case level scheduling and decision-making. The dashboard allows supervisors and workers to access caseload data in a concise, actionable, and interactive format. It also supports the timely completion of case management tasks by providing a comprehensive view of each worker’s performance across 19 distinct measures.
- *Case Timeline Utility* – The companion enhancement to the dashboard utility is the FACES.NET case timeline. This utility permits social workers access to an “at-a-glance” charted timeline of critical practice activities and events that have occurred at key moments throughout the life of a CFSA case. From the first abuse or neglect investigation through ultimate case closure, immediate access to the timeline helps social workers review key events during a child’s or family’s experience with CFSA.
- *National Youth in Transition Database (NYTD)* - In FY 2011, the District created the Youth Speak Out! Survey and portal for the purpose of administering federally-required NYTD surveys to CFSA’s baseline populations: 17 year olds in foster care, and ages 19 and 21 for follow-up. The survey is fully integrated into FACES.NET and uses existing client/case data (e.g., date of birth, placement, client ID, and email address) to identify the appropriate survey population for a given fiscal year. An email notification is generated for baseline youth with an email address entered in FACES.NET on his or her birthday and informs the youth of the survey and asks for their participation.
- *Title IV-E Eligibility Enhancements* – Following the passage of the *Fostering Connections to Success and Increasing Adoptions Act of 2008*, CFSA updated the FACES.NET user interfaces and functionality around title IV-E eligibility determinations. This included integrating existing employment, education, and medical screens to inform eligibility determinations for youth over the age of 18 in foster care. It also included the development of a title IV-E guardianship subsidy eligibility determination module. The module ensures compliance with the federal option to claim federal reimbursement for IV-E eligible youth who achieved permanency through kinship guardianship. The enhancement allows for an eligibility determination “alert” at the moment a guardianship referral is transacted in FACES.NET. This validates required data and ensures compliance for claiming.

- *District of Columbia Court Improvement Project* – In collaboration with the District’s Court Improvement Project (CIP), CFSA has completed several data exchange projects with the Family Court in order to improve communication and timeliness of joint activities. These have included an electronic case initiation process that required the creation of an online complaint form in FACES.NET, electronic submission of court reports, and receipt of court orders. Importantly, these data projects also serve as “checks and balances” for data integrity. CIP has also been awarded a technology grant that will allow an interface with the Court and the Department of Behavioral Health’s Addiction Prevention and Recovery Administration’s DATA²⁷ system. Enhancements allow for increased quality assurance and improvement reviews, identification of performance measures, and the monitoring of treatment outcomes. These will benefit the ability of the Family Treatment Court and CFSA in general to address the needs of clients currently receiving services for substance use.
- *The Data Reliability and Accountability Workgroup (DRAW)* – DRAW is an ongoing data forum that manages the auditing of FACES.NET management reports. This forum involves data specialists from CISA; the Office of Planning, Policy, and Program Support (OPPPS); and the Office of Agency Performance. Although there are no program personnel in this forum, the group engages in an ongoing evaluation and surveying of what information system needs, data entry, and logic clarification must occur to ensure accurate reporting across all program areas. The data auditing process includes the prevention, detection, and correction of data errors in FACES.NET. Audits focus on the validity and reliability of the data. The following five phases are included in the auditing process:
 - 1) *Assessment*: the process of gathering information from a variety of sources to determine potential for errors in FACES.NET data.
 - 2) *Identification*: Reviewing applicable *LaShawn* measures and information from key staff to determine level of priority (high, mid, or low) for auditing (community-based service referrals for low-to-moderate risk families, timely initiation and timely closure of investigations, teen parents and repeat teen births). The Office Agency Performance meets with CFSA’s program staff to collaboratively develop priorities for the remaining *LaShawn* exit standards.
 - 3) *Auditing*: Developing a collaborative process with CISA, OPPPS, Program Operations and the Office of Agency Performance in order to catch potential data errors and to validate existing data. Data errors may include missing or incomplete data as well as inconsistent or incorrect data entry.
 - 4) *Feedback Loop*: Developing an interactive process to share auditing lessons with all staff and to create a standard protocol for sending data issues to each supervisor to review with caseworkers, including a document/process to send back for data revisions.
 - 5) *Reassessment*: Determining if audits should be ongoing for issues that could potentially be ongoing problems, and if so, to create a safety net to catch this information proactively.

AFCARS Program Improvement Plan

CFSA’s AFCARS Improvement Plan was issued in April 2005 as a result of findings from ACF’s 2004 AFCARS Assessment Review. The AFCARS Improvement Plan focused on three main areas in need of improvement:

- (1) Enhancement of processes to capture timely and accurate information
- (2) Provision of training to users

²⁷ District Automated Treatment Accounting system

(3) Creation and utilization of management reports based on the AFCARS Data Quality Utility and Frequency Utility tools

Over the past nine years, CFSA and ACF have made significant progress on implementing the necessary improvements.

Tracking, Reporting, and Quality Assurance

In addition to reporting functionality that meets all of the federally-required reporting standards for AFCARS, NCANDS, Monthly Visitation, and NYTD, the vast majority of data pertaining to the *LaShawn A. v. Gray Implementation and Exit Plan* (IEP) is captured in the system. The application generates over 100 monthly reports that are used by managers and the Agency's quality assurance staff to monitor Agency performance on the IEP's measurable exit standards as well as best practices and other programmatic, financial, well-being, and case management activities. The impact of the aforementioned dashboard utility is that it augments the system's reporting capacity with easily accessible, real-time, social worker-specific data on key performance indicators such as visitation and timely case planning.

Strengths and Promising Approaches

Over the course of the 2010-2014 CFSP, CFSA integrated the following suite of SDM™ tools into FACES.NET to assist social workers in beginning the process of efficient and effective assessment at the onset of a case and at ongoing intervals throughout a case's life cycle in the District's child welfare system:

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

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

Client-level tracking: Technologically, the aforementioned dashboard utility and timeline are recent enhancements that immediately impact case practice across the continuum. It is expected that the impact

of each utility for social workers will be to provide quicker and simpler access to important case-specific information for more timely and effective scheduling and decision-making. The utilities also promote practice accountability among case management staff by furnishing their supervisors and managers with performance-level data for staffing and resource allocation decisions.

System Access: Because it is a web-based application, widespread system accessibility to users is its strength. The application is compatible with most internet web browsers, and it can be accessed wherever users have an internet connection. Easy access to system resources improves case management documentation, internal communication, and service referrals.

At the systems level, data from CAFAS/PECFAS implementation into FACES.NET is expected to enhance that the capacity of leadership, social workers, and evaluators to better understand the prevalence of mental health needs within the CFSA population, as well as the suite of behavioral health services and interventions being deployed among the foster care population. It will also provide a uniform, system-wide basis for understanding the services that contribute to positive outcomes, and those that do not. Accordingly, within FACES.NET, CAFAS/PECFAS data will be aggregated to inform long-term recommendations about scaling and de-scaling of services and interventions, and improve the system's service array and capacity. It will also provide a more effective basis for evaluation of case management activities. CAFAS/PECFAS satisfies all of CFSA's needs by enhancing case planning, progress monitoring, and providing an effective basis for program evaluation.

Areas in Need of Improvement

FACES.NET functionality around case management and child tracking functions is its strength. The application hosts and stores case level information and worker-level performance data. The information that is extracted from FACES.NET then helps to inform practice and staffing resource decision-making. Functionality could be more robust, however, in the context of system or macro-level service analysis. Currently, FACES.NET does not have the capacity to translate client-level progress data into system-level analysis on the effectiveness of the Agency's services and interventions. With the introduction of the CAFAS and PECFAS into FACES.NET (described above under *Promising Approaches*) by the end of 2014, CFSA expects to have the capacity to conduct this level of analysis and that such data could be provided in the *Annual Progress and Service Review* in the form of a qualitative summary evaluation of the effectiveness of the assessments tools.

2. Case Review System

Case Planning

Policy

CFSA is responsible for developing timely, comprehensive, and appropriate case plans in compliance with District law requirements and permanency time frames. For example, CFSA's policy states that a case plan must be completed within 30 days of a child's placement and updated, at a minimum, every 90 days thereafter or when changed circumstances of the child or family require modifications to the case plan. Regular review of the case plan allows for assessment of current status and progress of the case, including appropriateness, effectiveness, comprehensiveness, responsiveness, and timeliness of interventions, as well as progress towards short-term goals and long-term case planning.

All families receiving in-home services have a current family case plan, not just an individual child's case plan that is developed in partnership with family members. For families with a child in out-of-home care, every reasonable effort is made to locate family members in order to include them in the case planning process. Case planning team members may also include the family's informal support network and other

formal resources working with or needed by the child and family (e.g., the child's guardian ad litem, the parent's attorney). By including family members in particular, CFSA reinforces a strength-based, empowerment-focused strategy that gives the family respectful authority to define and monitor goals for themselves. Additionally, it allows the family to consider and appreciate its own unique strengths, needs, psychological stressors, support networks, and coping skills for determining positive outcomes. It further allows for delivery of tailored services according to the family's identified goals.

Case plans identify specific services, supports, and timetables for providing services needed to achieve the family's identified goals. When applicable, private agency staff also involves the family in case planning until such time as that private agency's case management responsibilities have ended. Specific service provision and planning for the individual child and his or her family are always included in team consultation.

Practice

As noted, case plans and their related service agreements are developed jointly with family insight and input, which is carefully elicited by the family meeting facilitator or social worker. Currently CFSA is in the process of revising the case plan tool. For example, as part of the Agency's shift towards a trauma-informed practice, social workers will be completing a trauma-based FACES.NET screen so that the correct interventions can be captured from the onset of the case planning process. To the extent that families can objectively identify the issues and barriers facing them, they will be more likely to take ownership for their resolution. This approach and level of involvement dissolves boundaries between the family and the system because the family's insights and contributions are clearly respected and incorporated in the case-planning process.

As described above (see *Information System*), social workers complete an array of Structured Decision Making (SDM™) tools to support case planning development and ongoing assessment of progress in meeting established case goals. All federally-required elements are included in the FACES.NET case plan form.

Performance

The Agency's exit standard for case planning requires that 90 percent of both child and family case plans are to be completed within 30 days of a child entering foster care. Included in this same measure, case plans must remain current every six months thereafter. CFSA has operated at a performance level that exceeds the exit standard for child case plans since FY 2010. During this time, performance for this measure has ranged from 92 to 97 percent. As of April 2014, the performance measure indicates that 96 percent of child case plans were completed within the 30-day time frame and are current. Since FY 2012, CFSA has exceeded the measure for family case plans. As of April 30, 2104, 91 percent of family case plans were completed timely. As of April 30, 2104, 91 percent (733 out of 806) of family case plans were completed timely. Note that the 91 percent accounts for reasonable efforts made to develop a case plan in concert and partnership with youth, families, informal networks, and other formal resources working with the family.

The *Engagement* indicator used in the QSR measures the diligence of outreach efforts demonstrated by the team to locate, build rapport, and engage the caregiver, as well as overcome barriers to participation. Good quality engagement efforts have been reflected in 90 percent of the cases reviewed with team members, demonstrating strong and positive working relationships with caregivers and including them in the case planning process. Team members were flexible as needed in order to be accommodating to caregivers and to maintain their active participation.

Strengths and Promising Approaches

The Agency utilizes an array of evidence-based, family-involved meeting models at various stages in the life of a CFSA case to maintain family engagement in case planning (see *Permanency Outcome 2*, above). These various team-meeting models vary in their focus because of the myriad of case and family situations to which they are customized. The consistent use of family-involved team meetings, and the approach to kinship engagement, promotes and increases the likelihood of positive permanency outcomes because family involvement begins at the earliest junctures of the case. While the approach is family-focused and strength-based, the overarching goals remain tied to child safety and permanency.

CFSA also has a youth-driven case planning process for children in foster care, ages 15 up through age 20. This process incorporates the youth conferences described previously which are designed to ensure that youth progress in learning life skills and to adequately prepare youth to live as self-sufficient adults upon leaving foster care. Case and transition planning with the use of the [*Foster Club Transition ToolKit*](#) serves as a mechanism to ensure lifelong and positive adult connections for youth by including identified individuals in the planning and decision-making process. An integrated approach to transition planning can provide the youth with a roadmap to consider what is needed before exiting care.

Areas in Need of Improvement

CFSA uses findings from the QSR to measure improvement regarding engagement of families, particularly fathers. While improvement has been shown, there are challenges that remain with regards to consistent and thorough assessment of families' needs. The QSR process examines case practice, system performance, and outcomes for individual children and families in order to identify strengths and areas that need improvement. Findings from the QSRs are shared with a broad audience of internal and external stakeholders. Together, quantitative and qualitative data provide a deeper understanding of family dynamics, needs, and service delivery system performance, helping to inform practice and system improvements.

Three of the system indicators that are rated include *Engagement, Assessment and Implementation*. These indicators are rated for the focus youth, biological parent(s) and caregiver(s). Engagement and Assessment and Implementation for the child were amongst the highest rated indicators for the system performance at 91, 86 and 86 percent respectively. Although the ratings for these indicators remained high in 2013, they represent a decrease from 2011 and 2012, when the percentages were consistently in the 90s. These indicators evaluate (1) efforts made to engage and build quality relationships with the child, (2) the assessment and understanding used to guide interventions and the quality, and (3) level of services being provided to meet intervention goals.

Analysis of QSR Engagement, Assessment, and Implementation Scores

Through rating indicators and identification of systemic and unique issues, as well as practice trends of CFSA and private agency cases, the QSR team conducts both qualitative and quantitative analysis of the information gathered. The system indicators of *Engagement, Assessment & Understanding*, and *Planning Interventions* continue to be a struggle around parent versus child status. For example, challenges exist in engaging and assessing birth parents with mental illness or limited cognitive abilities. There also remain challenges in understanding a parent's trauma history and incorporating that understanding into implementation of services for the family. CFSA anticipates that these issues will be alleviated through ongoing implementation of the TST organizational model.

The FY 2013 *QSR Trend Report* revealed that social workers are effectively planning for safety. Areas for improvement include initiation of permanency planning meetings at earlier points in the case, and consistent contact with team members to assess the appropriateness of the permanency goal throughout the life of the case. These factors have the potential to decrease delays in the planning and implementation of services, as well as developing appropriate steps towards closing cases safely and expeditiously. As

families continue to experience changes in their lives, there is greater need for consistent engagement, assessment for services, and scheduling of planning meetings that include participation by all team members. This gives all team members the opportunity to gain a clear understanding of the family's current status and needs, in addition to an increased opportunity to strategize and develop specific steps needed to achieve permanency.

CFSA's Quality Improvement and program staff, alongside senior management, will continue to monitor and discuss these indicators through sharing the qualitative analyses of QSR stories, internal Big RED meetings, the quarterly *Trend Report*, and again, the annual *QSR Trend Report*. With improvements in integrated teaming, parent-child visitation, removal RED team meetings, and engagement strategies such as Family Team Meetings (FTM) and Icebreaker Meetings that follow FTMs (to assist birth parents and foster parents in building a relationship), the Agency projects a gradual improvement in the planning areas of the above-cited indicators. The anticipated impact of discussions surrounding the QSR results is also anticipated to continue helping to shape the practice of the Agency while identifying and correcting practice areas that need improvement.

The *Overall System Status* indicator, which provides an aggregate of the scores for specific system functions, was rated at 75 percent acceptable in FY 2013, a reduction of eight percent from 2012. *Engagement of the Child* at 91 percent and *Assessment and Understanding of the Child* at 86 percent were amongst the highest rating indicators in the practice performance. *Engagement of Substitute Caregiver* at 90 percent and *Planning for Permanency* at 90 percent were the other two highest rated indicators.

System indicators for *Engagement and Assessment of Fathers* have historically revealed low ratings for performance and while they were the lowest rated indicators in 2013 at 58 and 43 percent respectively, this was an increase from 2012.

There was evidence that the professionals were developing and maintaining quality and trust-based relationships with the children. Team members, including mental health providers, were cognizant of the fact that each child/youth has their own unique identity and world views that shape their ambitions and life choices. Having this deeper level of assessment contributed positively to the engagement of the child and family in the change process. It also provided for a more comprehensive assessment and understanding of the child and his or her family situation. Team members were able to make a positive difference in the child's life, prevent harm, and work in collaboration with each other.

Responding to this identified area for improvement, the Agency is engaged in multiple efforts to impact practice across the board. Through the federal grant described earlier in the document, the implementation of trauma-informed fidelity screening tools and functional assessments has been designed to inform outcome-oriented case planning, again developed jointly with the family as well as team members involved in the case. Likewise, the title IV-E waiver demonstration project supports the implementation of assessment of family functioning and progress made in meeting the goals of the case plan. Findings from the waiver evaluation will be shared in future APSRs to show how these practice changes impact case planning and ultimately, outcomes for children and families.

Many families served by the District's child welfare system are also receiving services from other District agencies. Under the leadership of the Office of Community Partnerships, the Agency is increasing its partnerships with these other District agencies to improve case integration and planning for families. Increased coordination across agencies and in collaboration with families is designed to support children and families with developing case plans that are realistic and helpful in responding to identified needs for assistance. As families continue to experience changes in their lives, a consistent assessment and planning process gives the opportunity to gain a clear understanding of the family's current status and to target services and resources appropriately.

Periodic Reviews

The Placement Services Administration (PSA) is responsible for identifying and facilitating placement of children in foster care. To support this process, PSA has implemented a utilization management (UM) process. UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources and services to meet the needs of children in care. UM's effectiveness hinges on the proactive procedures that PSA has put in place around discharge planning, concurrent planning, placement pre-authorization, and regular and periodic reviews. One way to measure the success of periodic reviews is to evaluate the degree of placement disruptions for children in care. The Agency's goals are to promote stability and to minimize the number of disruptions with the anticipated impact of achieving permanency for children at a higher rate. One measure is to ensure that the Child Needs Assessments (CNAs) are completed within 30 days of a possible placement disruption, notification of disruption, or after the actual placement disruption. The FY 2013 actual for this indicator was 95 percent, which is slightly below the FY 2014 100 percent benchmark. With CNAs being a new practice, the Agency anticipates that the 100 percent benchmark will be achieved over the CFSP period.

Permanency Hearings

Policy

The District of Columbia Family Court has jurisdiction over children alleged to be neglected, including alleged to be abused. As part of its responsibility, the Family Court makes the final decision on permanency for a child in foster care but the decision is not made in isolation. 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. Decisions about permanency are made by the Family Court at three hearings: (1) the disposition hearing where the Family Court decides whether the child should be in CFSA's custody, (2) a review hearing where safety and placement are reviewed for appropriateness, and (3) the permanency hearing that determines and reviews the permanency plan for the child.

District of Columbia law requires that the Family Court hold initial permanency hearings *for every child within 12 months after 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.*²⁸ "Entry into foster care" is considered to be 60 days from the date of removal from the home or the day a child is adjudicated neglected, whichever is earlier. To support the efficiency of this process, the Office of the Attorney General (OAG) has maintained a unit to represent CFSA with respect to abuse and neglect cases. Since 2002, the unit has been co-located in the main building of CFSA to facilitate the ongoing and necessary collaboration between the assistant attorneys general (AAGs) and the social workers. At present, there are approximately 26 AAGs, four section chiefs and one deputy in OAG. The AAGs are each assigned to one of the Family Court's nine magistrate judges to handle the pre-trial and post-adjudication hearings of all children in foster care, as well as the children released home for protective supervision.

Practice

OAG tracks permanency of children once they are removed and the AAG has coordinated with the Family Court and the social worker to ensure that the federal Adoption and Safe Families Act (ASFA) permanency hearing time-lines are met. The OAG is responsible for filing petitions based on recommendations by the Agency. OAG section chiefs and senior management regularly obtain and

²⁸ DC Code '16-2323(a)(4), a part of District of Columbia Law 13-136, passed in 2000 to implement the federal Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89).

review individual AAG case data to ensure compliance with ASFA time-lines. Section chiefs draw up individual magistrate judge assignments and attorney schedules several months in advance (and whenever there is an attorney turn-over) to mesh with the Family Court's rotations of judges and to avoid gaps in representation detrimental to the high percentage of timely case reviews. In addition, the OAG managers for the Family Services Division regularly meet with Family Court judges and administrators to ensure timely appearances of AAGs, to ensure expedited resolution of barriers to timely case reviews, to avoid unnecessary continuances, and to exchange training opportunities.

Performance

The permanency hearing is ASFA's most important requirement. This hearing is where the permanency goal (and the timetable for achieving it) is determined for every child who has entered into foster care. Under District implementation of federal ASFA requirements, these hearings generally must occur within fourteen months of a child's removal from the home. They then must occur at least every twelve months thereafter. In the District, they occur much more frequently and the level of compliance with this requirement has remained consistently high. Since 2003, more than 90 percent of foster care cases have had a timely permanency hearing or were dismissed within the required timeline.²⁹

Data from 2013 indicate that at 98 percent of the permanency hearings that it held, the Family Court set a permanency goal and a goal achievement date as is required. To support compliance, Family Court attorney advisors review every case after a permanency hearing with an eye toward these requirements. In instances where both of these requirements are not met, the assigned judicial officer and the presiding judge of Family Court are notified that the hearing was deficient, and recommendations are made to bring the case into compliance.³⁰

The Family Court concurrently schedules all cases for mediation and trial or pre-trial dates in an effort to reduce caseloads and clear the Family Court docket. Cases may also stipulate prior to mediation or beyond mediation up to the day of trial.

The productive work of the Family Court, CFSA, and the OAG attorneys is also reflected in improved compliance with the judicial review timetables directed both by the federal and the District of Columbia ASFA, as well as the Family Court Rules. OAG attorneys, other lawyers, CFSA social workers, and Family Court judges routinely participate in joint training on the Family Court process, decorum, and legal issues. These united efforts reach to the highest level of the Family Court and CFSA. CFSA's director and the presiding judge of Family Court also have monthly meetings to discuss and resolve issues and concerns.

In addition to holding permanency hearings in a timely manner, ASFA also requires that at each permanency hearing, the Family Court set a specific goal (e.g., reunification, adoption, or guardianship) and a date for achievement of that goal. The Family Court has made significant progress in meeting the requirement of setting a specific goal at the hearing and has improved in its requirement of ensuring that a specific date for achievement of that goal is set at each hearing. In addition, judges are required to raise the issue of identified barriers to the permanency goal. The early identification of such issues has led to more focused attention and earlier resolution of issues that would have caused significant delays in the past. Although barriers still exist, the resulting periods of delay have considerably shortened. Lastly, judicial officers are required to use a standardized court order for all permanency hearings. The form requires the judge to set a specific goal and achievement date at each hearing. The use of this standard form continues to contribute to an increase in compliance with best practices and legal requirements.

²⁹ *Family Court 2013 Annual Report*, Superior Court of the District of Columbia, p. 51.

³⁰ *Family Court 2012 Annual Report*, Superior Court of the District of Columbia, p. 52.

Another ongoing effort to ensure that the structure and content of permanency hearing orders are consistent with best practices and easy to use are the reviews, revisions, and piloting of new official Family Court forms for proceedings in these cases. These forms were promulgated in 2012 by the Family Court Implementation Committee, through the Abuse and Neglect Subcommittee, which is composed of judicial officers, court staff, attorneys, social workers, psychologists, and other experts in the child welfare arena. Revised orders became effective on January 1, 2013. The orders meet not only the requirements of ASFA, but also the requirements of the *Fostering Connections to Success and Increasing Adoptions Act of 2008* (PL 110-351), the *Safe and Timely Interstate Placement of Foster Children Act of 2006* (PL 109-239), and the *Indian Child Welfare Act* (ICWA). They are now used in every courtroom.

The Agency and its partners in the Family Court rely on qualitative information from QSRs to evaluate the effectiveness and efficiency of permanency hearings. In FY 2014 the goal is to complete 125 reviews. As noted earlier, reviews include ratings on *Planning Interventions*, which evaluates to what extent the case planning process strategically focuses on services that address permanency, safety, and well-being and whether team efforts are tracked or adjusted based on child and family's situation and needs. Reviews also inquire as to the extent of client contributions to the case plan, or whether the child, birth parents, and caregivers have a "voice and choice" in determining supports to address needs and goals, including whether or not all legal parties to the court case feel heard during legal proceedings.

Challenges around the timeliness to permanency are multi-tiered, and QSR evidence surrounding these challenges is often anecdotal. In some cases, court decisions contravene Agency recommendations, for example cases where the judiciary grants birth parents more time to comply with a reunification plan over generally-prescribed timelines set forth in the Adoption and Safe Families Act (ASFA). In other cases, older youth defer permanency in favor of remaining in the foster care system so as to continue with the supports and benefits that are available.

In regards to permanency for older youth, CFSA implemented Listening to Youth and Families as Experts (LYFE) conferences as a mandatory team meeting that has to occur before the Agency will recommend to the Family Court that a particular youth's permanency goal be changed to an Alternative Planned Permanent Living Arrangement (APPLA). The overarching goal of these conferences is to ensure that all other options have been weighed, attempted, and dismissed appropriately before making the change to APPLA, which is considered a permanency goal of last resort. It is with respect to establishing a goal of APPLA that the Family Court sometimes contravenes Agency recommendations. CFSA does measure the percentage of youth who receive LYFE conferences prior to the APPLA goal change. In most cases where they have not occurred, it is because the Family Court diverted from the recommendations of CFSA and established the goal during permanency hearings without a LYFE Conference being held. The established goal for youth having a LYFE conference prior to receiving a goal of APPLA has been 95 percent since FY 2011. Actual performance through February of 2014 was 61 percent (35 out of 57).

Strengths and Promising Approaches

Recent technological enhancements have improved and streamlined the Family Court hearing process, though no measures are in place to track the level of improvement. CFSA's SACWIS does, however, now interface with the DCSC information system, which gives CFSA staff the ability to electronically track hearing dates and outcomes. Other promising approaches are planned for the near future. DCSC and CFSA created and continue to use a live interface to the two entities to mutually share CFSA complaint forms, hearing schedules, court reports, court orders electronically.

Areas in Need of Improvement

Guardianship disruptions have been a challenge for permanency and placement stability based on trends observed by the OAG. While CFSA attempts to maintain the placement stability of all foster children, in

many cases, placement changes are planned with the intent of furthering the child's progress to permanency. In other cases, unforeseen circumstances or crises arise that require CFSA to make an unplanned placement change to a more stable living environment for the child.

CFSA's FACES.NET information system does not specifically track unplanned placement changes (or "disruptions"). Rather, the system tracks only placement changes in general, be they planned or unplanned. As result, ratios in this table reflect the total number of FY 2013 placement changes in general, as opposed to disruptions specifically within each placement type. The chart does provide preliminary data denoting that kinship placements are more stable than any other type of placement, especially group homes.

Placement Change* Report, by Placement Type, FY 2013	
Placement Type	Ratio of Placement Changes to Total Placements
Kinship	.19 to 1
Pre-Adoptive	.25 to 1
Specialized Foster Care (Medically Fragile/Developmentally Disabled)	.33 to 1
Independent Living Settings	.40 to 1
Traditional Foster Care	.53 to 1
Residential Treatment Facility	.58 to 1
Therapeutic Foster Care	.69 to 1
Group Homes	.77 to 1

For example, relatives may agree to guardianship with the expectation that birth parents will stabilize and the children will return home. If stability of the birth parents does not occur as rapidly as expected, guardians may be wary of caring for children for the long run. There are also similar trends for non-relative guardians whereby legal guardianship may be achieved for a child age three and

continue with stability until the child reaches 12 or 13 or older. Guardians may petition the court to disrupt the guardianship because they feel overwhelmed with the naturally challenging behaviors of children who are reaching the developmental stages of puberty and adolescence. These disruptions indicate the need for greater support for guardians as their children develop. To assist in the effort to prevent such disruptions, CFSA is participating in a group effort to revise and clarify procedures for disrupted guardianship cases.

While the court does have an administrative order to provide some guidance to the judges regarding guardianship, there are some areas that are not covered. In response to stakeholder input on areas needing improvement, CFSA is proposing amendments to the administrative order to address the following issues:

- Whether the guardian has been offered, received, and utilized services through the Post-Permanency Center prior to filing a motion.
- How the Agency is notified when a motion to terminate or modify has been filed.
- How the court handles assignment when a motion is received.
- If the court is automatically re-opening the case before receiving a response to the motion.

Termination of Parental Rights (TPR)

Policy

DC Code '16-2354 requires the government to file a TPR when the respondent has been in care 15 out of the most recent 22 months and the child is in court-ordered custody under the responsibility of the District. Accordingly, the OAG is charged with ensuring that TPRs are filed in cases that meet this qualification, notwithstanding if an adoptive placement has been identified. CFSA coordinates with the Child Protection Services (CPS) section of OAG to initiate and monitor recruitment efforts for all respondents who have a TPR filed in their case. TPR's are filed in accordance with the time frames of DC

Code 16-2354 and in the event it is not then it is because a compelling reason has been identified that filing a TPR is not in the best interest of the child. There are specific compelling reasons that are used for this exact purpose. OAG is indeed focused on meeting the internal benchmark of filing a TPR/adoption petition within 45 days of a permanency goal change to adoption. However, this does not mean that the priority of the ASFA timelines has been diminished. Compliance with ASFA timelines is routinely documented in court orders and is a statutory measure whereas the 45 day requirement to file a TPR/adoption petition after an adoption goal change is a CFSA measure tracked internally. The 10 compelling reasons used in the District were prepared for the Child Welfare Leadership Team which included input from the Court Monitor, CFSA, OAG, DC Superior Court, Department of Behavioral Health and the Council for Court Excellence. Some examples of compelling reasons to not file a TPR are:

- 1) A petition for adoption has been filed with the Court.
- 2) There are no or insufficient legal grounds for filing a TPR because required reasonable efforts have not been made.
- 3) There is a permanency goal of return home, approved by the Court and the child is expected to be reunited with parents within six months.
- 4) The parents are deceased, or have voluntarily relinquished rights or consented to adoption by a relative or identified caregiver, or have indicated they will do so within 30 days. (If relinquishment or consent does not occur within specified time frame, the compelling reasons determination should be eliminated.)

Practice

There are numerous items that affect CFSA's performance regarding TPR measures. First, CFSA has a number of children/youth who have been in care for more than 22 months ("legacy cases") but whose cases are not appropriate for TPR. Second, there are a large number of older youth in the foster care population who do not have a goal of adoption or who do not wish to be adopted.

In 2012, both the Court and the Agency undertook a thorough examination of cases in which the goal was adoption. CFSA's review was designed to determine if there were policies and procedures that should be enforced or implemented to ensure that the child reaches permanency in a timely manner. The examination also included a review of children with a goal of adoption that had not been placed in a pre-adoptive home, and the timeliness of filing a termination of parental rights motion (TPR) once the goal was changed to adoption. The Court's review focused on the timeliness of adoption proceedings and an identification of barriers at each step in the process that serve to delay the adoption and hence delay timely permanency for children.

There were a total of 66 TPR motions filed in 2013. The OAG continues to track permanency goals of children removed from home very closely to ensure that whenever a goal changes to adoption, a timely TPR motion is filed. In addition, the status of TPR cases is reviewed by both the court and the OAG on a quarterly basis. Based on performance to date, this review process will precipitate significant improvements in the timely filing of such motions.

Strengths and Promising Approaches

As noted throughout the document, the RED team process is a most promising approach, both the regular RED teams and the Permanency RED teams. It should also be noted that the AAGs attend all of the removal RED team meetings, functioning as scribes as well as participants in the consultation process.

Areas in Need of Improvement

One of the primary barriers or challenges to achieving permanency through TPRs is the reluctance by many judges to terminate parental rights without an identified adoptive home. This has caused the litigation of some TPRs to be delayed because the Family Court does not want to make legal “orphans”. Another area of improvement identified by stakeholders is the issue of more than one family petitioning to adopt the same child (i.e., competing adoption petitions). CFSA is addressing this issue by reinforcing the importance of concurrent planning from the onset of the case with internal and external stakeholders.

Notice of Hearings and Reviews to Caregivers

Policy

The District of Columbia Superior Court Rule 10(c) mandates that the current foster, pre-adoptive, legal guardian, or kinship caregivers of a child in foster care and their attorneys be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. This mandate is codified in DC Code § 16-2304.

Practice

Although the responsibility of notification falls to the Family Court, CFSA has provided notice to foster, pre-adoptive, and kinship caregivers of hearings and reviews since March 2004. Through an interface system with the Family Court, hearing dates are captured in FACES.NET, the Agency’s statewide automated child welfare information system (SACWIS). A list of cases with upcoming hearings is printed weekly and letters are sent to the caregiver associated with each case to ensure that caregiver rights regarding notice of hearings and reviews are protected. Each letter includes the name of the child and the type, date, and time of hearing scheduled. In addition, the letters encourage recipients to direct questions and confirm information with the social worker or the social worker’s supervisor. The names and phone numbers of both individuals are included in the letter. In rare instances, letters are returned as undeliverable. In that situation, the point of contact immediately notifies the Office of the Deputy Director for Program Operations, or the Agency’s liaison to the private agencies, to ensure that the addresses are corrected. Although the Agency does not maintain a cumulative count, there is a weekly FACES.NET report that is generated every Monday that allows for the count of scheduled court hearings for children and the foster parents notified.

To further ensure that caregivers properly receive notification, an additional letter from the CFSA deputy director for Program Operations accompanies each notification letter. This second letter provides further instruction to the resource parent to contact the DC Superior Court Clerk one day prior to the court hearing for information on room assignment, cancellations, or rescheduling. This added information encourages timeliness and accountability for attendance among the caregivers. In addition, the deputy director instructs recipients of the letter to contact her office directly if notice of a hearing or review is not received in a timely fashion, thereby ensuring the accountability of the Agency to mail notices out as promised.

Although foster, pre-adoptive, and kinship caregivers are not necessarily parties to the case, DC law states that upon request, they can become a party at any time. Within one year of placement of a child in the home, the caregiver’s request to become a party to the case may or may not be granted. It is at the judge’s discretion as to whether granting party status is in the best interest of the child. Under DC law, a request for party status made after the child has been in a placement for one year or more shall be granted. Judges encourage foster parents to attend and participate in Court hearing because of their firsthand knowledge of the child. Such participation is also in compliance with both the federal and the DC ASFA, which mandate that foster parents have the “notice and opportunity to be heard.”

Internal and external stakeholders provide feedback on what is working well and where improvements in the case review process are needed. This ranges from resource parents and social workers to court and judicial personnel. As the Agency enhances its practice, it will be using the APSRs to include annual assessments of available data.

3. Quality Assurance System

The Agency has developed a robust Continuous Quality Improvement (CQI) Plan (included as part of the CFSP) that reflects a comprehensive assessment of the current system. In addition to feedback from other external stakeholders, the Children's Bureau's (CB) provided an assessment of the initial CQI plan in January 2014. In response to the specific CB recommendations, CFSA has continued to refine the plan, recognizing it is a living document and as such will continue to be updated over time as concerns are addressed and enhancements are made. Key areas to be addressed by the Agency's CQI Steering Committee include the collection of data that can be used to assess systemic factor functioning as part of the overall CQI process as well as the Child and Family Services Review (CFSR) statewide assessment. The Steering Committee has reviewed the plan and is considering what types and sources of data and information are both relevant and necessary to demonstrate functioning for each systemic factor.

Over the next year, the Agency will continue to refine its communication strategy for soliciting and incorporating feedback from both internal and external stakeholders. For example, in the spring of 2014, the Agency convened a small group of current and former resource parents experienced in caring for teen mothers in family-based foster care settings. The Agency was interested in learning the perspective both of the resource parents and of the teen parents regarding the challenges connected to services for this population, in addition to the resources needed to stabilize and sustain placements. Following this focus group, the Foster and Adoptive Parent Advocacy Center (FAPAC) jointly hosted a smaller dialogue with CFSA that was limited to current resource parents and teen parents. It is expected that the Agency will take the feedback from both of these groups and utilize it to help develop and implement identified services and effective resources for both teen parents and the resource parents who are committed to caring for them.

One method for ensuring the quality of ongoing practices throughout the Agency is through case reviews. The following primary cases are reviewed by the Quality Assurance unit:

Investigation Case Reviews: An investigation case review is necessary to determine which of the "good faith efforts" have been completed, and which ones are appropriate.³¹ (For example, during holidays and school vacations or weekends, it is impossible to contact the child's school so these time periods would not be included in the 48-hour time frame.)

To support CPS compliance with the 95 percent benchmark, the QA staff completes a monthly review of 10 percent of investigations where children have not been seen within 48 hours. This list is pulled from FACES.NET. Each investigation is then reviewed by QA staff to determine the following information:

1. If the children really were not seen

³¹ Pursuant to CFSA policy, "good faith efforts" include visiting the child's home at different times of the day; visiting the child's school and/or day care (if applicable and known) in an attempt to locate the child; contacting the reporter, if known, to elicit additional information about the child's location; reviewing FACES.NET and other information systems, for example ACEDS or the Student Transmittal and Attendance Record System (STARS), for additional information about the child and family; and contacting the police for allegations that a child's safety or health is in immediate danger, to be determined on a case-by-case basis.

2. Which of the good faith efforts are applicable
3. Which efforts were attempted within 48 hours

The results of these reviews are then shared with CPS management, along with the names of the individual cases reviewed. The reports also include information on which efforts were most likely to have been missed, what types of allegations were involved, and other findings which might help in improving performance. The identification of areas needing improvement will continue throughout the next five-year period.

Child Fatality Case Reviews: When applicable, observations and recommendations from the Child Fatality Review are elevated to senior management for immediate attention, in addition to being included in the *Quarterly QA Trend Analysis Report*. CFSA also publishes an annual *Child Fatality Report* of trends, findings, and recommendations. This report is made public on CFSA's website and disseminated to internal and external stakeholders, including social work staff, the citywide Child Fatality Committee and the Mayor's Advisory Committee on Child Abuse and Neglect. The report builds upon the individual case reviews by analyzing the yearly data as a whole, and identifying demographic trends, geographical factors, types of fatalities, and comparisons with prior years.

Quality Service Reviews (QSR): CFSA has published the 2013 *Annual QSR Report* and is actively seeking feedback from review participants. In this effort, staff from the Quality Improvement division is reaching out to social workers, attorneys, foster parents, birth parents and other family members who were interviewed during the reviews in 2013, inviting them to read the report and to provide feedback on the report itself and the QSR process. The information from previous QSR participants will help to identify areas needing additional attention in future QSRs as well as how the findings are shared and used to strengthen practice.

CFSA conducts a number of review activities on an ongoing basis, many of which require that a sample of cases, investigations, foster homes, etc. be selected for study. Due to the variety of CFSA reviews and purposes for which information is collected, it is not possible to identify rules for sample selections that apply across the board. Nevertheless, what follows are the general indicators used to identify a sample for review.

1. When time and resources allow, all cases or families that fit a certain criterion or set of criteria are incorporated in the review. For example, internal fatality reviews are conducted on all children who die within four years of CFSA involvement.
2. When the purpose of the review is to gain a "snapshot" of a certain practice, reviewing all of the cases or instances of a certain event within a set time frame may be preferable. For example, CFSA may review all youth who exited care during a particular month. If this "snapshot" practice is used, the time frame selected should not be arbitrary and should not artificially slant the sample results (e.g., CFSA would not review Hotline calls made by school staff during the summer months when schools are generally closed).
3. If 100 percent of the population cannot be reviewed, CFSA identifies the size of the sample based on the following considerations:
 - a. When there is a complexity or an urgent need for information, the sample size will be designed in consideration of the number of staff hours available to conduct the review within the time frame provided.
 - b. Mathematical formulas for statistical reliability only apply to quantitative reviews. Nevertheless, there are times when the QA unit is called upon to identify a statistically significant sample for a qualitative review.
 - c. For those reviews where statistical reliability pertains, reviewers identify a sample size using a statistical reliability calculator or table. CQI currently uses the application at

- <http://www.surveysystem.com/sscalc.htm>. A confidence level of at least 95 percent is always be sought.
- d. The sample size for some reviews is determined less by statistical significance than by prior agreements or distribution. For example, the intent may be to select one case of a certain type from each social worker to ensure that the cases are being handled similarly regardless of which social worker is assigned. In other situations reviews may be conducted monthly on a fixed number or percentage.
 4. Once size and protocol have been determined, the sample is selected using one of the following methods:
 - a. Standardized management reports from FACES.NET
 - b. Random samples generated using a number of different options, including formulas in Excel, e.g., =Rand()*(population -1).
 - c. Determining how the phenomenon affects different parts of the population, or how it is addressed by or affects different workers or agencies, may require a stratified random sample.
 - i. Stratification is necessary to ensure that the sample includes certain populations that might not be captured by a fully random process, or to ensure that the representation of certain factors in the sample population closely matches the occurrence of those factors in the general population.
 - ii. Even within stratification, efforts should be taken to randomize as much as possible. For example, if the stratification takes one case from each supervisory unit, selecting the oldest/newest/alphabetically first case from each unit would not be sufficient.
 - d. In most cases it is advisable to select a small oversample in the event that some cases selected are disqualified or found not to be appropriate for review.
 5. If stratification is used, the sample should be identified in advance and should relate logically to the population. Stratifying reviews to include children with different hair color, blood types, or middle names would not be appropriate.
 - a. If multiple types of stratification are used, reviewers develop a matrix prior to sampling in order to indicate how many of each type of child, case, referral or other dimension is to be included in the calculations.
 - b. The percentages in the sample closely match the percentages in the general population. The goal is to limit any discrepancy to 1 to 2 percentage points.
 - c. If there are any changes made to the sample once the review has begun (due to case closures or determinations that certain cases are inappropriate), the sample as a whole is re-evaluated to ensure that the final sample continues to meet the stratification requirements.
 6. Special Considerations for QSR Samples
 - a. As the QSR is used to provide information to a number of parties and to collect qualitative information on a broad cross-section of children and families served, it is important to ensure that the sample selected represents the entire CFSA population.
 - b. The sample parameters are identified prior to the initial selection of cases for the year. The sample is stratified by the following parameters:
 - i. CFSA vs. private-agency case management
 - Efforts are made to review each private agency at least once per year.
 - ii. Gender
 - iii. Age, using the following groupings: 0-5, 6-12, 13-17, 18+
 - iv. Permanency goal
 - v. Type of placement
 - c. To preserve the accuracy of the sample stratification, reviews of special populations or reviews during the QSR process have a separate sampling process. Further, they are not

taken opportunistically from the QSR sample. Similarly, cases selected from a separate sample are not included in the overall sampling results, except insofar as individual reviews reflect the sampling criteria to be used during the year.

4. Staff and Provider Training

The 2014-2015 Child Welfare Training Academy's (CWTA) Training Plan addresses requirements of the CFSP staff training systemic factor. The plan outlines CFSA's workforce training curricula and its requirements, philosophy, and approach to preparing and supporting a well-informed and effective workforce. Through its wide array of course offerings, CWTA supports social workers and foster parents throughout the District's child welfare system so that their training complies with regulatory pre-service and in-service training hour requirements. Through its diversity of content and schedule, CWTA also ensures that the Agency meets *LaShawn* exit standards for 80 percent of CFSA and private agency direct service staff receiving the requisite annual in-serving training hours. Under its planning framework, CWTA's training year extends from July 1st to June 30th. The Agency tracks quantitative metrics and qualitative feedback and integrates key findings back into its annual training plans.

Quantitative Metrics

CFSA maintains minimum participation benchmarks, both for pre-service and in-service training for direct care staff, supervisory or management staff, and foster parents. The table below depicts the various training requirements for these audiences and also reflects system-wide performance for the 12 month period ending June 30, 2013.

Summary of Training Requirements	Social Workers	Supervisors	Foster Parents
Pre-Service Annual Training Requirement	80 hours	40 hours	30 hours
Participation Benchmark (minimum percentage of audience who meet the above training requirement)	90%	90%	95%
Actual Participation Percentage for 2013	94%	83%	94%
In-Service Annual Training Requirement	30 hours	24 hours	30 hours*
Participation Benchmark (minimum percentage of audience who meet the above training requirement)	80%	80%	95%
Actual Participation Percentage for 2013	92%	93%	83%*

*Please note that the in-service training requirement is the completion of 30 hours within the two-year licensure period.

Incorporation of Qualitative Feedback

CWTA solicits qualitative feedback on its offerings and periodically analyzes it both to improve existing course offerings and to develop new courses and materials that address unmet training needs identified by its target audience. For example, the Childhood Disorder Evaluation conducted in the Spring of 2014, and ongoing, revealed that 21% of staff would like more training on the DSM V; CWTA responded to this feedback by offering a course to staff in Spring 2014. CWTA's qualitative feedback includes collection of data from direct service staff and providers through course evaluations, training needs assessment, action teams and focus groups. In regards to effectiveness of CWTA ensuring that staff meets their training requirements, CWTA conducted an internal in-service training analysis in May 2014, both for staff and for supervisor. The analysis from surveys distributed to social workers and supervisors produced recommendations as to how workers can meet their training requirements in a more timely manner throughout the calendar year.

Following the completion of every training course, participants are asked to take part in a voluntary survey to evaluate its effectiveness. Participants are asked to evaluate every aspect of the offering and to provide a

satisfaction rating on various axes. The tables below depict aggregated qualitative feedback that CWTA received on its pre-service and in-service offerings from January through July 2014.

Pre-Service Evaluation Questions	Responses	Agree	Disagree
The overall quality of the training exceeded my expectations.	234	94%	4%
The training has improved my understanding of the subject.	234	95%	3%
The training's learning activities promoted skill building.	234	95%	4%
The trainer was knowledgeable.	233	96%	4%
I can incorporate the training concepts right away.	215	92%	8%

In-Service Evaluation Questions	Responses	Agree	Disagree
The overall quality of the training exceeded my expectations.	371	84%	6%
The training has improved my understanding of the subject.	371	91%	5%
The training's learning activities promoted skill building.	371	85%	6%
The trainer was knowledgeable.	371	98%	2%
I can incorporate the training concepts right away.	350	88%	12%

Qualitative results indicate that CWTA's training offerings are received positively and that attendees find them to be useful and relevant to the Agency's mission and to their own practice.

5. Service Array

A key Agency philosophy is that children need the opportunity to grow up in their own homes with their own families. For families with risk factors that have brought them to the attention of the Agency through in a CPS Hotline report, CFSA makes every attempt to determine whether the risk levels are low enough to prevent their entry into the District's child welfare system. Accordingly, CFSA maintains a robust service array along the child welfare continuum. By creating access for families to early interventions and supports within their own communities, CFSA hopes to mitigate risk and prevent removal.

In instances requiring a home removal due to a substantiated allegation of abuse or neglect, CFSA begins work quickly to ensure that the child leaves care in a timely fashion for a permanent home. While the child is in foster care, CFSA maintains a wide array of placement types and develops case plans to address every child's needs. While the child is temporarily and safely placed in foster care, CFSA works directly with the family to assess risks towards safety, to develop safety plans, and to offer services that ensure family stabilization. CFSA and its contracted private agency partners also consider quantitative data related to out-of-home caseloads as part of their collective efforts to advance the best placement options for furthering positive permanency outcomes. Such data includes information related to initial entries and re-entries into foster care.

Overview of Services Available

The narrative below provides an overview of services available to children at-risk of abuse and neglect (and their families) as well as children in foster care.

Community-based interventions that prevent contact with CFSA

To support families who have not yet become involved with the system but are still at risk of Agency involvement, the District annually allocates dedicated funding for competitive grants that support effective community-based prevention programs. The following services are recent grantees:

- *Parent Education and Support Project (PESP)* – Four grantees throughout the District provide in-home visitation, classroom education, and support services specifically geared toward equipping parents with tools and strategies to keep children safe and to nurture and promote healthy development and academic achievement.
- *Father-Child Attachment Program* – One grantee provides home visitation and consultation services specifically geared toward helping fathers to forge lasting bonds with their children in those District wards that have disproportionate reports of abuse and neglect.
- *Home Visitation* – CFSA awarded multi-year grants to two community-based organizations that provide home-visiting programs for up to 150 families with young children up to the age of five years. Families served may have histories of trauma, intimate partner violence, and mental health or substance abuse issues.

The above prevention services are critical to reducing the need for out-of-home placements while providing families with the necessary tools to remain intact. These grants support an array of evidence-based services in various neighborhoods throughout the District.

The Agency's response to allegations of abuse and neglect³²

The aforementioned community-based services are administered without the direct involvement of CFSA and, as mentioned, are intended to prevent the entry of families into the child welfare system. In circumstances where CFSA receives a report to the CPS Hotline indicating that a child may be a victim of abuse or neglect, a Hotline worker elicits information from the person making the report, including details about the circumstances that prompted the call, and then refers the matter for appropriate follow-up through one of the following pathways under CFSA's DR model:

- *Information and Referrals (I&Rs)* result from reports that include allegations of abuse or neglect but require linkage to other District government or community agencies that can address topics that are not related to CFSA's function, or do not need CFSA intervention or involvement. In some cases, I&R calls may entail a brief safety check or assessment by CFSA staff to ensure the appropriateness of a service referral.
- *Family Assessment (FA)* referrals are specifically designed to address the needs of families who are the subject of a Hotline call alleging specific types of neglect that may cause concern and intervention but do not put the child's safety at imminent risk. FA referrals subsequently involve strength-based, family-centered engagement that leads to services the family finds useful, needs, and wants. Unlike the investigative process, participation in the FA path is voluntary for the family. When a family agrees, the FA social worker utilizes clinical skills to partner with the family to develop a comprehensive understanding of the family's situation. From this perspective, the Agency can tailor services specific to the family's individualized needs. There is no finding or substantiation that leads to entry into the system, and the family name does not get entered into the Child Protection Register.³³
- *CPS Investigations* originate when a Hotline worker identifies specific safety concerns for the child after considerable questioning of the person making the report. The assigned CPS investigative social worker will then contact the family and perform a comprehensive investigation of the reported allegations. In partnership with the family, the social worker will

³² District law defines the terms "abuse" and "neglect" in DC Official Code §16-2301

³³ Pursuant to District law, CFSA maintains a Child Protection Register (CPR). This database is the District's confidential index of perpetrators with substantiated or inconclusive findings of child abuse and neglect. These findings are the direct result of evidentiary disposition decisions made by investigative social workers under the purview of the Agency's CPS administration. Unless a name is expunged from the CPR database as the result of an appeal, it is maintained in the database for life.

develop a safety plan to address the risk factors, and to provide linkage to necessary services within CFSA or in the community. In instances where risk factors remain prevalent but do not warrant a home removal, the CPS social worker refers the family to ongoing in-home case management services through CFSA's contracted partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives).³⁴ Alternatively, a CPS investigation may also result in a disposition of substantiated allegations (i.e., the maltreatment actually occurred) that requires removal of a child and the opening of an out-of-home case. Depending on the risk level and needs of the family at the investigation's closing, a disposition of "inconclusive" may also result in a referral to a Collaborative for services.

Agency-sponsored interventions for preventing home removal

When a family requires Agency intervention but not necessarily a home removal, the family is linked to an in-home social worker (co-located at one of the community-based Collaboratives). The in-home social worker then partners with the assigned Collaborative family support worker (FSW) to ensure that the most appropriate services and supports are offered to help families overcome the risk factors that precipitated the Hotline call. In addition, the case management team partners closely with the family to develop a tailored case plan with the intent to overcome or mitigate any risk factors.

The Agency also has internal resources via CFSA's Office of Well Being to support social workers' decision making, specifically for assessing and referring clients who have been impacted by co-occurring issues, including but not limited to domestic violence, substance abuse, housing issues or crises, mental health issues, parenting problems, educational neglect, or lack of material necessities.

Together with the above practices, the Agency is implementing program changes through its recently awarded title IV-E waiver demonstration project, which allows CFSA to redirect restricted federal funding to enhance its available services and supports for families being served in their own homes. Among the planned enhancements are changes to the expansion of home visiting services. These programs offer a variety of family-focused services to expectant parents and families with new babies and young children. CFSA is using the waiver funding to expand these services to families involved with in-home services. Previously, these programs only provided services to non-CFSA involved families. As noted earlier in the CFSP, CFSA is also implementing two new evidence-based models under the waiver:

- Intensive Family Preservation Services – *HOMEBUILDERS*®³⁵ is an intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth.³⁶
- Post-Reunification Services – *Project Connect* is an evidence-based model that works with high-risk families who are affected by parental substance abuse, mental health issues, and domestic violence. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most *Project Connect* families is maintaining children safely in their homes, the program also works to facilitate reunification if removal is necessary.

Foster Care Placements

³⁴ There are five Collaboratives located throughout the District. Collaborative staff partners with 10 CFSA In-Home Administration (IHA) units to provide families with community-based support, preventative services, and comprehensive responses to families' needs.

³⁵ An evidenced-based program, the *Homebuilders* model engages families by delivering services in their natural environment at times when families are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.

³⁶ http://www.institutefamily.org/programs_IFPS.asp

The Agency's Placement Services Administration incorporates a dedicated placement matching strategy to ensure the best placement possible. Strategic priorities include placement with siblings, placement in the child's home community, placement in the most family-like setting, and maintaining a child in his or her school of origin despite removal from the family home. Accompanying that strategy and process is an array of placement resources from most family-like through high-end residential facilities that provide for the complex needs of all children and youth in care. For children who must be removed from the home of a parent or caregiver, CFSA maintains the following types of placements to meet the wide-ranging needs of the out-of-home population:

Kinship Care – CFSA always endeavors to place children with capable kinship caregivers. Accordingly, the Agency dedicates considerable resources toward early identification and engagement of kin, especially for children at risk of entering into foster care. A temporary licensure process allows a relative to receive a child into the kinship home immediately upon removal from the home of origin, and allows the child to live with familiar caregivers during the time it takes them to become fully licensed.

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

Therapeutic Foster Care – CFSA contracts with private child-placing agencies to provide specialized foster care services for children who present with an Axis 1 diagnosis³⁷ with CFSA-approved clinical justification. To ensure appropriate care, foster parents are trained as part of the treatment team to stabilize and address the behavioral and mental health needs of these children in anticipation of aiding the child to “step down” to a traditional level of care.

Specialized Foster Care – Contracted private agency partners serve developmentally-disabled or medically-fragile children in specialized foster care settings. These setting also provide family supports and links to adult services for older youth prior to their exit from foster care to permanence.

Teen Parent Foster Care – Contracted private agency partners serve pregnant and parenting teens. Licensed, foster family homes for teen parents caring for their offspring include therapeutic care for those who are not developmentally appropriate for congregate care independent living programs.

Stabilization and Respite (ST*A*R) Homes - The ST*A*R program provides short-term emergency placement in a family setting for children who come into placement after regular work hours, including youth returning from abscondence. During this time (the average stay being seven days), services and resources are put into place to facilitate a smooth transition into an appropriate foster home.

Congregate Care – An array of contracted congregate care agencies and facilities provide room, board, and therapeutic services to youth who require a higher-level of clinical intervention than can be addressed in a family-based setting. These placements range from therapeutic group homes to psychiatric residential treatment facilities (PRTFs) for youth with very high-level clinical needs.

Independent Living Programs (ILPs) – ILPs are available for older youth who demonstrate the capacity and personal responsibility to live without daily supervision. Settings vary, and while ILPs allow youth

³⁷ Axis disorders are based on the Diagnostic and Statistical Manual of Mental Disorders (DSM).

residents a great deal of independence in terms of their daily lives, they also involve supports to prepare youth for the transition out of foster care.

Out-of-Home Support Services

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

Older Youth Supports – Because youth can remain District wards until the age of 21, CFSA utilizes federal funding under the Chaffee Foster Care Independence Program to provide an array of educational, vocational, employment, and life skills supports that prepare youth to transition from care.

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

Parent Advocate Project (PAP) – Trained PAP mentors who have (in the past) had open cases with CFSA, and some of whom successfully reunified with their own children, are matched with parents who currently have children in foster care with a goal of reunification. The mentors offer their experience and provide consultation for services and referrals, as well as one-on-one support to parents seeking a similar outcome with their own children. PAP mentors also facilitate engagement between parents and social workers, and promote a parent's progress toward case goals.

The Rapid Housing Program (RHP) - RHP is a shared effort among CFSA and community-based partners. Funded by CFSA, the Collaboratives provide case management and support services. In addition to providing short-term assistance to families in need of stable housing for preservation or reunification, RHP also assists eligible youth aging out of foster care with time-limited assistance to facilitate their transition out of foster care and into adulthood and independence. Beginning October 1, 2014 CFSA will terminate the existing grant and Rapid Housing will be under the DC Housing Authority as part of an MOU with CFSA.

Family-Link Model - In conjunction with the Foster and Adoptive Parent Advocacy Center (FAPAC), CFSA has implemented the Family-Link Model to informally bring a birth parents and foster parents together within 1-2 days of the child's placement. This facilitated "ice breaker" meeting provides both sets of parents with an opportunity to exchange information about themselves, their family routines, and their traditions. With this personal information in mind, the parents can strategize together for how to help the child through this period of separation and transition. The model also reinforces the importance of birth parent participation in the child's case plan while providing invaluable information to the foster parent about the child's needs, preferences, expectations, hopes, and concerns. In FY2015, the facilitation of this model will be by CFSA staff.

Foster and Adoptive Parent Support – CFSA provides various supports and services to help foster parents manage the challenges of fostering, including extensive training, a dedicated family support worker, linkage to local foster and adoptive parent organizations and support groups, short-term respite care, and home renovations, equipment, and supplies to accommodate children with special needs (as applicable). CFSA also recently put into place Mobile Crisis Stabilization services, which provide foster parents with prompt, expert assistance in handling crises involving children and youth placed in their homes. Finally, in addition to the above-mentioned supports, adoptive parents also receive subsidy payments and access to the District-based Post-Permanency Family Center.

Nurse Care Management – Children who are determined to have significant physical or mental health care needs receive nurse care manager (NCM) services. NCMs provide case management services and

support services for these children, as well as consultative services for the social workers working with them and with their families.

Method of Evaluation of Services

CFSA employs a multi-faceted approach to service and practice evaluation. It employs both quantitative and qualitative methods and relies heavily on the involvement and input of the Agency's external stakeholders. The attached *Continuous Quality Improvement (CQI) Plan* for 2014 goes into great detail on the various evaluation methods, many of which involve external stakeholders. (*Refer to the attached Stakeholder Engagement matrix for additional information on the CQI stakeholders.*) Some methods are already in place while others are under development.

The following common functions are part of CFSA's comprehensive CQI process:

1. *Data Collection (quantitative and qualitative)*: QI staff collects data and information to assess whether practice adheres to clearly defined expectations that achieve desired outcomes.
2. *Data Analysis*: QI staff reviews data and identifies areas of strength and challenges.
3. *Feedback and Recommendations*: QI staff provides feedback and collaborates with program staff to recommend practice changes to improve performance and outcomes.
4. *Implementation of Change*: In response to the recommendations, changes are implemented and practice is adjusted as necessary.
5. *Change Management*: QI staff supports and sustains practice improvements through ongoing feedback and assessment.

The above framework is overlaid on the specific CQI activities and processes outlined below.

*Quality Service Reviews (QSRs)*³⁸

In partnership with the Center for the Study of Social Policy (CSSP), CFSA began using this best practice process in October 2003 in particular to supplement ongoing collection and assessment of quantitative data. Today, CFSA's QSR staff gathers data and provides feedback about individual child welfare cases and the system as a whole. In addition, CFSA partners with the District's Department of Behavioral Health on shared child welfare mental health cases to promote District-wide consistency for assessing the quality of services and measurements of improvement.

Overall, the QSR process examines case practice, system performance, and outcomes for individual children and families in order to identify strengths and areas that need enhancement. Together, quantitative and qualitative data provide a deeper understanding of family dynamics, needs, and service delivery system performance.

Child Fatality Reviews (CFR)

The District has a two-tiered process for reviewing child fatalities: a micro-level review specific to CFSA's internal cases and a macro-level review that includes the District government at large. The former focuses on cases involving a child fatality that have had CFSA-involvement within four calendar years preceding the child's death. The latter involves a monthly meeting of multi-agency and multi-disciplinary representatives to identify broad systemic issues that influence child fatalities. Both

³⁸ During the QSR process, a case is rated across two domains: (1) *Child/Youth & Caregiver Status*, and (2) *System Performance*. The former includes the following 12 indicators: (a) safety of the child, (b) behavioral risk to self or others, (c) stability, (d) permanency, (e) living arrangements, (f) physical health, (g) emotional/ functioning, (h) academic status, (i) preparation for adulthood, (j) caregiver support of child, (k) family functioning/resourcefulness, and (l) voice and choice. *System Performance* includes these following 9 indicators: (a) responsiveness to cultural identity and need, (b) engagement, (c) team formation functioning and coordination, (d) assessment and understanding, (e) pathway to case closure, (f) case planning process, (g) supports and services, (h) medication management, (i) managing chronic health concerns, and (j) tracking and adjustment. Cases are rated as either acceptable or unacceptable, based on each indicator along a 6-point scale.

processes inform policy modifications and practice improvements to mitigate fatality risks across the District.

Disproportionality

The federal Department of Health and Human Services (HHS) requires state child welfare agencies and the District of Columbia to submit race and ethnicity data via the Adoption and Foster Care Analysis Reporting System (AFCARS). In turn, AFCARS requires that states submit this information on 90 percent of children in foster care. In preparation for compliance to this requirement, CFSA staff continually enters and analyzes the demographic data through FACES.NET. As a member of the District of Columbia Superior Court's Model Court Collaborative on the Disproportionate Representation of Minorities, CFSA joins other District agencies during quarterly meetings to share updates on specific, measureable, attainable, reliable, and timely goals (SMART goals). The following 2013 goals for CFSA reinforce the Agency's efforts to sustain data integrity with regards to race and ethnicity:

1. Ensure accurate data entry of race and ethnicity information for the all client populations that the Agency serves.
2. Train staff (with special emphasis on CFSA's Entry Services division) on culturally sensitive techniques for requesting race and ethnicity information from children and family members.

Quarterly QA Trend Analysis Report

CFSA's QI division supports and ensures quality service delivery to children and families through the tracking and analysis of trends via data collection tools. These tools relate to Agency performance outcomes and a variety of service delivery indicators. In addition, on a quarterly basis, the QA unit collects this information, based on the specific review activities, and publishes the results in the *Quarterly QA Trend Analysis Report*.

The primary goal of the *Trend Analysis Report* is to provide a comprehensive picture of the patterns and trends gleaned from the reviews and research conducted by QA staff during each quarter. The primary objective is to interpret and communicate the qualitative and quantitative information that has been collected.

As part of the dissemination process, QA staff began meeting with program staff in FY 2013 to walk through the report, highlighting particular trends or themes in the data. Jointly, the QA and program staff identifies the recommendations or action steps that will be taken to address the findings.

Hotline

Each month, recordings of at least five randomly selected Hotline calls are reviewed by QA staff according to the following domains: (1) Customer Service, (2) Reporter and Child Information, (3) Caregiver and Household Information, (4) Safety and Risk Information, and (5) Assessment and Supervisory Consultation. Selection is based, however, on calls that have been previously evaluated and rated by the Hotline worker's supervisor. QA staff follows up with Hotline managers to present findings and recommendations for practice improvements. The Hotline management then works individually with workers to address identified challenges.

CPS Closed Investigation Reviews and Good Faith Efforts³⁹

³⁹ CFSA has identified the following basic steps as "good faith efforts", if applicable: (a) visiting the child's home at different times of the day, (b) contacting the individual who made the report, (c) contacting the child's school or daycare, (d) reviewing FACES.NET (the Agency's statewide automated child welfare information system) and other available databases (e.g., school attendance records) for current addresses or other information which may help the CPS social worker locate the child, and (e) contacting the police for assistance if the child is believed to be in immediate danger.

The District's Official Code and CFSA policy both require that a CPS investigative social worker make contact (or demonstrate good faith efforts to do so) with an alleged victim child within 48 hours after receiving a referral for investigation. While FACES.NET captures actual contacts, discernment of good faith efforts requires a qualitative case review in order to determine whether the investigative social worker was unable to fulfill certain efforts due to external barriers. QA reviews a random sample of investigations where children were not contacted within the prescribed timeframe. They identify trends, challenges and practice barriers and share their findings and recommendations for practice improvement with CPS management who in turn works with individual workers to make necessary corrections.

Grand Rounds

QA staff utilizes the Grand Rounds process to facilitate a monthly discussion of open CPS investigations or Family Assessment (FA) referrals. Three randomly selected investigations are reviewed during this process, providing another opportunity to provide feedback to program staff on the quality of performance while also identifying trends and barriers. Investigations are further evaluated for both compliance (such as timeframes for contact and completion of safety assessments) and best practice issues (such as consideration of prior history). Findings and themes from the discussions are shared with practitioners and key managers within the Agency, serving as a reference for future planning and decision-making on practice improvement within the CPS administration.

Multidisciplinary Team Consultations (MDTCs)

Multi-disciplinary team consultation (MDTC) is a voluntary, confidential meeting (or staffing) that provides CFSA and private agency social workers, supervisors, and program managers with a venue to discuss challenging, individual cases that have not been selected for other QA processes. MDTCs complement existing meetings facilitated by other Agency divisions (e.g., Family Team Meetings, legal consults, or clinical staffings), but they are not intended to replace other meetings. MDTC findings are incorporated into the *Quarterly QA Trend Analysis Report*.

KidStat

DC KidStat is a monthly, macro-level case review process that includes both case-specific and Agency-wide data and information. These reviews provide an open atmosphere for QA staff to facilitate discussion among CFSA and private agency front-line social workers, supervisors, and managers assigned to the case. Discussion topics surround practice issues, data collection, systemic barriers, and other factors affecting permanency and case practice. The KidStat reviews include one (or at most two cases) from an administration or private agency that was reviewed within the last year using the QSR process. This step also serves as a feedback mechanism for the QSR process. KidStat meetings further examine FACES.NET data that are related to CFSA or the private agency's caseload under review. The data assist supervisors and managers to discern trends and patterns that impact practice and outcomes.

KidStat review findings are summarized in the *Quarterly QA Trend Analysis Report* and revisited during subsequent meetings with appropriate stakeholders. Issues requiring immediate attention are forwarded to the appropriate CFSA official for resolution.

Ongoing Program Research and Evaluation

Apart from the QA processes built into the CQI framework, CFSA employs a multi-faceted approach to program research and evaluation. Using findings and recommendations from internal and external evaluations of services and processes, the Agency develops (or amends) policy and improves internal operations and practice to achieve quality outcomes for children and families. Principal among these internal evaluations are the bi-annual *Needs Assessment* and the annual *Resource Development Plan* (RDP). The *Needs Assessment* and RDP are complementary documents insofar as the findings and recommendations of the former allow the latter to detail the Agency's intent to effectively allocate and plan resources according to practice and placement needs.

Bi-Annual Needs Assessment

CFSA biannually completes a comprehensive, Agency-wide *Needs Assessment* that evaluates current and projected out-of-home placements and support services within the context of helping children to achieve their permanency goals. The *Needs Assessment* acts as a self-evaluation tool for the Agency and it relies heavily on the gathering and analysis of external stakeholder input and insight on their own experiences working with CFSA.

Through surveys, interviews, and focus groups, CFSA solicits the feedback of age-appropriate children, families, foster parents, advocates, attorneys, community partners, private agencies, and social workers regarding their experiences and insights around out-of-home care. These insights are combined with statistical analyses of placement and other data to identify needs that presently exist or may exist in the future if appropriate interventions are not put in place. The *Needs Assessment* also examines services and resources necessary to prevent entry or re-entry into foster care, as well as supports and resources needed for children to be more stable in their placements. Most importantly, it identifies placement-related factors that support or hinder achievement of permanency goals.

In 2013, CFSA completed its most recent *Needs Assessment* and identified positive permanency outcomes, such as an increase in family stabilization services, a reduction in the overall time that children remain in out-of-home care, and the projection that the overall number of children placed in out-of-home care will continue to decline. In addition, the document identified challenges such as an increase in guardianship disruptions, revealing a need to explore the causes behind the disruptions and possible solutions. CFSA is using the findings from the *2013 Needs Assessment* to build upon strategies that have already proven successful and to identify possible solutions to address challenges to placement stability and overall permanency.

Assessment of Performance

The *2013 Needs Assessment* illuminated a number of promising trends, including an overall decreasing foster care population, enhancements in health and well-being supports for all CFSA clients, increasing utilization of kinship caregivers for those children who require substitute care, and improved performance in social worker visitation with children in care. It also highlighted system-wide optimism in the ongoing implementation of Trauma Systems Therapy for the purpose of creating a trauma-informed child welfare system. In addition, it highlighted the Safe and Stable Families program, which is CFSA's title IV-E waiver demonstration project geared toward improving services and outcomes for children being served in their own homes.

The major thrust of the *Needs Assessment* is to identify issues and challenges to placement stability and permanency for children in care, and below is a summary of those findings. It should be noted that over the past year, the Agency has begun addressing many of the findings and challenges discussed below as evidenced by the interventions described throughout the CFSP.

Summary of Needs at the Front Door

While strategies and interventions at the "front door" are not directly related to placement, their correlation to placement outcomes cannot be understated. The following Front door challenges require the Agency's attention for FY 2014 and beyond:

- CFSA should continue to evaluate the effectiveness of competitive prevention grants that empower community-based organizations to make early contact with at-risk families, and to intervene and overcome those risks. CFSA also needs to identify local and federal resources, in addition to the title IV-E waiver demonstration project, to expand effective programs and fund promising new interventions in the District's neighborhoods to keep families from coming into contact with the child welfare system, to expedite reunification, and to reduce re-entries.
- Family risk factors such as co-occurring mental health, substance abuse disorders, or domestic violence issues are chronically prevalent among CFSA's client population. These complex issues

impact each member of the family in different ways, and they invariably put child safety and well-being at risk. Despite recent investment in staffing and services to address these matters, practice gaps remain with effectively identifying co-occurring disorders. More importantly, resource gaps remain, particularly related to services for victims and perpetrators of domestic violence. CFSA must continue to build assessment capacity and differentiated services for families impacted by such issues.

- Engagement of at-risk families should start immediately after the initial Hotline report and remain consistent until the case is safely closed. The Agency must continue to take full advantage of the RED team framework to ensure uniformity and consistency of practice regarding teaming, communication, and family engagement. Ongoing assessment of this practice will determine the impact on improvements in family engagement.

Summary of Needs under Temporary Safe Haven/Well-being

The challenges outlined below were highlighted in the 2013 *Needs Assessment*. They require the Agency to redouble efforts and resources to overcome them.

- CFSA has built up policy and infrastructure around the placement process, and is embarking on practice improvements around placement matching as well around the actual placement process. The *Child Needs Assessment* and *Utilization Management* reviews that occur for every child awaiting placement enable uniformity and consistency in practice. These tools must be deployed uniformly and consistently so as to increase effectiveness and efficiency in the placement process.
- Overall, children aged 12 and older account for over half of the population in foster care. They are the population most likely to be placed in a therapeutic setting and they experience the highest rates of placement disruption, which results in multiple placements. In addition, older youth stay longer in care. Although more youth who are close to exiting foster care are either attending school or employed, and they are receiving aftercare services, the Agency must still expand initiatives specific to positive outcomes for youth. At present, the Office of Youth Empowerment (OYE) provides programmatic services that focus on key areas of youth development and support, including case management, education and post-secondary education support, vocations and employment, transition services, support for pregnant and parenting youth, as well as aftercare services. Nevertheless, OYE case manages less than a third of cases for youth in care so it is critical to ensure that all CFSA and private agency social workers case managing youth are actively pursuing these services for youth in care. In addition, CFSA and private agency staff should be aware of and held accountable to the youth benchmarks developed by OYE.
- Enhancing practice around teaming and communication between social workers, foster parents, and the entire case management team is a key area of Agency focus. Various stakeholders contend that communication among team members is inconsistent, which complicates case planning, status reporting, and ongoing progress toward achieving a child's permanency goals. Social workers are the hub of the case management team, and must be sure to keep case planning stakeholders apprised of important issues and decisions throughout the life of a case. Yet still, communication issues are not isolated to social workers; every team member must "own" the importance of teaming and communication. CFSA expects that the ongoing input from RED teams will greatly support these ongoing efforts toward successful practice outcomes for staff and clients alike.

Ongoing Service Array Planning

The IV-E waiver is the result of input from internal child welfare staff, external stakeholders, and community members. Specifically, CFSA held meetings with different audiences (e.g., community-based Collaboratives and government partners) to present information on the title IV-E waiver and to discuss areas of need, answer questions, and gather feedback on interventions to be implemented effectively. In

addition, CFSA engages in service array planning through assessment of existing resources (e.g., grant-funded programs) as well as qualitative feedback solicited from stakeholders throughout the year. As noted, the *Resource Development Plan* (RDP) is developed in response to the *Needs Assessment* as well as the existing and projected initiatives underway. There are also formal evaluation activities associated with the ongoing federal trauma grant and the title IV-E waiver demonstration project that will inform service development and scaling/descaling as their respective implementations move forward.

Resource Development Plan (RDP)

The RDP is designed to organize and establish the agenda for placement-related service development priorities that most closely reflect the results and client needs identified through the previously-mentioned quantitative and qualitative assessments. In addition, the RDP tracks the continued implementation of action steps that address critical areas highlighted in the bi-annual *Needs Assessment*.

Quarterly Needs Assessment Reviews

Many of the findings in the bi-annual *Needs Assessment* are not directly related to placement resources but remain integral to achieving safety, permanency, and well-being. Beginning in 2014, those findings that are not addressed in the RDP are tracked and monitored by an Agency workgroup via quarterly *Needs Assessment* reviews. The work group examines findings and collaborates with the appropriate Agency stakeholders to create and implement a work plan to address ongoing issues. CFSA anticipates that the activities of the work group will help alleviate issues and remove practice barriers.

Formal Trauma Grant and Demonstration Project Evaluation Activities

Both of these ongoing federal projects involve a third-party evaluator who develops and implements an evaluation plan. A key facet in both is the utilization of functional assessment tools that will measure changes in child and family functioning over time. The project evaluators will be utilizing data from the functional assessment tools as part of a system-wide evaluation but specifically they will be used to measure the effectiveness of targeted services and supports during the project periods. Supervisors will have access to the results of the assessments being completed by social workers and will be able to use the findings to support their social workers with case planning and identification of the kinds of services and resources that are needed to address identified areas of need. Evaluation findings will assist the Agency to scale effective services and de-scale or modify those that are not having the desired impact or leading to the desired outcomes for the target populations under each initiative.

As discussed throughout the CFSP, the Agency has established a robust service array and resource development system that assesses the strengths and needs of children and families. Based on the service continuum and periodic feedback from stakeholders through interviews, focus groups and ongoing workgroups regarding strengths and areas needing improvement, the Agency determines the most appropriate interventions to enable children to remain safely with their parents or to help expedite permanency for children in foster and adoptive placements. Over the next five years, the array of services in the District will be greatly enhanced through the re-directing of title IV-E funds and the strategic investment of IV-B funds. A detailed description of the Agency's service continuum can be found under the "Services" section of this document. Largely informed by the waiver evaluation, the 2015 APSR and subsequent annual reports will include a summary of the data that will support the assessment of both strengths and areas needing improvement for the current array of services and the Agency's response to the stated needs. Unless otherwise noted, services described throughout the document are available to all District residents (i.e., no geographical boundaries).

6. Agency Responsiveness to the Community

In addition to sharing information about its performance, CFSA regularly seeks input from internal and external stakeholders to assess current performance, to identify gaps in services, and to determine where improvement is needed with regards to practice and systemic issues. As described in the attached *CQI*

Plan, the Agency's bi-annual *Needs Assessment* utilizes feedback from a diverse group of stakeholders to glean insight on Agency performance. CFSA also solicits feedback from external groups (e.g., the Citizen Review Panel and the Foster and Adoptive Parent Advocacy Center) for finalization of annual reports that capture both qualitative and quantitative data (e.g., the Annual Public Report and the Annual Progress and Services Report). Annually, CFSA's Quality Improvement division publishes its Quality Service Review (QSR) report which is made available on the Agency's website. As noted previously, beginning in 2014, the Agency established a mechanism to solicit feedback from all QSR participants (e.g., youth, parents, resource parents, social workers, and teachers) on both the findings of the annual QSR report as well as the QSR process itself. This feedback will be shared with the QSR unit and as appropriate, may include recommendations to strengthen the QSR process itself, including how information is shared with staff and review participants. In addition, throughout the year, CFSA convenes stakeholder groups in response to particular areas of need. Of particular note is the Agency director's once-yearly invitation to community stakeholders to participate in discussions on CFSA's budget prior to proposing the budget to the DC Council. This annual broad-based stakeholder meeting welcomes comments, opinions, perceptions, and suggestions for finalizing budget priorities that are required for the Agency to fulfill its mission and charge to promote safety, well-being, and permanency for children and families in the District of Columbia.

Over the course of the 2015-2019 CFSP, CFSA will continue to identify opportunities for stakeholder analysis of data gathered to-date. This will include presenting the data in a user-friendly manner that targets the audience based on area of interest. CFSA will also continue to look to its sister agencies (e.g., Department of Behavioral Health) to provide data that can be used to supplement the range of data maintained in CFSA's SACWIS as well as narrative supports. Historically, this additional data has helped to inform policies and program development.

Lastly, the Agency will also be drawing from the evaluations of the District's System of Care, as well as the title IV-E waiver demonstration project and mental health (trauma) grant. Focus group findings (e.g., youth, birth and kin parents, and foster parents) are also considered and reflected in the Agency's bi-annual *Needs Assessment* and related *Resource Development Plan*. The Court Monitor further integrates findings from interviews and focus groups with stakeholders into its regular assessments of the District's performance. Future APSRs will reflect how the Agency continues to effectively coordinate services and benefits with other federally-assisted programs serving the same population.

"... we have seen that instead of just accepting the fact that changes might not be trickled down or out, this administration has put into place multiple methods of communication to try to improve consistency. Specifically, regular outreach with updated and clear information is sent from CFSA by email to stakeholders; on-going meetings with private agencies have become more carefully structured to ensure that critical information is passed on in a comprehensive manner; [the Director] holds regular meetings to share [the Agency's] plans and new programs; and there is much more intentional communication between different administrations at CFSA as well as between CFSA and DBH and other partner agencies." – Margie Chalofsky, Executive Director, FAPAC, testimony before DC Council Committee on Human Services, February 2014

7. Foster and Adoptive Parent Licensing, Recruitment and Retention

The attached *Recruitment and Retention Plan* (RRP) outlines the activities that CFSA will be conducting for the duration of the 2015 – 2019 CFSP to ensure sufficient capacity of foster and adoptive homes in the District and its immediate vicinity to meet the needs of the District’s foster care population. Key strategies and objectives detailed in the plan were developed in response to the establishment of recruitment targets that are reviewed annually. Population projections that take into account the changing demographics of foster care placements help to determine the need for new homes. The recruitment staff uses the projections as well as qualitative information about existing placement resources to develop a robust plan for recruitment of resource families. The plan reinforces CFSA’s commitment to recruit a wide-range of local foster care resources. Child-specific recruitment is a point of emphasis as well. Indeed, the Agency heavily emphasizes the identification and recruitment of willing and able kinship family resources for children who had to be removed from their homes in order to protect their immediate safety. Be they kinship caregivers or non-relative foster family homes, CFSA also strives to facilitate access to licensing options and supports and to equip its foster parents and other placement resource homes with the tools and capacity to be successful caretakers of the foster care population.

The Plan also reflects the input of current and former resource parents who have provided feedback on the Agency’s strengths and areas needing improvement across the areas of recruitment and retention as well as licensing. Future *Annual Progress and Service Reports* will include data related to how the District is implementing licensing/approval standards for foster homes and child care institutions that ensure the safety and health of children, in applying these standards to all foster family homes and child care institutions, and conducting criminal background clearances on prospective foster and adoptive parents. As well, the Agency’s Child Protection Register manual database was updated as of December 2013 to capture details of the requesting source and type of request. As of May 2014, the database includes data on approximately 490 requests for licensure, inclusive of both CFSA and private agency requests.

Plan for Improvement

Goals, Objectives, Measures of Progress

Over the course of the next five years, the DC Child and Family Services expects to continue its current initiatives and activities, including the expansion and full implementation of title IV-E programs and RED Team concepts. The following section addresses five specific goals and their projected positive impact that CFSA seeks to accomplish over the duration of the 2015-2019 CFSP. Although these goals were initially developed based on the Agency’s internal benchmarks, alongside the Agency’s Practice Model and vision statement to correspond with CFSA’s *Four Pillar Strategic Framework*, they were finalized in light of the assessment of CFSR outcomes and systemic factors. As described below, they were refined in partnership with stakeholders who are equally committed to positive outcomes for children and families in the District. In addition, the Agency sought input through joint planning with the Children’s Bureau. The Agency solicited the involvement of the following key external stakeholder groups in the periodic review of qualitative and quantitative data associated with each goal and objective.

Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)

Foster and Adoptive Parent Advocacy Center (FAPAC)

DC Metropolitan Foster and Adoptive Parent Associations

The Consortium for Child Welfare (which is comprised of CFSA-contracted child placing agencies)

Healthy Families/Thriving Communities Collaboratives

These representatives will participate in the annual monitoring and reporting of progress via the APSR, focusing on the status of each goal and the impact of the interventions described below. Many of the aforementioned external stakeholder groups have representation from social workers, foster parents, youth in foster care, birth parents, the Family Court of the DC Superior Court, legal professionals, law enforcement agencies, the provider community, the advocacy community, and DC's sister agencies in the human services cluster. Detailed descriptions of their membership and relationship with CFSA are included in the attached stakeholder matrix as well as in the *Collaboration* section of this plan.

Another important vehicle for soliciting and receiving stakeholder feedback for the purpose of informing and updating the CFSP is the bi-annual *Needs Assessment*. Every two years, CFSA performs a comprehensive introspective assessment of practice, resources, and performance to determine where (and why) service, practice, and resource gaps exist. The assessment involves interviews, surveys, and focus groups with youth in foster care, social workers, birth parents (including teen parents), foster parents, adoptive parents, attorneys, Agency managers, and staff and judges of the Family Court. While engagement is largely open-ended to allow for stakeholders to provide feedback on whatever aspects of the child welfare continuum they find appropriate, CFSA also poses questions that address causation of trends and challenges identified in the various qualitative and quantitative performance monitoring processes that the Agency administers. The feedback directly informs not only the Agency's *Resource Development Plan* (RDP), but also the development of strategies, resources, and interventions to meet the goals, objectives and measures of the CFSP.

In addition, more frequent discussions and evaluation of the identified goals and objectives will take place during regularly occurring meetings with stakeholders over the next five-year CFSP period. Examples include weekly internal meetings with CFSA leadership, monthly management meetings with CFSA and private agency leadership, monthly partnership meetings involving CFSA and private agency staff, and topic-specific meetings and workgroups that will convene as needed⁴⁰. (Refer to the attached *Stakeholder Engagement* document for additional information on meetings with stakeholders and their function.)

Each of the goals and objectives detailed below have been strategically aligned with the significant tasks the Agency is committed to achieving over the next year (i.e., FY 2015) as well as the duration of the 2015-2019 CFSP period:

- Use of the RED teams to establish the infrastructure that supports the *Four Pillars Strategic Framework*
- Implementation of the Child and Adolescent Functional Assessment Scale (CAFAS) and the related Pre-school and Early Childhood Functional Assessment Scale (PECFAS) to support CFSA's five-year trauma grant
- Implementation of the five-year title IV-E waiver demonstration project
- Expansion of the Family Treatment Court program under a three-year enhancement grant from the Office of Juvenile Justice and Delinquency Prevention
- Preparation for the third round of the Child and Family Services Review (CFSR)

The above-cited tasks reflect only part of the Agency's overall plan for the next five years. While they may not be referenced as specific action steps, they have already impacted much of the progress and direction that CFSA has taken over the past two years to significantly reform the delivery of services. It is

⁴⁰ CFSA's Management Team includes the director, deputy directors, administrators, and program managers. Data specialists from each Administration including the Child Information Systems Administration (CISA) are included in the process of analyzing data.

important to recognize and acknowledge that the District is in the midst of significant system reform and this means practice changes and improvements that will take time. Because of this, the Agency is not committing to new interventions; rather, we are building on what has been put into place over the past one-to-two years. In partnership with its stakeholders, CFSA's close monitoring of results throughout the CFSP period will help to determine where adjustments are needed to improve practice. Wherever possible, the following narrative articulates the anticipated impact on overall practice and performance, particularly with the interventions that are intended to move the Agency toward achievement of the objectives outlined in the goals below.

Each goal is broad enough to address the unique priority concerns of the District of Columbia's child welfare system but also includes specific, realistic, quantifiable, and measurable objectives. Goals are also designed to improve safety, permanency, and well-being outcomes for children and families. Most importantly, the goals are purposed towards refinement of the District's child welfare service delivery system such that its current comprehensive, coordinated, and effective nature is demonstrably elevated.

Lastly, the final goal relates to the Agency's current Continuous Quality Improvement (CQI) plan (see attached). While the current plan covers the Agency's overall CQI approach, it is considered as noted earlier in the document to be a "living document" that will be augmented as additional information presents itself based on all identified outcomes and systemic factors.

The objectives associated with each goal highlight the interventions that will be used to accomplish the individual goals. Each action reflects CFSA's best efforts to integrate existing practice with proposed changes as needed for how the District's child welfare practice will approach the delivery of services to children and families over the next five years. Described in detail throughout the current CFSP, these interventions are closely connected to the anticipated improvements for service delivery or general outcomes for the population served by CFSA. The accompanying narratives outline a rationale for each intervention, including its projected impact on the Agency's identified outcomes, based on the data or evidence supporting the selection of that particular intervention. Ongoing input and feedback from both internal and external stakeholders (e.g., resource parents, youth, and families) in response to information about Agency performance will help to inform how CFSA responds to areas identified as needing improvement.

Finally, CFSA is cognizant that there will always be a never-ending need for improvement of services as child welfare practice becomes increasingly progressive based on new research and changes in clinical practice standards. Accordingly, the selected objectives are designed to make progress that is in keeping with the processes outlined in the CQI plan, expanding and strengthening the existing services while developing new types of services to address a broader spectrum of the needs of the District's child welfare population. Over the next year, the Agency and its partners will establish interim benchmarks and a timetable for achieving the objective over the next five years. The 2015 Annual Progress and Services Report (APSR) will reflect these updates.

ANNUAL TARGETS

The outcomes to be achieved and the indicators that will measure progress in meeting the Agency's identified goals were developed as part of a comprehensive strategic planning process. CFSA developed these targets with input from internal and external stakeholders across the child welfare system. The Agency continues to work closely with the above-cited partners to track, and correct as needed, performance on a quarterly basis under the *Four Pillar Strategic Plan*.

In order to evaluate the overall outcomes for the Agency and its contracted partners, the Office of Agency Performance is responsible for monitoring and communicating quantifiable data as required both by the 2010 *LaShawn Implementation and Exit Plan* (IEP)⁴¹ and by the Agency's *Four Pillars*⁴² Scorecard. Agency Performance undertakes a deeper analysis of the data based on problematic performance and other performance measures that are identified by CFSA and private agency staff as well as the Court Monitor. Agency Performance also holds monthly data drill sessions with CFSA and private agencies on several problematic performance measures. The stakeholders review the information and develop strategies for performance improvement. In addition, the Quality Improvement (QI) unit of CFSA's Office of Planning, Policy, and Program Support (OPPPS) is responsible for monitoring and communicating the status of qualitative factors. The information is shared and strategies are developed with all parties, and then the results are discussed with the same to assure effectiveness.

Performance targets for indicators are set annually and are used for internal purposes, such as setting the budget and tracking performance using a scorecard format. As a result, five-year projections are difficult. Beginning in July 2014, CFSA has been engaging its stakeholders to review the current benchmarks associated with the *Four Pillar Strategic Framework* and to establish targets for the upcoming fiscal year (FY 2015), including performance measures specific to the in-home population. These measures will be informed by the evaluation plan for the title IV-E waiver and input from the staff and community partners engaged in the work with the target population. The indicators and targets included in the CFSP are aligned with the *Four Pillar Scorecard*. Once CFSA finalizes the targets, the Court Monitor and CFSA's external stakeholders will be holding the Agency accountable to those targets. The Agency will also provide the finalized targets in its subsequent APSR beginning in June 2015.

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.

	FY 2014 Target	Status as of 5/31/14	FY 2015 – FY 2016 Target
Outcome: Families stay together safely.			
Objective: Decrease new entries into foster care. (data source: Four Pillars Scorecard, ⁴³ FACES.NET report PLC208) Interventions: Differential Response, title IV-E waiver demonstration project	300	204 ⁴⁴	FY 2015 targets are being established and will be

⁴¹ In 1989, the American Civil Liberties Union (later Children's Rights, Inc.) filed the *LaShawn A. v. Barry* lawsuit over the quality of services the District of Columbia was providing to abused and neglected children in its care. Today, the District is working to meet all requirements of an *Implementation and Exit Plan* (IEP) negotiated in December 2010, so that the federal court system will return control of local child welfare to the city.

⁴² The *Four Pillars Strategic Framework* is a strategic agenda to improve outcomes for children and families at every step in their involvement with the District's child welfare system: (1) Front Door, (2) Temporary Safe Haven, (3) Well Being, and (4) Exit to Permanence. For more detailed information, see CFSA's website at <http://cfsa.dc.gov/page/four-pillars>.

⁴³ The *Four Pillars Scorecard* is an internal CFSA document used to track progress on key indicators under each of the areas established by the *Four Pillar Strategic Framework*.

⁴⁴ Data captures initial entries in FY 214 so as of October 2013 to May 2014.

Objective: Expand access to community-based services. (data source: title IV-E waiver demonstration project evaluation measures) Interventions: Parent Education and Support Project, Home Visiting, HOMEBUILDERS, Project Connect	N/A	Will be reported annually	provided in the 2015 APSR
Outcome: children and youth experience a removal only when necessary for their safety.			
Objective: Increase percentage of investigations initiated within 48 hours. (data source: Four Pillars Scorecard, FACES.NET report INT052) Interventions: CPS RED team, SDM	95%	85%	

CFSA emphasizes reaching out to and engaging kin and coordinating responses to ensure that children only enter foster care when needed for their protection. Additionally, implementation of Differential Response model serves families without having to establish abuse or neglect, as noted earlier in the document. Other strategies and services support and stabilize families. Over the next five years, the Agency anticipates ongoing decreases both in the foster care population and the in-home population. For example, as of FY 2010 approximately 4,194 families were being served by CFSA. As of April 2014, CFSA was serving 2,962 families. Overall, there has been a 44 percent decrease in foster care cases and a 15 percent increase in the in-home population over the last five years. Today children served in out-of-home placements make up 40 percent of the foster care population whereas children served in-home make up 60 percent of the population.

These changes are the direct result of the Agency's shift in focus towards maintaining children in the home, whenever safety is assured, versus bringing them into foster care. Supported by the title IV-E waiver, the expansion of prevention services is intended to stabilize families and directly impact reduction in the number of children entering foster care. As noted earlier in the document, the expansion includes implementation of family preservation services ([HOMEBUILDERS®](#)) as well as post-reunification services to expedite permanency ([Project Connect](#)).

In regards to the specific decrease of children entering care, the Agency continues to meet its internal target of no more than 300 youth entering foster care within a given fiscal year. To-date in FY 2014, 150 new entries have been recorded.

It should be noted that during the workgroup sessions for developing the four pillars, workgroup members identified several approaches to "narrowing the front door", specifically for preventing removals of a child from the home. Identified approaches included those currently in practice (e.g., engaging family members and scheduling pre-removal Family Team Meetings) as well as proposed recommendations, such as increasing supports for teen parents in care to prevent future entry of their children, and increasing supports to families in general on the front end to prevent entry into care. As noted under the Chafee section below, the Office of Youth Empowerment provides substantial supports for teen parents in care. Crisis supports on the front end have also been enhanced (e.g., Mobile Crisis Stabilization services described earlier).

Over the coming five years, the Agency will be aligning the cited goals and objectives in conjunction with a number of the most challenging required exit standards from the *LaShawn Implementation and Exit Plan* (IEP). The Agency further expects that the objectives identified under this goal will facilitate the process of monitoring progress to decreasing entries, providing services to children and families at-risk of experiencing abuse and neglect, and ensuring that safety is enhanced for children and families.

INTERVENTIONS TO ACHIEVE DESIRED OUTCOMES

1.1 Outcome: Families stay together safely.

1.1a Objective: Decrease new entries into foster care.

1.1b Objective: Expand access to community-based services.

Differential Response

As noted earlier, the implementation of the Family Assessment (FA) pathway has directly impacted how the Agency responds to reports of child abuse or neglect as part of the Differential Response (DR) model. Specifically over the past several years CFSA has strengthened its ability to tailor responses according to a child or family's needs. Through DR, reports to the Hotline can be directed to FA or to the traditional CPS investigation pathway. Helping to achieve the objective of decreasing new entries into foster care, the FA approach limits the need for removals while simultaneously increasing opportunities for referrals to in-home services that can help stabilize and preserve families.

The Agency uses the Structured Decision Making (SDM) model to assess safety and risk, and to determine the appropriate pathway for response. Looking ahead over the 2015-2019 CFSP period, CFSA will continue to strengthen and improve its DR model. While an urgent protective response continues to be a priority in situations involving severe abuse, the establishment of the FA administration allows the Agency to better intervene with families with low-risk allegations. Currently, the Agency is in the process of identifying short- and long-term goals for evaluation outcomes. Technical assistance to support this effort is coming from the National Resource Center for Child Protective Services (NRCCPS) and Casey Family Programs. This evaluation, led by the Institute of Applied Research, will allow for a detailed examination of whether Agency practice is achieving the desired outcomes. Findings from the evaluation will help to inform decisions about the size and scope of any proposed enhancements or expansion to FA in 2015 or beyond. The expectation is that use of an FA model under DR is contributing to the reduction of entries into foster care and increased use by families of community-based resources. The evaluation, which will be disseminated to both internal and external stakeholders, will determine if this is indeed the case. The CQI Steering Committee will also be one of the recipients of the evaluation and will provide feedback on evaluation findings and the recommendations. Feedback, as appropriate, will be reported in the APSR.

Title IV-E Waiver Demonstration Project

To-date, CFSA has utilized a combination of dedicated local and federal (Community-Based Child Abuse Prevention or CBCAP) funds to support an array of prevention resources in the District. CFSA's activities under the title IV-E waiver demonstration program provide an opportunity to further leverage available funds. CFSA chose interventions that would contribute to the continued reduction of the foster care population over the next five years by expediting permanency and supporting families following reunification, and by stabilizing at-risk families through supportive services that mitigate safety factors and increase family functioning. At the same time, the waiver allows for an expansion of community-based services and increased access by children and families. As stated in the District's IV-E waiver demonstration project *Initial Design and Implementation Report*, CFSA's assumption is that by enhancing services, supports and resources available to District children and families at varying levels of involvement with the system (e.g., prevention, voluntary in-home services, and court involved out-of-home services), more children can be maintained safely in their homes and for those who were removed for safety concerns, a greater number will be able to achieve timely permanence. A rigorous evaluation of the interventions under the waiver will help the District to determine what programs are most effective in achieving desired outcomes, including the need to either scale up or scale down programs based on impact.

CFSA is implementing the following two new evidence-based practices to directly impact the number of new entries/re-entries into foster care:

HOMEBUILDERS®⁴⁵

HOMEBUILDERS® is a home- and community-based intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children. The goals of **HOMEBUILDERS®** are to reduce child abuse and neglect, family conflict, and child behavior problems, and to teach families the skills they need to prevent removal. During the first year (beginning FY 2014), the Agency is projecting a program capacity of approximately 119 families. Operating at full capacity (starting in FY 2015), **HOMEBUILDERS®** is expected to serve up to 360 families at any point in time (based on four teams serving up to 90 families each). Evaluation of participant outcomes by the core CFSA waiver team (comprised of staff and external evaluators) will determine whether or not the key objectives are being achieved. The team will also provide recommendations as needed to program staff where corrective action to improve performance is required.

Project Connect⁴⁶

Project Connect works with high-risk families who are affected by parental substance abuse, mental health issues, and domestic violence. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. 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 intends to implement the model. When needed, the program implements individual training plans for the development of skills in areas where staff has less experience. During the first year (beginning FY 2014), the Agency is projecting a program capacity of approximately 53 families. Operating at full capacity (starting in FY 2105), *Project Connect* is projected to serve up to 160 families at any point in time (based on four teams serving up to 40 families each). As with implementation of **HOMEBUILDERS®**, evaluation of participant outcomes by the core CFSA waiver team (comprised of staff and external evaluators) will determine whether or not the key objectives of *Project Connect* are being achieved. The team will also provide recommendations as needed to program staff where corrective action to improve performance is required.

Implementation of **HOMEBUILDERS®** and *Project Connect* is projected to begin by the end of FY 2014. CFSA will also expand access to community-based services to families involved with FA or in-home services. The following early intervention services are being expanded under the title IV-E waiver:

Parent Education and Support Project (PESP)

During FY 2014, CFSA entered into contractual relationships with four community-based providers to offer services under the Parent Education and Support Project (PESP). Each provider offers a range of services to families including home visits, assessment of the families' needs, parenting groups, and other programming that addresses concrete needs, such as literacy, job preparedness, and others. The selected providers were recipients of a CFSA-funded primary prevention grant and required to engage in ongoing evaluation and assessment of program impact, including family involvement with the child welfare system. Findings to date which have been shared with program staff responsible for evaluation of IV-E-funded services indicate improvements in family functioning, reductions in risk factors and increased protective factors. As part of their grant, each provider also administers the Protective Factors Survey (PFS) and utilizes findings from PFS that are shared internally with the CFSA grant monitor to adjust and improve service delivery to the target population. The four providers that offer PESP services are described below.

⁴⁵<http://www.cebc4cw.org/program/homebuilders/>

⁴⁶<http://www.cebc4cw.org/program/project-connect/>

Healthy Babies Project, Inc. – The Teen Parent Empowerment Program (TPEP) provides health education and services to young adults ages 12-21, equipping them to be responsible parents; prevent repeat pregnancies; complete high school or a General Educational Development (GED) program; continue with college, careers, or other post-high school options; and move them out of the cycle of poverty. **Program capacity:** 60 teen parents.

CentroNia – A three-tiered intervention to support low-income, bilingual, and immigrant families that includes a series of parenting workshops, as well as providing direct support services, emergency support, economic stabilization, comprehensive counseling, case management and referrals. **Program capacity:** 50 families.

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, counseling (individual, family and group) as well as therapeutic recreation, and treatment services. **Program capacity:** 100 families.

Columbia Heights/Shaw Family Support Collaborative – The program includes a series of parenting courses (in English and Spanish), a series of parenting workshops, and various community organization staff development opportunities throughout the year, including partner staff training. **Program capacity:** 325 parents and 60 professionals.

Home Visiting

Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies. Referrals can be made up until the infant is 11 months old. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. An interdisciplinary team of case managers, includes a registered nurse and others responsible for providing access to home- and community-based services to address medical, behavioral, and educational needs. The goal of the program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services. **Program capacity** (2 providers): 150 families

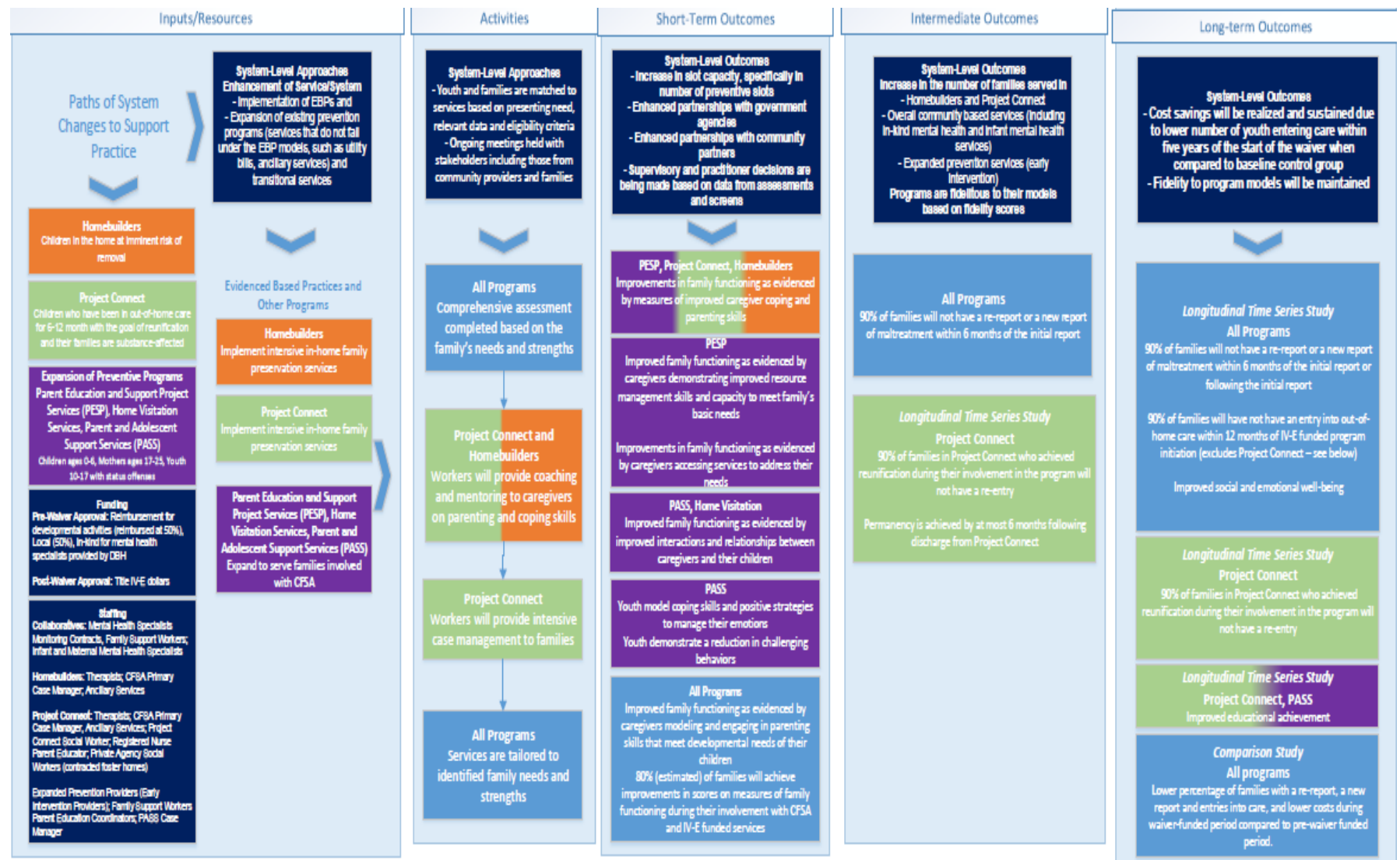
Father-Child Attachment

The Father-Child Attachment program is a home- and community-based intervention for expectant and new fathers (eligible for enrollment until the infant is 3 months old). The model draws from the Chicago Parent Program utilizing video technology alongside individual and group discussions. The video is then used as a learning tool to promote increased awareness and understanding of the impact of parental behavior on child responses. The program has shown improvement in the attachment between the father and child, and an increase in protective factors, as well as positive improvement in the relationships and interactions between the father (usually the non-custodial parent) and the child's mother. **Program capacity:** 75 fathers

As noted earlier, to assess the impact of the changes being made through the waiver over the next five years, the Agency has developed an evaluation plan based on the following logic model. Evaluation findings will be shared with the community-based providers administering the program, the external evaluators contracted by CFSA to evaluate IV-E waiver activities as well as the CFSA staff that comprise the core team implementing the waiver. These individuals will utilize the evaluation findings to determine whether program goals for each intervention are being achieved. In cases where corrective action is needed, recommendations for performance improvement will be made. The same team will be charged with ongoing monitoring of performance throughout the five-year waiver period. There are two paths outlined in the logic model: one for changes that are being made at the system level to support practice

(top, dark blue) and one for practice level activities and outcomes. There is some overlap in activities and outcomes; the items in the practice level path are color-coded to display items as associated with programs.

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CFSA will also work closely in 2015 with its sister agencies and stakeholders to identify local and federal resources. In addition to the title IV-E waiver demonstration project, to expand effective programs and to fund promising new interventions. It is expected that with the combined efforts of the community partners and the Agency, the District can keep families from coming into contact with the child welfare system and when applicable, expedite reunification and reduce re-entries. Results from the evaluations will also be closely monitored with Agency partners and the community via the CQI Steering Committee, and evidenced in regard to the National Standards that are published widely. The CQI Steering Committee will be one vehicle for providing the Agency with feedback in response to the evaluation findings. *See the attached Stakeholder Engagement document for a full listing of CQI Steering Committee members.* This will also be the role of the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) referenced earlier. These stakeholders are being engaged in an ongoing process of review and analysis of available data, tracking or monitoring of performance and subsequent recommendations regarding practice changes or improvements.

1.2 Outcome: children and youth experience a removal only when necessary for their safety.

1.2a Objective: Increase percentage of investigations initiated within 48 hours.

With regard to initiating investigations for new entries, the Agency has struggled since FY 2010 to maintain the 95 percent benchmark for initiating timely investigations within 48 hours or providing documentation of good faith efforts in contacting the alleged victims. Percentages have ranged from the high 60s to the low 90s. As of April 30, 2014, the Agency was at 85 percent. The range in performance is largely attributed to inconsistent practice across the board. In response to the need for a more structured and consistent approach to decision-making especially at the Hotline level, the Agency implemented the Hotline RED team process and modified the Structured Decision-Making tool. CFSA expects that as a result of the interventions described below, we will narrow the gap in terms of inconsistent performance. It should be noted that data is shared with managers and supervisors who can assess performance down to the level of individual social workers. Accordingly, management staff is able to implement corrective action plans with social workers as needed to support a more consistent approach to practice. The impact of this approach to performance improvement over the next year and throughout the CFSP period will be an increasing trend towards the benchmark of percent.

Hotline RED Team

Efforts to increase the percentage of investigations initiated within 48 hours will continue to be supported through implementation of the RED team meetings. As described throughout the CFSP, CFSA has implemented various organizational and practice improvements to support decision-making from the onset of a family's involvement with the Agency (i.e., call to the Hotline). At the heart of these improvements over the past year has been the implementation of a consistent, system-wide assessment process to "review, evaluate, and direct" practice, otherwise referred to as the "RED" team process. The Consultation and Information Sharing Framework using the RED teams is the infrastructure that supports the *Four Pillars Strategic Framework* by aligning the Agency's strategic agenda and vision. CFSA began the use of the RED team process with CPS in 2013. RED team reviews occur in a collaborative setting among multidisciplinary CFSA staff and external stakeholders as applicable. RED teams give voice to different perspectives, promote critical thinking and problem solving, and provide validation and support to assigned social workers while reinforcing accountability with respect to case planning.

RED team seems effective, particularly for getting information about children to the private agencies prior to placement. – Participant, focus group with Consortium for Child Welfare, October 2013

To ensure investigations are initiated timely (inclusive of good faith efforts), effective December 2013, CFSA increased the frequency of the Hotline RED teams using the group decision-making process framework. Previously, CFSA held two Hotline RED teams per weekday. Beginning December 2013, the teams were increased to three per weekday to manage the volume of the referrals, assign the referrals to the appropriate DR pathway, track assignment and response time, and ensure that multidisciplinary membership is a part of the decision-making process. CFSA expects that performance under this objective will continue to improve as a direct result of the RED team process. This strategy will be continued into FY 2015. As needed over the CFSP period, adjustments will be made by managers in response to their assessment of ongoing worker performance.⁴⁷

SDM

During the last CFSP period, CFSA worked with the Children's Research Center to develop and operationalize a Structured Decision-Making (SDM) tool for use at the Hotline. The purpose of the tool is to provide Hotline staff with a clearly articulated and commonly understood process for gathering information and making decisions on referrals. In developing the tool, CFSA reviewed the allegation types currently being used by staff and made revisions as necessary. Detailed definitions were developed for each allegation and can be accessed and reviewed through the online version of the SDM tool.

When a call is made to the Hotline, staff uses the SDM tool to guide the collection of information necessary to answer questions that pertain to preliminary screening information⁴⁸ and selection of maltreatment type. A decision is then made to either screen the referral in for immediate response (CPS investigation) or RED team review, or screen the referral out. The SDM tool is a key strategy for how decisions are made at the Hotline, directly impacting timeliness of initiation of investigations. The Agency expects that the ongoing use of the SDM tool will contribute to increased performance, achieving the desired benchmark before the end of the current CFSP period. Information collected through FACES.NET and as part of a qualitative review of Hotline practice will also assure that managers can identify the kind of corrective action required to support performance improvement.

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

	FY 2014 Target	Status as of 5/31/14	FY 2015 – FY 2016 Target
Outcome: Children and youth are placed with families			FY 2015 targets are being established and will be provided in the 2015 APSR
Objective: Increase the number of children/youth with two or fewer placements in the past 12 months. (data source: Four Pillars Scorecard, FACES.NET report PLC234) Interventions: KinFirst, TST, crisis stabilization	80%	86%	
Objective: Decrease the average number of months to reunification.	12	17	

⁴⁷ The RED team process is monitored by the RED team steering committee, which is comprised of members from the private agency community and Consortium for Child Welfare, CSSP, external consultants, CISA, OAG staff and CFSA direct services staff, managers and leadership.

⁴⁸ Preliminary screening information includes determining if the alleged victim is a child or over the age of 18, if the alleged abuse occurred within the District and if the alleged perpetrator is a parent, guardian or custodian.

(data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367) Interventions: Post-permanency supports, Project Connect			
Objective Decrease the average number of months to guardianship. (data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367) Interventions: KinFirst, post-permanency supports	36	43	
Objective Decrease the average number of months to adoption. (data source: Four Pillars Scorecard, National Standards/data profile on reunification and adoption measures, FACES.NET report CMT367) Interventions: Recruitment and retention strategies, post-permanency supports	36	40	
Outcome: Children and youth exit foster care quickly and safely			
Objective Increase relative placements (kinship care). (data source: FACES.NET report CMT389) Interventions: KinFirst	26%	22%	

CFSA's commitment to children includes development of a permanency plan on the first day that a child enters out-of-home care. While children are in custody, they should be placed in the most appropriate, family-like setting that enables continued connections with their family, school, and community whenever possible. In this manner, a child is more likely to achieve permanency and leave foster care in the shortest period of time possible. Any stay in foster care is to be temporary, a time during which services are put in place to expedite reunification. If reunification is not possible, CFSA secures another appropriate permanency outcome, preferably with kin or, if necessary, non-relative placements that lead to adoption or guardianship.

Throughout a child's stay in foster care, family-involved case planning and frequent visitation between children and family members are required (whenever they are not contraindicated for safety or clinical reasons).

Minimizing placement changes for children in foster care has been a long-standing priority for the Agency. Over the past five years, CFSA has maintained performance between 77 – 81percent for increasing the number of children with two or fewer placements over 12 months. Thus far in FY 2014, the Agency's performance against this indicator is averaging⁴⁹ 92 percent, exceeding the 80 percent target. It may be that the Agency's focus on identifying kin early and placing children within families of origin more quickly after entering care has influenced the change. The interventions described below are designed to maintain this trend over the CFSP period.

CFSA conducts quantitative analysis on permanency efforts and provides status updates on positive permanency on a daily, monthly, quarterly and annual basis. Updates are disseminated to CFSA staff and private agencies. While permanency is improving for some children, decreasing the number of months for any child to reach permanency is still a system-wide concern. In response to reviews by the CFSA

⁴⁹ For the first quarter (Q1) of the fiscal year, 95 percent of children had two or fewer placements within the last 12 months of their entry into foster care. The second quarter (Q2) was 89 percent.

management team, the solution has been to actively work to increase social worker skills around parental engagement, co-parenting, prevention of substance use relapse, and the use of trauma-informed and science-driven brain research to help determine the most appropriate services and resources for children and families to reach permanency. Each of the strengths reported above are the underpinning strategies for increasing positive permanency outcomes. In addition, the Agency's Child Welfare Training Academy's Training Plan details the curricular offerings around engagement, effective parenting, substance use and screening, as well as the overlap between substance use and mental illness. Senior staff from the Agency's Office of Program Operations is also embarking on training specific to the scientific aspects of trauma on the development of the brain. By increasing the Agency's skill sets in all of these areas over the coming five years, CFSA intends to uphold and surpass the best practice standards acknowledged nation-wide for permanency.

CFSA continues to commit to placing older youth with families (versus group home placements) and to increase opportunities for these youth to achieve permanency through guardianship or adoption (when reunification is not possible). In keeping with these efforts, recruitment and trainings for resource parents (both prospective resource parents and currently licensed resource parents) focus on educating resource parents on the particular needs and issues facing older youth. One such approach is to use video tapes in the resource parent training of youth have indicated that it was the foster parent that made the difference in their success. CFSA will necessarily continue to explore paths to encourage resource families of the value of caring for older youth, and nurturing them into self-sufficient adults. With the above strategies, the projected impact would be to reduce the average number of months to reunification to 12 as of FY 2015 and maintain this performance level into FY 2017. The Agency also projects a decrease the number of months to adoption to 27.3 months within the same time frame. Similarly, the Agency anticipates meeting the 36 month target for guardianship by FY 2017. The Agency's management team and each administration's data specialist(s) will continue to monitor this indicator through a daily report, the monthly management report packet that highlights internal benchmarks from the SACWIS system (specifically FACES.NET Management Reports CMT 367) and the quarterly *Four Pillar Scorecard*. In monitoring performance, the individual data specialists notify managers and senior staff when data points to a particular challenge or problem area. The focus is on solution-focused resolution – as noted previously, the level of analysis allows for both worker-level corrections as more broad program area changes.

Additional modes of qualitative analysis come from the Office of the Youth Ombudsman. CFSA pays particular attention to feedback on services and placement from a cross-section of youth, e.g., younger and older youth, and youth who have aged out of the District's foster care system. The following methods are included in the Agency's multi-dimensional approach to youth-related CQI activities:

- Information Collection – in addition to feedback received by the youth ombudsman, a bi-annual on-line survey of youth between the ages of 15 and 21 is available both for in-home and out-of-home youth. Youth are also invited to focused discussions and critiques of the District's child welfare system, including strengths and opportunities to improve. For example, youth are a key source of information for annual and bi-annual reports and needs assessments that monitor current agency performance and identify gaps in placements and services.
- Analyzing Data by and from Youth Stakeholders – information collected from youth is analyzed with any emerging trends published in the CFSA *Quarterly QA Trend Analysis Report*. Findings from this report are shared in writing and through meetings with CFSA staff and private agency partners during which results are shared and additional areas for tracking and monitoring are identified.
- Youth Issues: Resolution – CFSA's Creative Action Team (CAT) reviews systemic issues. Youth are included in the review. The CAT may also inform the leadership team of findings based on challenges or successes. Collaboratively, the CAT and leadership team use all results from the

information gathering process to inform strategies for identifying goals, improving practice or services, and monitoring and tracking progress toward the identified goals.

- **Feedback** – Feedback to youth stakeholders comes either through CAT, leadership team or the youth ombudsman.
- **Results** – the Agency’s QA unit assures an annual review of the material supplied by the youth and the impact of actions taken. Such actions may include additional training, expanded policies, practice initiatives, new community partnerships, augmenting the existing service array, automated system development, and increased supportive systems. All information is supplied to CFSA’s leadership team for the purpose of determining progress or a need for adjustments.

As was the case with the workgroup members developing strategies for the first pillar, the workgroup for the second pillar also identified approaches and strategies for ensuring the temporary nature of placement. The importance of increasing kinship caregivers and quality visitation were highlighted. As noted, the Agency is taking considerable efforts to increase kinship caregivers, including the involvement of fathers and paternal relatives, in addition to shifting practice standards from “mere visitation” to “intentional visitation”.

CFSA will continue to address practice and measure time to positive permanency, including increasing kinship placements and reducing the number of placements for children entering foster care within a 12-month period. In addition, over the coming five years, CFSA will be measuring rates of permanency based on entry cohorts rather than its current measure based on exit cohorts. The Agency hopes to improve its process in measuring permanency outcomes with these revisions, based on the National Standard data profile elements.

INTERVENTIONS TO ACHIEVE DESIRED OUTCOMES

2.1 Outcome: Children and youth are placed with families

- 2.1a Objective:** Increase the number of children/youth with two or fewer placements in the past 12 months.
- 2.1b Objective** Decrease the average number of months to reunification.
- 2.1c Objective** Decrease the average number of months to guardianship.
- 2.1d Objective** Decrease the average number of months to adoption.

CFSA also continues to make strides to decrease the average number of months that children remain in foster care. From FY 2012 to FY 2013, the Agency observed relative consistency in this measure for individual permanency goals (i.e., reunification, guardianship, and adoption). With a target of children leaving care to reunification within 12 months, the Agency’s performance has ranged from 14 to 20 months over the past two fiscal periods. Performance in the achievement of guardianship has ranged from 32 to 47 months over the past two fiscal periods (target: permanency within 36 months). Finally, performance in the achievement of permanency through adoption has ranged from 33 to 59 over the past two fiscal periods (target: permanency within 36 months).

For the first quarter (Q1) of FY 2014, CFSA did not meet its target for children with a permanency goal of reunification but by Q2, performance improved from 20 months to 13 months. For children with the goal of guardianship there is still improvement to be made to reach the target of 36 months (Q1= 47 months and Q2 = 46 months). Slightly better performance is seen for the number of months to adoption (Q1 and Q2 = 40 months) but improvement is needed to meet the target of 36 months.

Crisis Stabilization

To minimize the frequency of placement disruptions among children in foster care, the Agency has focused efforts on placement supports that strategically address the needs of both children and resource families. As evidenced by analysis of current data, the Mobile Crisis Stabilization (MCS) services described earlier are proving to be an effective strategy moving forward in maintaining placements and reducing the number of placement changes experienced by youth in foster care. The MCS program was created in response to feedback from a different stakeholders (including direct service staff and resource parents) regarding the unique needs of foster families experiencing challenges that may put a child's placement at risk of disruption. Services are exclusively for CFSA's foster families in the District and Maryland. The goal of MCS is to provide comprehensive services that will help to relieve acute symptoms of family stress, and ideally to help restore the family to optimal pre-crisis levels of functioning. Essentially MCS assesses, treats, and stabilizes the situation to reduce immediate risk of placement disruption. Unlike ChAMPS, a psychiatric emergency is not necessary for foster parents to access MCS services.

In FY 2015, the Agency will continue to track the impact of MCS services and projects an increase in the utilization of the service as more resource families take advantage of this important resource. Based on findings to-date and projected impact of continued utilization of MCS, CFSA expects to maintain the current trend of exceeding the benchmark of 80 percent of children in foster care having two or fewer placements.

KinFirst

This multi-disciplinary effort coordinates the expertise of interagency resources, including CFSA's Family Team Meeting (FTM) unit, Diligent Search unit (DSU), and the Kinship Licensing unit. Collectively, these resources identify and engage family at the earliest possible stages of a case. As a result, the *KinFirst* initiative helps to divert some children from entering care by locating relative caregivers as well as kinship caregivers for those children who must be placed into out-of-home care. We know children are most stable when placed with kin. The Agency's own data indicates that the number of placement disruptions among children placed with relatives. CFSA expects to increase the use of kin for placements with a corresponding decrease in the number of placement disruptions (among children placed with kin). Kinship care continues to be the most desired placement setting for children in foster care, providing both a family-like and non-restrictive home setting. With a permanency target of increasing relative placements at 26 percent set in FY 2012, CFSA has an improvement in increasing relative (Kinship) placements between FY 2012 (16%) and FY 2013 (24%). As of April 30, 2014, performance on this measure was 22 percent. However, the average performance as of the second quarter in FY 2014 is 23 percent. Although the FY 2015 target has not been established, performance to-date supports the projection that the Agency will achieve expected targets to increase relative placements which will also impact the frequency of placement disruptions.

At the same time, the Agency expects to continue its upward trend of finalized guardianships with a view to minimizing the length of time it takes for children to achieve guardianship. The *KinFirst* initiative is designed to support kin not only with the temporary placement of children but where reunification is no longer a viable option, to provide kin with the kinds of resources and supports that will facilitate permanency via guardianship. CFSA has noted a range in the number of months to achieve guardianship and review of the data by administrations indicates this can be attributed to multiple factors, including personal/family situations, and lack of clarity around the resources available to support families post-guardianship. Through *KinFirst*, the Agency is addressing these challenges head-on, providing kin with current and accurate information and supporting them through the process of obtaining guardianship. The Agency can project that over the CFSP period, starting in FY 2015, CFSA will begin to narrow the gap between actual performance and established targets for the length of time to achieve guardianship. Continued assessment of performance by program staff and feedback from kin gathered through annual

focus groups and continual quality improvement activities on the kinds of supports and resources that are most helpful will inform the ongoing success of the *KinFirst* initiative.

Post-permanency Supports

The availability of post-permanency support resources is a critical factor in helping to sustain permanency for children who have reunified with birth families, achieved guardianship or been adopted. Resource families have shared anecdotally as well as through formal venues (e.g., *Needs Assessment* focus groups), that there is a need for ongoing support long after child welfare involvement has ended. The support needed ranges from weekly respite and support groups to more intensive therapy and case management. As part of the ongoing outreach and engagement of families, the Agency has made a concerted effort to make sure families are connected to post-permanency services early in the process of guardianship or adoption to help facilitate permanency and reduce the length of time that children wait to achieve permanency. At the same time, the Agency is continuing to partner with the Family Court for those cases with a goal of adoption or guardianship to help expedite finalization. The Agency believes these strategies will help to narrow the length of time to achieve permanency, helping to move the Agency closer to the established targets.

As noted above, a new resource being developed to expand the array of post-permanency supports is a model of inter-generational housing for teen parents exiting foster care as well as families with a goal of reunification. CFSA expects to be able to report out in the 2015 APSR on the status of the development of this model in partnership with *Generations of Hope*.

Project Connect

As noted above under Goal #1, the Agency is implementing *Project Connect* to focus on facilitating reunification, reducing the length of time that children are in foster care. Evaluation of *Project Connect* in Rhode Island has shown success in not only expediting reunification, but maintaining permanency for children and families. This intervention is intended to directly impact the Agency's performance with both reunification and reduction in re-entries.

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.

	FY 2014 Target	Status as of 5/31/14	FY 2015 – FY 2016 Target
Outcome: Children and youth in foster care get quality services for good health.			FY 2015 targets are being established and will be provided in the 2015 APSR
Objective: Increase the percentage of children/youth receiving mental health screenings. (data source: Four Pillars Scorecard, Clinical and Health Services Administration manual data) Intervention: Universal screening, trauma-informed practice	90%	60% ⁵⁰	
Outcome: Children and youth get the quality education and training they need to succeed as adults.			
Objective: Increase the percentage of children ages 0-5	85%	75% ⁵¹	

⁵⁰ Manual data captured represents FY14 first and second quarter average reported on the Agency's *Four Pillar Scorecard*.

receiving developmental screenings upon entering care. (data source: Four Pillars Scorecard, Health Services Administration data manual data) Intervention: Universal screening, focus on children 0-5			
Objective: Increase percentage of youth graduating from high school. (data source: Four Pillars Scorecard, OYE manual data) Intervention: Education Resource Specialists	80%	Will be reported annually	

The third pillar of the *Four Pillar Strategic Framework* focuses on CFSA's commitment to working collaboratively with other systems on the healthy development of all children in care, including attention to appropriate educational, mental health, and physical health benchmarks and needs. This pillar supports an approach to applying evidence-based treatments for trauma and other chronic mental and physical health conditions, including a two-generation approach targeting teen parents.

In FY 2013, CFSA began to measure the three objectives outlined in this section using their baseline performance as captured in FY 2012. Specifically in regards to children receiving mental health screenings and assessments, CFSA has seen incremental improvement. From FY 2012 to FY 2013, however, performance dipped two percentage points (49 percent to 47 percent) which translates into a four percent decline in overall performance. Nevertheless, the Agency is moving in a positive direction. Data during FY 2014 to-date for this indicator averages out to 60 percent, which is significantly higher than the baselines from both of the previous two fiscal years.

What is next regarding medical screenings?

The Health Services Administration (HSA) oversees CFSA's Healthy Horizons Assessment Center (HHAC), a 24-hour on-site health clinic for medical screenings staffed by nurse care managers (NCMs) who are assigned to children based on their need for elevated health-related services. HHAC tracks completion and timeliness of medical screenings for initial entries and re-entries, as well as 30-day medical evaluations. Utilizing FACES.NET management reports, daily removal lists, a placement log, and HHAC sign-in logs, staff is able to identify which children require a screening or medical evaluation and subsequently determine whether or not each child was seen.

Although there have been no formal analyses or evaluations produced on medical screenings, towards the end of FY13 the Agency's Quality Assurance unit and the Office of Agency Performance continued to conduct monthly analysis on medical screenings for the out of compliance population to uncover reasons for missed screenings and gaps in medical services. Findings were reported out during monthly management meetings with private agencies and CFSA program staff. As a result, there was an opportunity for program areas to distinguish between and address individual worker-level challenges and larger systemic issues. The Agency's management team and each administration's data specialists will continue to monitor this indicator through daily reports, monthly management report packet highlighting internal benchmarks from our SACWIS system (specifically FACES.NET management Reports HTH004 and HTH005) and the quarterly *Four Pillar Scorecard*. Internally, when discrepancies in the data (e.g., a child appears on the placement log but was not screened) are discovered, staff follow up directly with the social workers, supervisors, program managers, and caregivers. In so doing, they are able to identify where there were errors with data entry (or if data was missing), as well as identifying reasons why a child was not brought to HHAC. Staff also works with the social worker and caregiver to ensure children are seen and appropriately screened and evaluated. Periodically the QSR unit has found that staff indicate there are difficulties with wait times for unscheduled removals. Challenges in scheduling or

⁵¹ Manual data captured represents FY14 first and second quarter average reported on the Agency's *Four Pillar Scorecard*.

communication about appointments will be addressed through discussions with management and changes implemented as needed. The QSR feedback loop is discussed in the attached CQI Plan.

While all children who are removed from home receive developmental screenings when they enter foster care (unless they leave foster care within 30 days), the Agency places special emphasis on developmental screenings for children ages of 0-5. These screenings help to ensure supportive services to maintain age-level well-being. This is particularly important since the 0 to 5 age group makes up 25 percent (288/1167) of the foster care population in the District (as of April 2014). From FY 2012 to FY 2013, Agency performance declined by one percentage point (78 percent to 77 percent). In FY 2014 to-date, the average for this indicator is 75 percent. Although the data are consistent, the percentage remains below the 83 percent target. In advance of the CFSP, the process and data for screenings was reviewed with staff from CPS, policy and program to assure best practice. Written guidance was sent out by the CFSA Deputy for Entry Services. The impact will be monitored and subsequently reported through the APSR.

What is next for mental health screenings?

Although there has been no formal analysis for 0-5 developmental screenings or mental health screenings and assessments, it is important to note that something appearing as a dip in performance may not be entirely accurate if the whole universe of children is not represented. Data for developmental and mental health screenings are provided quarterly, which does not account for those children who enter foster care towards the end of a quarter. Therefore, the Agency has found that the numbers rise slightly month to month upon receipt of data for children who had an assessment but may not be counted as being in compliance within a given quarter.

Based on projections using a growth model forecast, the Agency anticipates an incremental growth in children ages zero to five receiving a developmental screening upon entry into foster care of 70 percent to 75 percent between FY 2015 and FY 2017. To address this, the Agency's management team has decided that each administration's data specialists will monitor this indicator through manual mental health data, and the quarterly *Four Pillar Scorecard*. Further, it has been decided that the findings will be shared directly with program staff.

Lastly, CFSA set a target of having 80 percent of youth in foster care graduate from high school in a given fiscal year. From FY 2012 to FY 2013, CFSA observed a slight increase in the percentage of youth graduating from high school (70 percent to 71 percent) and a much greater increase in those graduating from college (1 percent to 18 percent). This data is reported on an annual basis. As a part of the development of the CFSP, the director specified a commitment to holding an annual awards ceremony that very publicly honors graduates. This effort responds to the birth and resource families' expressed need for more Agency support with making education a priority for older youth.

It should be noted that one of the strategies identified by the workgroup that initially addressed the third pillar was the importance of access to and awareness of early intervention services for parents and caregivers whose babies or toddlers may have a developmental delay. CFSA has recently developed policy on this topic and will continue to reinforce training and education both for staff and resource parents to ensure that these important screenings, and service referrals, are scheduled and occur in a timely manner.

Moving forward, the Agency will continue to measure medical and developmental screenings as well as high school graduation rates. CFSA will also continue to provide stability and resources necessary to promote better high school graduation rates and better health among all children.

TO ACHIEVE DESIRED OUTCOMES

3.1 Outcome: Children and youth in foster care get quality services for good health.

- 3.1a Objective:** Increase the percentage of children ages 0-5 receiving developmental screenings upon entering care.

3.2 Outcome: Children and youth get the quality education and training they need to succeed as adults.

- 3.2a Objective:** Increase the percentage of children ages 0-5 receiving developmental screenings upon entering care.
- 3.2b Objective:** Increase percentage of youth graduating from high school.

Universal Screening

Through the five-year trauma grant, the Agency is implementing universal mental and behavioral health screening and assessment for children entering foster care. Coupled with an understanding of the implications of trauma on overall well-being and long-term outcomes, the Agency's transition to trauma-informed practice recognizes the importance of early screening and intervention. At the point of entry into foster care, a mental health screening to determine the need for further assessment will facilitate the timely connection to necessary services. In doing so, the Agency is contributing to a reduction in the likelihood that the child will be re-traumatized as they move through the system to permanency. Data indicates that CFSA is continuing to improve in the area of mental health screening and that the Agency can anticipate that mid-way through the upcoming CFSP, the established benchmark will be met. At the same time, children 0-5 will be screened to flag any concerns related to their development. As noted below, this investment in the younger population is strategic. Aligning the Agency's goals for early education with those established by the District's overall blueprint for educational achievement helps to focus CFSA's efforts and direct resources that will help us meet its long-term goal to assure children experience success as adults.

Trauma-Informed Practice

As described earlier, CFSA has embraced trauma-informed care as part of its vision for child welfare practice. This effort is closely aligned with the District's System of Care (SOC) being administered under the Department of Behavioral Health (formerly the Department of Mental Health). Trauma Systems Therapy (TST) and implementation of evidence-based practices will direct how CFSA identifies, assesses, and treats trauma. The group and individual discussions with the Department of Behavioral Health staff have been enlightening for all parties. The Agency expects, as a result of this shift, to see continued improvements in how children are screened as they enter foster care, and the kinds of decisions about service provision that will meet children's needs based on individual assessment. As part of the overall trauma grant evaluation currently underway (through 2017), CFSA will be able to report annually through the APSR on the impact of screening and the kinds of services that are being accessed to address mental and behavioral needs of children in care.

Focus on Children 0-5

With a focus on children 0-5, CFSA is making an investment in the early education of children in foster care. New in 2014, the Agency added an early education specialist to the Office of Well Being. Targeting the 0-5 population, the early education specialist supports resource parents in making informed decisions about early education, including Pre-K, Early Head Start, Head Start and other child care programs. The early education specialist also provides assistance with enrollment into child care programs and processing vouchers and subsidies. As the Agency continues to track data on the number of children being screened, and identifying those children in need of a screening, CFSA should see movement to the goal of universal (e.g., 100 percent) screening by the end of the CFSP period. An increase in the percentage of children who have a developmental screening (see above) is expected to result in an

increased number of children who are determined to be in need of early intervention services to support school readiness by age 5.

Education Resource Specialists

Supporting the Office of Youth Empowerment and focusing on the educational needs of high school students will be the addition of two education resource specialists for older youth. Beginning in 2014, these specialists develop and implement a college prep program into the array of existing OYE services, targeting 11th and 12th grade students. The college prep program will include connecting youth to the appropriate SAT/ACT prep programs, assisting with college applications and essays, and working with the youth and their families through the initial financial aid applications and school identification process. The OYE education resource specialists also functions in a similar capacity as a college counselor for high school students who are starting the 11th grade. CFSa expects that these additional targeted resources will help to increase the number of youth who complete high school and transition to post-secondary education.

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.

	FY 2014 Target	Status as of 5/31/14	FY 2015 – FY 2016 Target
Outcome: Children and youth leave the child welfare system for a safe, permanent home.			
Objective: Increase exits to a permanent home. (data source: Four Pillars Scorecard, FACES.NET report CMT367) Intervention: Family Link, TST, Project Connect, post-permanency services	80%	79%	FY 2015 targets are being established and will be provided in the 2015 APSR
Objective: Increase the percentage of youth with stable housing upon exit. (data source: Four Pillar Scorecard, OYE manual data) Intervention: Aftercare resources and supports	80%	78% ⁵²	
Objective: Increase the percentage of youth age 20 who are employed or in post-secondary education. (data source: Four Pillar Scorecard, OYE data) Intervention: Education Resource Specialists, OYE partnerships for aftercare services	65%	46% ⁵³	

INTERVENTIONS TO ACHIEVE DESIRED OUTCOMES

1.1 Outcome: Children and youth leave the child welfare system for a safe, permanent home.

1.1a Objective: Increase exits to a permanent home.

1.1b Objective: Increase the percentage of youth with stable housing upon exit.

⁵² Manual data captured represents FY14 up to April 30, 2014.

⁵³ Manual data captured represents FY14 up to April 30, 2014.

1.1c Objective: Increase the percentage of youth age 20 who are employed or in post-secondary education.

In addition to the interventions described above (Family Link, TST, *Project Connect*, Post-Permanency Services), the Agency is investing in aftercare resources and support for youth transitioning out of foster care. As noted in the Chafee section of the CFSP, the investment in resources such as housing and education, including dedicated education resource specialists, is designed to improve how youth are faring while in foster care and upon exit. CFSA has already started to see the results of these investments over the past two years, with improvements not only in how data is captured but in how it reflects the positive changes in performance. The Agency expects to see a continued upward trend over the next several years, helping to meet the goal of all youth experiencing success as they transition out of foster care and into adulthood.

CFSA recognizes that families and children may require services for stability post-legal permanency or aging out of the system. Although the Agency hopes that all children efficiently exit care to a permanent home and a lifelong connection, the fourth pillar also recognizes the need for older youth to develop the tools necessary to be self-supporting adults. It is CFSA's contention that a successful transition from foster care must involve a stable living environment, a supportive network through family, employment or educational opportunities, and concrete aftercare services to support the process of self-sufficiency for older youth. Accordingly, this fourth goal focuses on increasing exits to permanent homes while decreasing lengths of stay in foster care. This includes identification of aftercare services for older youth, inclusive of housing and career resources.

As is the case with Goal 3 above, the three indicators for Goal 4 have been measured consistently as of FY 2013 based on FY 2012 baselines. The Agency set a target of 80 percent of exits into a permanent home in any given fiscal year. Performance for this measure was improved by four percent between FY 2012 (72 percent) and FY 2013 (76 percent). Data for FY 2014 to-date meets the 80 percent target.

What is impacting exits to permanency?

Social workers who have excelled in the area of supporting the transition of children and youth from foster care into a permanent home are considered for the Four Pillar Awards. Consideration for the Four Pillar Awards includes an analysis of the cohort of youth exiting foster care within a given time frame and disaggregating the data by positive permanence, from program administration down to the social worker level to examine best practices. The Office of Agency Performance will continue to conduct an ad-hoc analysis on the foster care, entry and in-home cohorts to identify barriers towards achieving permanency. These findings will be provided to Agency management and partner agencies through a Permanency Scorecard that is produced monthly. Action steps will then be developed. For example, the Deputy for OPPPS met with representatives from the private agencies to discuss results and to determine system barriers. These discussions resulted in a solution focus that was shared and will continue through the five year cycle.

With the above analysis, the projected impact is an understanding of barriers to permanency leading to an improvement in practice and planning for permanency. The expected impact from an increased understanding and improvement in practice is meeting the 85 percent benchmark of children/youth exiting to a permanent home. The Office of Agency Performance and OPPPS will continue to monitor this indicator through a monthly management report packet highlighting internal benchmarks from the Agency's SACWIS system (specifically FACES.NET management reports CMT 384 and CMT 385) and the quarterly *Four Pillar Scorecard*. The Scorecard has been and will continue to be shared with program staff who in turn are charged with developing action steps in response to findings that highlight areas for improvement. Discussions with staff have resulted in the identification of communication issues that are to be addressed.

With regard to the number of youth aged 20 who are employed or in a post-secondary educational placement, an increase of 5 percentage points was observed from FY 2012 (56 percent) to FY 2013 (61 percent), indicating improvement. The average for this indicator during FY 2014 to-date is 60 percent, moving closer to the 65 percent benchmark.

The Office of Agency Performance tracks whether or not youth have been connected with stable housing upon exiting foster care. The Agency has set a target of 80 percent for this indicator. Performance greatly improved for this indicator between FY 2012 (38 percent) and FY 2013 (79 percent). FY 2014 performance to-date is 76 percent and the Agency is actively working with community partners to raise the percentage to the target by the end of the current fiscal year.

What are contributing factors and what are the expectations for future performance?

The projected impact of increased staff engagement of youth around education is an expected 35 percent of youth graduating from college by FY 2015 and continuing into FY 2017, which will surpass the FY 2014 baseline of 30 percent. Additionally, the Agency projects an increase in youth age 20 who are either employed or in post-secondary education to 60 percent as of FY 2015 and 2016, surpassing the 60 percent internal benchmark and increasing to 65 percent as of FY 2017. Factors that contributed to the increase in our youth graduating from college included: increase focus and attention to retention, staff providing increased contacts with youth in college to determine supports needed, increased connection of on campus supports for youth such as connecting them to a tutoring center, counseling supports and other resources on campus, education staff maintaining constant communication with assigned youth in college, and education staff participating in increased number of transition meetings/education meetings.

In regards to stable housing, as planning for permanency improves CFSA also expects the number of youth exiting foster care to either have a permanent family or to secure reliable housing. The factors that contributed to the increase of youth with stable housing upon exit include: jumpstart reviews that are held for youth aging out to ensure youth are leaving care successfully, which focus on stable housing; transition planning meetings, which focus on where the youth are going to live upon exit; working with the youth to ensure there is a solid plan for housing after exit from foster care; and an emergency plan, if needed.

Finally, as a matter of note, the workgroup that identified strategies for this final pillar cited the importance of an accessible resource directory that includes services in the state of Maryland where many of the District's children are placed with relatives. In addition to CFSA's online resource directory through the District's Department of Human Services, the Agency has also published hard copy resource directories for fathers and kinship caregivers. These directories include contact information for Maryland and the District.

Over the next five years, CFSA expects to continue to improve its progress across each of the above indicators. Most importantly, its aim is first to meet and then exceed the identified internal targets.

Goal #5: CQI: DC 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.

	Status as of 5/31/14	FY 2015 – FY 2016 Target
Outcome: The Agency has a sustainable CQI infrastructure.		FY 2015 targets are being established and will be provided in
Objective: Develop and implement Agency-wide Continuous Quality Improvement (CQI) Plan.	CQI Plan	

(Measured by completion and assessment by ACF in relation to CQI IM)	developed	the 2015 APSR
Objective: Expand opportunities for involvement of stakeholders and consumers in shaping CQI processes. (Measured by establishment and implementation of CQI Stakeholders Committee)	CQI Steering Committee convened (5/30/14)	
Objective: Implement internal and independent CQI data validation capacity. (Measured by implementation of ongoing data auditing process through Data Reliability and Accountability Workgroup [DRAW])	Audit plan developed (CQI Plan)	

In keeping with federal requirements and to continue efforts toward sustained quality improvement efforts and increased data integrity, CFSA has developed an internal CQI plan. Each of CFSA's program areas provided input on how CQI processes are implemented into daily activities. In some areas, there are clear indicators and measures of progress to be tracked, including formal processes for integrating qualitative and quantitative findings to support practice improvement. In other areas, CQI processes are being refined as the process is enhanced.

Implementation and oversight of the District's plan is primarily the responsibility of the CQI Steering Committee, established by CFSA. The Steering Committee will provide administrative oversight to ensure that activities comply with both federal and local guidelines toward achievement of positive permanency outcomes. Additionally, the Steering Committee will define priorities through program alignment and program performance data reviews. This includes proactive tracking and monitoring of key performance measures as well as system-wide communication of improvement strategies.⁵⁴

As described earlier, DRAW is an ongoing data forum that manages the auditing of FACES.NET management reports. Its activities will be coupled with the ongoing feedback from the CQI Steering Committee. The data auditing process which focuses on the validity and reliability of data in FACES.NET will be reported back to the CQI Steering Committee. Because the Committee includes a broad representation of staff as well as external Agency partners and stakeholders, there is opportunity to provide feedback on the data and offer proactive solutions where data indicates challenges with how information is being reported.

The Steering Committee met for the first time in May 2014 and has since provided input into the current CQI Plan and very specific comments on the QSRs and the RED teams. In the case of one of the written comments of a guardian ad litem, the Agency is committing to giving CFSA staff specific guidance on appropriate interview questions. Moving forward, the APSR will reflect the Committee's input into the ongoing tracking of performance against the measures outlined in the CFSP.

CFSA has also teamed with the Family Court to examine the issue of racial disproportionality in child welfare. In discussion with three of the judges, a challenge was issued to set a course. As part of this planning process for assessing the status of CFSA's racial disproportionality, CFSA has chosen the disparities standards framework established by the Black Administrators in Child Welfare (BACW) organization. CFSA will be reviewing agency practice across each standard domain highlighting current practice strengths and identifying areas of improvement. The results will be a part of the discussion with the Family Court judges and become a part of how CFSA monitors progress.

⁵⁴ For a full description of the CQI Steering Committee, including membership, please see attached CQI Plan.

Staff Training, Technical Assistance, and Evaluation

Staff Training

The CFSA Child Welfare Training Academy's (CWTA) vision is to “provide the District of Columbia’s social workers, resource parents and community partners with the knowledge, skills, support, and coaching that effectively promote the safety, permanence, and well-being of children and families in the District of Columbia.”⁵⁵ To achieve this vision, CWTA strives to incorporate the Agency Practice Model and principles into all training and employee development activities. As a result, the CWTA curriculum reflects the goals and objectives of the CFSP as anticipated by Agency leadership and staff at the onset of the plan implementation period.

CWTA has established a Training Advisory Council made up of representatives of a cross section of direct and indirect service staff. The Council reviews the training being offered and has prioritized what needs to be developed and what needs to be mandatory. Similarly, resource parents are asked for input into what is needed in regard to content and barriers to attending training. An example is the request from resource parents for child care at the trainings. CWTA is responding via a contract.

As practice evolves or new trends emerge, CWTA will be responsive to the changing needs for training and coaching for CFSA. The CWTA 2014-2015 Training Plan has been submitted along with this document, under separate cover.

Technical Assistance

CFSA has engaged a number of the National Resource Centers (NRCs) to assist the Agency in several aspects of practice improvement. Through the NRC for Community-Based Child Abuse Prevention (CBCAP), CFSA has been able to provide training to grantees for administrating and incorporating the [*Strengthening Families Protective Factors*](#) tool into their respective programs. Through the NRC for Child Protective Services, and Casey Family Programs, CFSA received technical assistance to support CFSA’s evaluation of its implemented Differential Response model. Technical assistance from the NRC for Permanency and Family Connections assisted CFSA leadership in re-aligning the Agency’s organizational structure to better serve the changing demographics of the child welfare population in the District. As well, CFSA has consulted with the NRC for Tribes to ensure policy compliance with the [*Indian Child Welfare Act*](#). The Agency has also worked with the NRC for Domestic Violence to help the District examine and address the intersection between domestic violence and child maltreatment. Finally, the National Center for Substance Abuse and Child Welfare is also assisting the Agency to develop appropriate responses and services specific to substance use.

CFSA continues to utilize a series of internal and external evaluation tools to better understand service needs of children and families and to identify strategies to meet them. Among other tools, CFSA greatly considers information detailed in the bi-annual *Needs Assessment* to identify additional service and resource requirements. The *Needs Assessment* presents feedback from all participants along the child welfare continuum, including age-appropriate children in foster care, birth parents, resource parents, CFSA and contracted private agency social workers and other staff, and other external stakeholders as well. The Agency outlines its strategies to improve service delivery by strengthening existing services and case practices via the *Resource Development Plan*. CFSA will continue to partner with the appropriate resources at the federal level to receive technical assistance in all areas.

⁵⁵ DC CFSA Child Welfare Training Academy, 2014-2015 Training Plan, p. 5.

Evaluation

As described throughout the CFSP, the Agency is engaged in numerous federally-supported initiatives, including the title IV-E waiver, a mental health grant, and expansion of the Family Treatment Court, each of which require a rigorous evaluation process. For these initiatives, CFSA is partnering with an external evaluator who is also evaluating the District's System of Care. Collectively, the information gathered from these different initiatives will help CFSA to assess progress against the CFSP goals and objectives as well as help to inform both short-term and long-term decision making and planning regarding the service array and system changes. Throughout the 2015-2019 CFSP period, the Agency will share evaluation findings and other data in its Annual Progress and Services Reports.

Services

CHILD AND FAMILY SERVICES CONTINUUM

As indicated throughout the document, CFSA's *Four Pillar Strategic Framework* is the foundation of the Agency's service continuum. At the starting point of this continuum, the Agency provides funding for community-based prevention and family preservation programs. These particular funds are distributed through CFSA's grant-making authority, as well as through its partnership with the Collaboratives. The Agency does not provide such services directly. Rather, CFSA monitors the delivery of these prevention and family preservation services provided by its partner agencies and community-based providers. CFSA does provide, however, direct services to children and families who come into contact with the Agency through abuse and neglect reports to the Hotline, or who require foster care or in-home services, or who require post-permanency temporary supports and/or long-term subsidy support service.

While the Collaboratives may provide prevention and supportive services to "community cases" that are not yet involved in the child welfare system, both CFSA and its community partners provide a variety of supportive programs to families directly in their own neighborhoods. In addition, CFSA will connect families to supportive services such as counseling, parenting classes, housing and child care assistance, and substance use treatment.

CFSA's Office of Well Being also works to improve mental health services to all children and families served by the District's child welfare system. As well, multi-disciplinary clinicians on staff at CFSA provide expert advice to social workers and foster parents.

For the children and families whom CFSA serves directly, the Agency's work and approach along the child welfare continuum is best understood within the context of its organizational structure. This section of the report provides an overview of the various programs, community-based organizations, and internal CFSA administrations that carry out the Agency's mission through delivery of direct services to children and families.

Prevention Programming

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

The primary goal of the grant-funded programs is to prevent initial entry and, as applicable, to reduce re-entry of families who have already crossed the threshold of the District's child welfare system. Prevention in this regard is activated through specialized services that promote protective factors that can reduce risk, build family capacity, and foster resilience for children and families. These factors further lead to improved outcomes and a reduction in the incidence of child abuse and neglect.

Utilizing a combination of dedicated local and federal ([Community-Based Child Abuse Prevention](#)) funds, CFSA partners with community-based providers to develop a continuum of preventive services for at-risk children and families. Efforts include primary prevention programming through grant-funded programs under the [Grandparent Caregiver Program](#), the Parent Education and Support Project (PESP) and home visitation, and also through collaboration with the [DC Children's Trust Fund \(DCCTF\)](#).

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

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

Healthy Families/Thriving Community Collaborative Services

Since 1996, CFSA has contracted with the Collaboratives to provide community-based services to children and families of the District of Columbia. From the onset of their partnership, CFSA has had strong relationships with the Collaboratives and the Collaborative Council.⁵⁶ These have been solidified with contracts that explain the responsibilities and duties assigned to the Collaboratives. Initial funding was accomplished through the federal *Family Preservation and Support Act of 1993*. A portion of the current funding is through the federal [Promoting Safe and Stable Families](#) program.

The Collaborative service area covers most of the District of Columbia's eight Wards with the exception of Ward 3, which has sparse reports of child abuse and neglect. For those Wards where larger numbers of families have historically had greater contact with the child welfare system, each of the five Collaboratives is strategically located. CFSA contracts with these Collaboratives to provide families in their communities with access to a range of services that fall within four over-arching service categories:

- Family Supportive Services – these services include areas such as emergency assistance, crisis intervention, parent education and training, and fatherhood engagement.

⁵⁶ The Healthy Families/Thriving Communities Collaborative Council supports the work of the Collaboratives and provides leadership in advocating for public policies and investments that will improve the lives of vulnerable children and families. Together, the Collaborative Council and Collaboratives model an effective approach to improve family functioning, increase neighborhood capacity building, and simultaneously elevate issues to a public policy level to effect positive change.

- Co-located Staff and RED Teams⁵⁷ - The Agency utilizes a newer, distinct teaming approach with in-home cases and Collaborative services that maintains co-location of CFSA staff but supplements CFSA case management through reviews by the RED teams.
- Youth Aftercare Services – CFSA provides intensive case management services to youth before, during, and immediately after their transition from the foster care system. After a youth transitions from foster care, the youth is eligible for aftercare services for two calendar years. Services are provided by CFSA’s contracted partnership with the Collaboratives as well as CASA of DC.⁵⁸ Services include assistance in the search for stable housing, ongoing life skills development, employment or vocational guidance, etc.
- Community Capacity Building – This category encompasses a range of efforts on the part of Collaborative staff and their community partners to strengthen and expand neighborhood resources available to community residents. Capacity building among community providers also includes improving collaborations among neighborhood service providers and improving the ability of communities to respond to their own needs by developing various issue-based activities and initiatives.

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

Moving Toward a Full Continuum of Services in the Community

The IV-E waiver provides an opportunity to expand the continuum of services offered by the Collaboratives. The implementation of family preservation services offers an opportunity for families at imminent risk of having their children removed from their care to have an intensive in-home resource that immediately stabilizes the family and ensures they are effectively connected with needed services. Further, the IV-E waiver affords the expansion of the network by allowing the Collaboratives to reach out to other community-based resources to assist them to increase their capacity to provide services to the children and families in their respective communities.

Child Protective Services (CPS) Administration

Like all states in the country, the District of Columbia has a single state agency charged with the delivery of child protective services in response to child abuse and neglect. The CPS Hotline is a mandated District service that operates on a 24-hour, 7-day per week basis, including holidays. Trained staff receives reports on alleged child abuse and neglect through several methods, including the Hotline (202-671-7233), walk-in reports, and other forms of communication (e.g., faxes, emails, and letters). Upon the receipt, review, and screening of a Hotline report, staff assigns the report to one of the following three pathways, based upon a determination of the most appropriate response: (1) Family Assessment (FA), (2) CPS investigation, or (3) Information and Referral (I&R).

Most impactful in terms of changes for how the Agency responds to reports of child abuse or neglect has been implementation of the FA pathway, one of two under DR (the other being a CPS investigation). This shift has dramatically strengthened CFSA’s ability to tailor responses according to a child or family’s needs. Through DR, reports to the Hotline can be directed to FA or to the traditional CPS investigation pathway. The FA approach limits the need for removals while simultaneously increasing opportunities for

⁵⁷ As noted throughout the document, RED (review, evaluate, and direct) teams are a group decision-making process that includes six-to-eight participants comprised of representatives from CFSA’s CPS administration, In-Home and Permanency, Office of Well Being, Kinship Resources, and the Collaboratives.

⁵⁸ Court Appointed Special Advocates for Children of DC.

referrals to in-home services that can help stabilize and preserve families. Through full implementation of the FA approach in FY 2012, CFSA along with other District agencies and community partnerships began to see the increase of family stabilization and reduction of removals, deeper engagements with families, increases in family and employee satisfaction, and the successful establishment of a continuum of services that incorporates government, community-based, and neighborhood resources.

Health Services Administration

As described under *Well-Being Outcome 3*, the Health Services Administration (HSA) oversees CFSA's 24-hour on-site health clinic for medical screenings, the Healthy Horizons Assessment Center (HHAC), which is staffed by nurse care managers (NCMs) who provide targeted case management (TCM). HSA is designated to oversee health-related services for children by providing direct service provision or by coordinating services with the Agency's network of local providers. HSA also provides a variety of quality services to assure that children's health and well-being needs are being met.

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

Nurse Care Managers

As of 2014, the Agency has employed 15 registered nurses (RN) who provide case management and supportive services for children with significant medical, physical, or mental health needs. As NCMs, the RNs also provide consultative services for the social workers working with these children and their families. NCMs perform the following activities and services:

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

Child Protective Services (CPS) Nurse Consultants

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

Dental Services

In March 2013, CFSA launched a new dental program in partnership with the Children's National Medical Center (CNMC). This program ensures that children entering foster care are able to access dental services within 30 days of their removal from the home. Through this partnership, CNMC brings its

specially-equipped mobile health van to CFSA on a monthly basis to provide services on site. The van is staffed by a dental health team consisting of a licensed dentist and dental hygienist. Services include cleanings, examinations and screenings, as well as the application of sealants and minor fillings when applicable.

Office of Community Partnerships

In another effort to enhance the continuum of community-based services available to District families, CFSA created a new Community Partnerships administration in 2013 through an Agency organizational re-alignment. The purpose of this new administration is to enhance the use of the community-based resources, increase partnerships with other District agencies, improve case integration and planning for families involved with multiple District agencies, and support the Collaboratives in their development as “community hubs” where families can access services that meet their needs. Community Partnerships is comprised of two divisions: (1) the In-Home and Family Support Services division and (2) the Community Services division, which includes the liaison to the Healthy Families/Thriving Communities Collaboratives. As noted, CFSA’s partnership with the Collaboratives is intended to strengthen families by enhancing the prevention and family preservation supports as part of a larger array of supportive services available to the District’s children and families in their own neighborhoods and communities.

In-Home Services

The In-Home Administration (IHA) serves families in their homes through 10 in-home units co-located in five neighborhoods at the Collaborative sites throughout the District of Columbia. In partnership with the Collaborative staff, CFSA in-home social workers provide community-based family support, preventative services, and comprehensive responses to families’ needs.

Families with risk levels scored by the Child Protective Services’ SDM⁵⁹ tool to be high or intensive are referred to IHA services. In-home units typically serve families who volunteer to participate in the services. In a few instances, families under the auspices of protective supervision are required to receive in-home supports as a condition of the Family Court’s protective supervision order. Recognizing the importance of a coordinated and comprehensive approach, CFSA’s co-location partnership with the Collaboratives enables cross-agency and cross-system coordination on behalf of families and children. The foundation for the effective delivery of in-home services is built upon the following seven tenets:

1. Teaming
2. Engaging and assessing families
3. Case planning
4. Quality home visitation
5. Safe case closure
6. Supervision and coaching
7. Quality assurance

Office of Program Operations

The Office of Program Operations oversees CFSA’s Permanency Administration, Placement Services Administration, Foster Care Resources, Clinical Services, Family Licensing, and Kinship Support. Each of these divisions and their respective services along the continuum are outlined.

⁵⁹ SDM™ is the Agency’s Structured Decision Making tool which assesses risk during investigations. This risk assessment tool assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect.

Permanency Administration

The Permanency Administration provides support and direct case management to children in foster care with a permanency goal of reunification, guardianship, or adoption. This support includes consultation, technical assistance, and training for the ongoing social worker from the inception of concurrent permanency planning through the successful achievement of the permanency goal.

Building on the training supports for social workers, supervision and coaching are critical components of strengthening practice. As described earlier, CFSA has also implemented the Permanency Big RED process to strengthen supervisory involvement in casework. This process is a key component to building the sustainability of the overall RED team infrastructure.

When children are removed from their home, a 60-day Big RED team meeting is conducted to review the original petition, the initial Family Team Meeting (FTM) plan, and case plan activities to ensure that the permanency efforts are underway. As noted earlier, it is within the *Four Pillar Strategic Framework* that CFSA's commitment to permanency planning begins the day a child comes into foster care. Within 60 days of entry, Big RED team members identify and address any barriers early on in the case and focus on reasonable efforts and engagement of the family. The supervisory social worker is responsible for presenting the case while the case practice specialist assures that the steps described in the plan are taken. If issues are raised, another Big RED team meeting is convened.

Pursuant to the [*Permanency Planning Policy*](#), CFSA also provides permanency supports and case management from the inception of concurrent permanency planning all the way through finalization of adoption or guardianship. In so doing, case practice specialists provide technical assistance to social workers who have children on their foster care caseload with permanency goals of adoption or guardianship. During the concurrent planning process, these professionals partner together to develop and initiate child-specific recruitment plans for these children while also generally laying the foundation for permanency options in the event that reunification becomes ruled out. For families and children who have reached permanency but might be experiencing challenges that threaten the permanent living arrangement, the Permanency Administration also provides temporary intervention and support services to stabilize crises.

The Agency receives and responds Out-of-Town Inquiries (OTI) whereby CFSA may perform visits and provide periodic reports to other jurisdictions regarding children in the District who were adopted or under a guardianship in those jurisdictions. It should be noted that CFSA does not handle nor is involved in any inter-country or private adoptions. The Agency serves only children in the District's foster care system. Within that parameter, individuals who contact CFSA regarding an inter-country adoption are referred to private agencies. Families who request adoption services may also be referred to the Adoption Resource Center. For families who wish to adopt outside the United States, there are a host of support groups and other resources available to them. Post-adoption support services are also offered by many of the area's private adoption agencies for these families.

Lastly, the Adoption and Guardianship Subsidy Unit makes post-permanency subsidies possible for children who might not otherwise achieve permanent homes. Subsidies cover maintenance and special services to meet the needs of the child until age 18. Families may also receive a one-time reimbursement of out-of-pocket expenses related to adoption finalization. Subsidies for adoptions and guardianships are funded for children eligible to receive title IV-E monies, or through local funding for children who do not meet title IV-E eligibility requirements.

Placement Services Administration (PSA)

PSA, which operates 24 hours per day, is responsible for identifying and facilitating placement of children in foster care, including all initial placements resulting from home removals and all replacement requests initiated by CFSA and private provider social workers. It is also the principal purchaser (in collaboration with the Contracts and Procurement Administration) of placement resources. As such, PSA is also responsible for managing those resources.

To support the placement of children, PSA has implemented a utilization management (UM) process (see *Permanency Outcome 1*, above). UM's effectiveness hinges on the proactive procedures put in place by PSA around discharge planning, concurrent planning, placement pre-authorization, and regular and periodic reviews. All processes are reinforced by the CFSA's [Placement and Matching Policy](#).

Foster Care Resources

To increase the likelihood that children are placed in the safest foster home possible, staff provides foster and adoptive resource recruitment and support services (i.e., licensing and training) to current and potential foster, kinship, and adoptive parents. In addition, through various outreach and public education campaigns and activities, Foster Care Resources ensures the availability of foster parents who are willing and able to meet the varied needs of children in the care of CFSA. As with other CFSA processes, policy reinforces practice, in this case the [Relationship with Resource Parents Policy](#).

Clinical Services

Under the umbrella of PSA, the Clinical Services division includes the following supports to CFSA's program operations:

- Residential monitors, particularly for the discharge of youth in a psychiatric hospital or psychiatric residential treatment facility (PRTF) – based on feedback from program areas, decisions to place in psychiatric hospitals or PRTFs. All such placements are tracked.
- Mental health services, including co-located Department of Behavioral Health staff.

Family Licensing Division

The Family Licensing Division dovetails into the work performed by the Family Resource Division by performing the core activities associated with the licensure of prospective (and existing) foster, adoptive, and kinship caregivers. The division is responsible (at a minimum) for the following duties:

- Performing home studies, including lead and safety inspections of the homes of prospective caregivers in the District; these may include those originating from out-of-state requests in compliance with the Interstate Compact on the Placement of Children (ICPC), as well as those under contract with CFSA contracted private child placing agencies.
- Performing (and/or verifying the results of) criminal background checks and child protection register checks.
- Facilitating temporary licenses for DC and Maryland kinship applicants to expedite the placement of children with family members.

To become a licensed foster family, we were required to enroll in a five-week class designed to help foster families cope with the sudden arrival of new children, deal with birth parents who were unable to care for their children and access the many support services provided by the Agency. – Foster Parent, Washington Post, March 9, 2014

I wrote names down of anyone I could think of- friends, my parents...I didn't even write her name down [Aunt]. My kids are happy there...my Aunt did a good job with all of them. – Participant, focus group with birth parents, October 2013

- Training prospective caregivers in the Partnering for Safety and Permanence-Model Approach to Partnerships in Parenting (PS-MAPP). This training consists of 30 hours of classroom instruction.

Kinship Support

CFSA's Kinship Support Unit is responsible for identifying and engaging kin who are willing and able caregivers for children entering the foster care system. The Agency dedicates considerable time and resources ensuring that kinship options are thoroughly explored before looking beyond relatives for safe and stable foster care placements. In the event that a viable kinship caregiver cannot be identified, CFSA has in place an array of placement types that are

identified during the utilization management review in order to meet the individual needs of a child.

Well-Being

CFSA has established a goal of well-being in which "every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement." Under the auspices of CFSA's Office of the Chief of Staff, the Office of Well Being (OWB) was established in 2012 to provide direct support services across the continuum of care in the areas of education, substance use disorders, domestic violence, and child care. These services are intended to promote the well-being of families served by CFSA at any point along the continuum of child welfare involvement. They help to ensure a safe environment for children, strengthen family stability, and achieve permanency. To that end, OWB collaborates with direct-service staff in Community Partnerships, Entry Services, Program Operations, the Office of Youth Empowerment, and CFSA-contracted private agencies.

Community-Based Mental Health Programs

As a key partner in the District's System of Care (SOC), CFSA maintains a strong partnership with DBH to address the mental and behavioral health needs of children in the child welfare system. This will include direct application to the 2010 joint effort between CFSA and DBH (at that time, the District's Department of Mental Health) to develop a three-to-five year *Children's Plan*. The plan outlines specific actions for the District to respond and treat increased numbers of children in need of mental health services. The plan includes early-age intervention and the expansion of community-based services shown to improve child functioning in the family, at school, and in social interactions. The following goals are included in the *Children's Plan*:

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

To date, CFSA and DBH are continuing to work closely to meet the mental and behavioral health needs of children in the child welfare system through the *Children's Plan*. Other CFSA efforts are also closely aligned with DBH. Through the trauma grant described earlier, DBH and CFSA are combining efforts to

implement and adhere to trauma-informed fidelity screening tools and functional assessments that inform outcome-oriented case planning. This system transformation includes long-term reduction in the use of psychotropic medication as a first-line treatment strategy, and increases the use of behavioral or non-pharmacological treatment approaches in response to the mental health needs of children in foster care. As the District progresses in this direction, it is in the unique position of possibly modeling a state-of-the-art children's mental health system for other cities and states across the country.

The Family Treatment Court Program (FTC)

As described previously (see *Safety Outcome 1*, above), as a comprehensive treatment program, FTC allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes. Under the OJJDP's Family Drug Court expansion grant, FTC was expanded in FY 2014 to include fathers as well as non-residential treatment options. CFSA will continue to focus on referrals to this program moving forward into FY 2015.

Office of Youth Empowerment (OYE)

OYE provides direct case management and concurrent permanency and transition planning services to older youth in foster care (ages 15 up through age 20) who have a goal of Alternative Planned Permanent Living Arrangement (APPLA). OYE works to achieve permanence for these older youth while at the same time providing life skills training, vocational and educational support, transitional assistance, and encouraging informal but committed relationships with safe, caring adults willing to act in a mentoring or parental capacity following a youth's exit from foster care.

OYE is also the CFSA program unit that administers the Chafee Foster Care Independence Program (CFCIP). OYE assists adolescents and young adults to acquire the skills and knowledge necessary to live independently. Through Agency and community services to participants, OYE promotes permanency; encourages lifelong connections to family, friends, and community; provides education/vocational opportunities, and supports the development of life skills that enable adolescents to achieve self-sufficiency. Guidelines for implementation of these services are outlined in the [*Older Youth Services Policy*](#).

Service Description

The CFSP guidelines require the District to describe the services that it offers to children and families under the Promoting Safe and Stable Families (PSSF) program, which includes family preservation, family support, time-limited reunification, and adoption promotion and support services. CFSA's services in those areas are detailed throughout this document with particular emphasis on key elements in the section below.

Child Protective Services

The Child Protective Services (CPS) administration provides the critical function of investigating allegations of abuse or neglect throughout the District. CPS Hotline workers receive and vet reports of alleged child abuse and neglect via the District's child abuse and neglect Hotline (202-671-SAFE). In order to determine the most appropriate response to each call, CFSA has implemented a Differential Response (DR) model that allows CPS to determine its response to various reports using the Structured Decision Making (SDM™) tool to assess safety and risk.

For example, certain reports of neglect allegations determined to be low-to moderate-risk are referred by CPS to the Family Assessment (FA) administration. FA social workers engage these families to address the issues and identify services that respond to the needs that precipitated the initial Hotline report. For a

family who agrees to the voluntary FA process, there is no finding or substantiation of abuse or neglect. Moreover, the family name is not entered into the Child Protection Register.⁶⁰

Family Preservation and Family Support

The District's efforts to expand preservation and reunification services to children and families have been significant. CFSA's grant-making authority under the *Child and Family Services Agency Grant-Making Amendment Act of 2008*, DC Law 17-199 (effective July 18, 2008), has afforded the Agency the opportunity to seek out evidence-based models or promising practices designed for District of Columbia children and families who may be at risk of involvement with CFSA or who are currently receiving services from CFSA. More recently, and perhaps the most significant enhancement to CFSA's service delivery model over the past year, has been the approval of the title IV-E waiver which is impacting the Agency's ability to provide services over the next five years.

Time-Limited Reunification Services

The following key principles are included in CFSA's overall practice regarding placement and family services:

- Foster care should be temporary because all children deserve to grow up in a permanent family. Shifting the focus of the whole child welfare system in the District towards an urgent regard for the need for permanence is a key challenge.
- Effective child welfare services to children and families require partnerships with other District agencies, with the community, with families and extended families, with resource families, and with the other partners who are key stakeholders for the District's child welfare system, such as the Family Court.

Early identification and engagement of non-custodial parents is central to CFSA's efforts to engage kin, which, in turn, expands potential permanent placement resources for children in the care and custody of the District. In addition, engagement of kin often reduces a child's time in foster care. Toward that end, CFSA's Diligent Search unit is a key partner in the effort to identify potential family members who may be placement or supportive resources for children.

Once parents or family members are located, the next step is innovative family engagement, which gets parents and supportive adults involved in the case planning process very early on in the life of a case. The Family Team Meeting (FTM) is the primary vehicle to engage kin early in the life of a case, and to present them with the opportunity to participate in the case planning, or even perhaps, to become a placement resource. FTMs are very useful for motivating appropriate family members to step forward and to support the child within their familial network. If a family member does not (or cannot) meet licensing requirements to become a kinship caregiver, CFSA explores their ability to serve as resources in other capacities. In this manner, at the very least, the family member can remain involved as a lifelong connection for a child in foster care.

Early and frequent visitation scheduled by social workers for children in foster care with their parents (with whom the child's reunification remains the permanency goal) and with siblings who may not be residing together is critical and necessary to support efforts for timely achievement of case plan goals and

⁶⁰ The Child Protection Register is an index of perpetrators of child abuse and neglect in the District of Columbia. CFSA is responsible for the operation and maintenance of the Register, making appropriate entries and releasing information in a manner that is consistent with the law.

the desired permanency outcome. Consistent visitation between a child in foster care and his/her parent is an indicator for timely reunification and therefore, CFSA prioritizes such visits.

CFSA is also committed to providing quality support services to families to facilitate reunification. In order to do so effectively, the District continues to prioritize the areas of mental health and substance use, and to continue to seek community partnerships to meet the needs of clients with these presenting issues. This includes the kinds of partnerships and services described earlier, for example, collaboration with the Department of Behavioral Health to address mental health needs of children in foster care; collaboration with the Addiction Prevention and Recovery Administration to enhance the options for parental substance use treatment; implementation of Project Connect as part of the IV-E waiver.

To identify and address barriers to timely permanency, the Agency has also employed, as noted, the use of case practice specialists alongside the RED team framework for case decision-making. Through these mechanisms, the Agency is turning its focus on the challenges to moving cases forward and identifying the recommendations or solutions needed to support practice change.

Adoption Promotion and Support Services

CFSA ensures that supportive services are available to children and families post-adoption through its partnership with the Post Permanency Family Center (PPFC), which is administered by Adoptions Together. The Agency's adoptive families receive notification of the availability of post-adoption services at the time that the adoption becomes final. When necessary, the adoptive parents can negotiate with CFSA during the development of the subsidy agreement to have the Agency pick up costs for support services that are not covered under the conventional subsidy formula.

PPFC provides information and referral and supportive services to children and families following adoption and guardianship finalization. The center also serves individuals through web outreach and information and referral services, trains professionals, provides intake services to individuals as well as families, and provides outreach to individuals. A well-utilized feature of the center is its resource library, which contains current research, literature, and academic materials on the subject of child safety, permanence, and well-being.

Throughout the year, the PPFC offers a training series, some of which offer Continuing Education Units for licensed professionals, for both post-permanency caregivers as well as CFSA social workers. The trainings range across the entire continuum of child welfare as well as on various aspects of child rearing and parenting and they are held on a weekly basis in the evenings. CFSA services are also available to children and families following permanency. CFSA has implemented an internal post-permanency unit to address the service needs of children and families post-adoption and guardianship finalization.

Service Decision-Making process for Family Support Services

Contracts and Procurement Administration (CPA)

The Contracts and Procurement Administration (CPA) oversees the decision-making process for selecting vendors to provide various services to CFSA staff and clients, including family support services. The CPA strives to provide quality goods and services for District agencies through a coherent and streamlined procurement process that is responsive to the needs of its customers and suppliers. The following regulations govern the contracting and procurement process in the District of Columbia:

- 1) *27 DCMR - The District of Columbia Municipal Regulations (DCMR)* is the official code of the permanent rules and statements of general applicability and legal effect promulgated by executive departments and agencies and by independent entities of the Government of the District of Columbia.

2) *Procurement Practices Act and the DC Official Code*

The procurement of goods and services are procured by utilizing competitive sealed bids or proposals, Human Care Agreements, and small purchases. During the procurement process, CPA and the program personnel have differing roles and responsibilities. The following table provides a very simple overview of the differing roles each entity is expected to play throughout the process:

Program Staff	CPA Staff
<ul style="list-style-type: none">• Identify Minimum Need and Requirement• Prepare the Scope of Work• Prepare budget and funding recommendations• Enter Requisition in PASS• Certify Invoices for payments	<ul style="list-style-type: none">• Collaborate with the vendor/agency on complex requirements• Conduct the procurement• Award the contract• Administer the contract

The primary contracting methods used by CPA are the Competitive Sealed Proposals and the Human Care Agreements (HCAs). These methods allow CPA and CFSA's program personnel the flexibility of choosing competent organizations that can provide high levels of services for CFSA's clients while ensuring adequate competition. These methods also allow a provider to propose new and innovative solutions.

CFSA's solicitations require competing organizations to ensure that children will be provided services that employ a family-centered approach to care; ensure culturally competent services in line with the youth's culture, including ethnic, socio-cultural and linguistic strengths; provide linguistically competent services; ensure community-based services to assist youth in maintaining connections with schools, churches, friends and families; and develop a community-based network of services and affiliations that will facilitate supportive services for children and their families in the community of origin, community of placement, or the community where a potential kinship care or family-based foster care provider resides. Now fully implemented as a contracted service, each HCA demonstrates a provider's capacity to meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive outcomes for children in care.

Community-based providers who submit applications or proposals in response to requests from the Agency must demonstrate their status through submission of licensure or certification, as applicable, as well as fiscal documentation, e.g., confirmation of 501(c)3 status. Similar to the contracting process, CFSA's network of grant-funded prevention programs (Parent Education and Support Project, Home Visitation, Father-Child Attachment) has been established through a competitive procurement process as part of a formal Request for Applications. The Agency has established criteria for applicants (e.g., non-government agency, evidence of non-profit status) as well as a series of technical requirements based on the resources being sought.

Populations at Greatest Risk of Maltreatment

The District of Columbia is geographically smaller than neighboring states but at the same time it is more densely populated. In the District, targeted service areas (for child welfare and other arenas, such as public safety) are "Wards", neighborhoods and city blocks as opposed to counties, cities and towns. The vast majority of child maltreatment reports in the District (and hence, the majority of children in foster care) originate from Wards 7 and 8, where the District has the greatest concentration of poverty, unemployment, and also the largest population of children. Almost 70 percent of the entire District foster care population are from Wards 7 (21.03 percent) and 8 (48.69 percent).

The District has one of the highest child poverty rates (approximately 30 percent compared to 21 percent nationally)⁶¹ in the country. Recent census data indicates approximately 104,190 of the District's residents are under the age of 18. Moreover, according to the Census Bureau's *2008-2012 Demographic Profile Data*, one percent of all children in the District are in the foster care system, which is slightly under the 1,167 reported in foster care as of the end of April 2014. The census data also indicate a disproportional distribution of the child population throughout the eight Wards of the District. Six of the eight Wards account for over 80 percent of the District's children yet the majority of children in foster care originate from Wards 7 and 8 (70 percent). Families involved with in-home cases also have the highest representation in Ward 7 and 8.

The racial and ethnicity composition for children in the District of Columbia has remained stable across Wards over the past few years but it also varies from approximately 80 percent Caucasian in Ward 3 to over 90 percent African American in Ward 8.⁶² Children in the District's foster care population are about equal in gender distribution, older than in most jurisdictions, and approximately 95 percent African American. Children who become involved in the child welfare system 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.

Through its web-based management information system (FACES.NET), CFSA tracks geographic and demographic information for all abuse and neglect reports to the CFSA Hotline. In addition, it also has at its disposal Geographic Information Systems (GIS) technology. The GIS application allows the Agency to produce statistically overlaid maps and charts that inform decisions about allocating resources effectively and efficiently by visually assessing statistical information at a detailed level.

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

- CFSA uses the GIS technology to analyze socio-demographic characteristics of neighborhoods against abuse and neglect reports (by Ward and zip code) to inform the Collaborative Council about the neighborhoods that are in greatest need of prevention and family support services. The GIS information has been crucial in informing the Collaboratives' process of resource allocation to address neighborhood-based needs.
- During the congregate care facilities licensing process, GIS information informs CFSA's Facilities Licensing Unit of potential regulatory conflicts that may arise if prospective facilities applying for licensure are out of compliance with local regulations that prohibit congregate care facilities from being within certain proximity of one another.
- CFSA utilizes GIS to map the locations of fatalities throughout the District to support and inform the work of the Child Fatality Review unit.

Targeted Services for Populations at Greatest Risk of Maltreatment

The District's prevention and family stabilization services target the geographic areas where at-risk children live and offer community-based and in-home service interventions to pre-empt abuse and neglect and promote positive parenting and family support services. As described throughout the CFSP, the Agency engages contractual partners to deliver services (e.g., the Collaboratives), leverages its grant-

⁶¹ Census Bureau, 2008-2012 American Community Survey, Key Demographic and Housing Five-Year Estimates.

⁶² Kids Count data Center 2010.

making authority to fund high-functioning services and programs (e.g, home visitation, parent education), and maintains strategic partnerships with sister human services agencies to ensure an array of effective services in specific areas of the city where they are most needed.

Interagency Partnerships

This report has previously documented the many interagency partnerships that CFSA maintains with its sister agencies. In particular, as in this section earlier, CFSA has actively worked with the District's Department of Behavioral Health to address the mental and behavioral health needs of children through a three-to-five year *Children's Plan*. The high-level goals of the *Children's Plan* emphasize enhancing access to and effectiveness of evidence based practices in District communities to reduce out-of-home placements in foster care or residential facilities.

An important facet of the *Children's Plan* is the *Children and Adolescents Mobile Psychiatric Services (ChAMPS)* program (see *Permanency Outcome I*, above), which directly impacts the child welfare system by mitigating the need for home removals. The highly trained ChAMPS' crisis teams are deployed to the home to assess the situation and to determine the best course of action to help a child stay at home.

Services for Children under the Age of 5

Among populations traditionally served by the child welfare system, CFSA has identified the population of families with children under the age of 5 as a group that would benefit most from interventions to be implemented under the title IV-E waiver demonstration project. These interventions are focused on family stability, child safety, and overall well-being to support the families who are involved in the Family Assessment pathway or receiving in-home services. These same services are also currently available to District children and families who have no current or prior history of involvement with the child welfare system. Through the title IV-E waiver, the Agency has the flexibility to expand the eligibility criteria to both types of families.

The following prevention services are being expanded under the title IV-E waiver specifically to benefit the youngest children in this vulnerable population:

Parent Education and Support Project (PESP)

CFSA has entered into contractual relationships with four providers to offer services under the Parent Education and Support Project (PESP). Each provider offers a range of services to families that include home visits, assessment of family needs, parenting groups, and other programming to address concrete needs, such as literacy, job preparedness, and others. Providers offer the services using evidence-based models, such as the [*Effective Black Parenting Program*](#), the [*Nurturing Parenting Program*](#), the [*Incredible Years curriculum*](#), and others. Each provider was previously awarded a grant by CFSA to provide these services and required to engage in ongoing evaluation and assessment of program impact, including family involvement with the child welfare system. Findings to date indicate improvements in family functioning, reductions in risk factors, and increased protective factors. As part of the grant, each also administered the [*Protective Factors Survey \(PFS\)*](#) and utilized findings from the PFS to adjust and improve service delivery to the target population. The providers will continue to administer the PFS to monitor progress toward outcomes for the demonstration project.

Home Visiting

Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies. Referrals can be made up until the infant is 11 months old. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. An interdisciplinary team of case managers, a registered nurse, and others responsible for providing access to home- and community-based services to

address medical, behavioral, and educational needs. The goal of the program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services.

Father-Child Attachment

The Father-Child Attachment program is a home- and community-based intervention for expectant and new fathers (eligible for enrollment until the infant is three months old). The model draws from the Chicago Parent Program utilizing video technology and parent, individual, and group discussions. The video is then used as a learning tool and to promote increased awareness and understanding of the impact of parental behavior on child responses. The program has shown improvement in the attachment between the father and child, and an increase in protective factors, as well as positive improvement in the relationships and interactions between the father (usually the non-custodial parent) and the child's mother.

Under the waiver, CFSA will also implement a new evidence-based practice that specifically targets this subpopulation. As previously cited, [*HOMEBUILDERS®*](#) is an intensive in-home crisis intervention and family treatment program designed to keep children and families safe, and to prevent the unnecessary out-of-home placement of children. The program also focuses on families with children ages zero-to-six who are at imminent risk of out-of-home placement. Services are provided in the family's natural environment, i.e., in the home and in the community where the problems occur. Clients receive intensive services for an average of 8-10 face-to-face hours a week with an average caseload of two families.

Services for Children Adopted from Other Countries

As noted earlier, CFSA does not routinely have a role in inter-country adoptions. Rather, the Agency refers individuals to private adoption agencies in the area. CFSA also makes referrals to the Post-Permanency Family Center (PPFC) which is a resource specifically for adoptive and guardianship families. PPFC offers direct service case management, advocacy, and family counseling as part of their resource and service array. There are also additional supportive services such as parenting classes, trainings and support groups for children, teens, and adults who are in the post-adoptive process.

Consultation and Coordination between States and Tribes

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

Recently, for the purpose of meeting the Tribal consultation requirements for the establishment of new federal mandated tribal transfer protocols, the NRC4 Tribes linked the Agency with the Navajo Nation to

review draft policies and provide input. CFSA anticipates maintaining this working partnership with the Navajo Nation to provide ongoing consultation as necessary for policy development purposes.

Chafee Foster Care Independence Program (CFCIP)

Agency Administering CFCIP

CFSA's Office of Youth Empowerment (OYE) leads the Agency's efforts to achieve positive outcomes for older youth in care. OYE leverages CFCIP funding, sister-agency partnerships, and in-kind community-based resources to augment local dollars invested in staff, services, and support for older youth preparing for independent living and self-sufficiency. Through its federal and local funding array and community and governmental partnerships, OYE provides an integrated and robust array of resources and opportunities for older youth in care to further their education, build life skills, gain work experience, and better prepare themselves for life after foster care.

OYE's program administrator oversees the entirety of the District's service array for older youth in foster care and all aspects of CFCIP, including the determination of eligibility for benefits and services under the CFCIP program. OYE's program eligibility standards align with federal requirements for receipt of services. All youth referred to OYE to receive such services are vetted and assessed by OYE staff to ensure their eligibility. CFSA also offers services to youth formerly in foster care, irrespective of their state of residence. OYE's program administrator reports directly to the Agency's director.

Description of Program Design and Delivery

Since its creation as a cabinet-level agency within the District of Columbia, CFSA has had the statutory authority to maintain court-ordered custody of District wards until they reach the age of 21 years. Older youth in care from the ages of 15 through age 20 years comprise approximately 50 percent of the overall foster care population. Youth ages 17½ through 20 who remain in foster care are generally under the case management and supervision of an OYE social worker until they exit to positive permanency or until they age out at age 21.

The passage of the *Fostering Connections to Success and Increasing Adoption Act of 2008* amended parts B and E of title IV of the *Social Security Act*, and subsequently provided CFSA with an important federal financial resource to augment foster care supports and services that had previously been funded exclusively through District local tax dollars. CFSA's title IV-E eligibility unit determines whether an older youth fits the criteria for receiving assistance based on the education, employment, or incapacity-related requirements dictated under the *Fostering Connections* legislation. For those youth in compliance with the requirements, CFSA seeks federal IV-E reimbursement. For those who are not meeting the education, employment, or incapacity requirements, CFSA continues to provide foster care services with local funding exclusively.

The administration of the CFCIP program has always included a target population of youth in foster care from age 15 through age 20. The passage of the *Fostering Connections* legislation had no impact on the programs focus or administration in that regard.

OYE's staffing and program design revolves around three primary functions:

- *Case Management:* OYE bears primary case management responsibility for *most* youth in foster care from age 17½ up through 20 years.⁶³ OYE social workers are specially trained and uniquely experienced to work with older youth in foster care. They have a specialized understanding of the issues and challenges facing this population. To this point, within OYE’s greater case management staffing construct, the Generations Unit provides case management services specifically to teen parents (and their children). The Generations Unit specialists receive special training for this population, and they provide linkage to prenatal care, birthing classes, parenting classes, support for co-parenting, connection to a nurse care manager (through CFSA’s Healthy Horizons Assessment Center), identification and support of teen fathers’ involvement in their child’s development, as well as partnerships with community resources. The Generations Unit service array also features a “parent coaching” program designed to provide hands-on consultation, coaching, and parenting skills for new parents being case managed by Generations Unit social workers.
- *Educational Services:* Youth preparing for post-secondary education or attending post-secondary institutions have at their disposal an array of OYE-sponsored financial, academic, consultative, and other material supports to help them set, achieve, and exceed their educational goals. In contrast to the Office of Well Being’s education resource specialists, who follow children’s academic progress throughout their stay in care, OYE’s team of education specialists specifically coordinate educational and post-secondary educational services (e.g., tutoring and computer access) to assist youth in planning for their futures and in making a successful transition to adulthood. They work with social workers and youth to plan educational goals, research programs, complete applications and financial aid forms, coordinate college visits, provide linkages to student academic supports, and manage macro-level data on educational outcomes for CFSA youth.
- *Career Pathways:* OYE partners with public and private job training programs and employers to offer youth opportunities for work experience, vocational training, certification, and sustainable employment following their exit from foster care. OYE’s Career Pathways specialists begin career guidance consultation when the youth turns 18 years of age. They assess the youth’s strengths and challenges and develop a customized career development plan that leverages the aforementioned community connections and partnerships to help build the youth’s resume and to promote his or her employability. A key development in the District’s career development activities for youth in foster care was the 2012 passage of the *District Foster Youth Employment Amendment Act of 2012*. The law introduced a number of provisions geared toward facilitating employment in DC for youth currently or formerly in foster care. Principal among these provisions is a 10-point hiring preference for career service jobs in District government.

Support for Transitions to Adulthood

To prepare for the transition to adulthood, youth who receive in-home services are linked to the Healthy Families/Thriving Communities (HFTC) Collaboratives and Court Appointed Special Advocates (CASA) for Children of DC. For youth in foster care, the transition process involves additional, solid support from family, community, and the youth’s transition planning team. Regardless of whether the youth is receiving services in-home or through foster care, the youth guides the decision-making discussions for the transition planning process.

Transition planning begins when the youth in foster care turns 15 years of age. In concert with youth

⁶³ In instances where a youth with a strong and long-standing relationship with his/her social worker turns 18 years old, the youth has the option to decline a case transfer to an OYE case manager. Furthermore, an 18 year old who is placed with his/her younger siblings may choose to remain assigned to the social worker who continues to work with his/her siblings.

themselves, all case-carrying social workers are required to identify and assemble the youth's transition planning team, which should be made up of stakeholder professionals and supportive adults in the youth's life. The team, in turn, works with the youth in the development of a transition plan. The team meets every 6 months to discuss, monitor, and modify the plan as necessary and they continue to meet until the youth either reaches permanency or turns 20 years of age. At age 20, the frequency of reviewing the status of a youth's transition plan increases to every 90 days (and more frequently if needed) until the youth reaches age 21.

As noted, the entire transition planning process is youth-driven but throughout, the youth are supported by a team of invested individuals, including but not limited to their biological family members (as appropriate), other supportive or significant individuals identified by the youth and his or her family, community-based partners, OYE staff, the assigned social worker, the youth's guardian ad litem, and resource parents. Every youth transitioning from care receives a fully CFCIP-funded Transition Care Package, comprised of gift cards for basic household essentials, up to the value of \$1,000.

OYE's staff specialists also provide linkage to community-based aftercare supports for youth who age out of foster care. Aftercare services and supports are not funded through CFCIP, but they are an integral piece of the holistic array of supports available to youth preparing to life independently. The following supports are included:

- The full suite of services available under CFSA contractual partnership with the [Post Permanency Family Center](#)
- Aftercare supports through the Health Families/Thriving Community Collaboratives
- Court-Appointed Special Advocate (CASA) services
- Housing assistance through CFSA's locally funded Rapid Housing program

CFSA works diligently to ensure each youth receives every needed service but at the point of aftercare, services do differentiate according to Ward and Collaborative. Logistically, it is sometimes challenging for youth connected to one Collaborative in their neighborhood to travel to another Collaborative in another neighborhood that may have a more appropriate service. An even greater challenge is experienced by the few youth who live outside of the District and are not connected to any Collaborative for services. To address these challenges, CFSA will be relying upon implementation of individual continuous quality improvement processes to determine the most expedient strategy for ensuring comprehensive service delivery for all youth moving forward.

Youth Enrichment Programs

In 2011, OYE re-located from the Agency's main headquarters to a repurposed school building in the Georgia Avenue/Petworth section of the city, increasing the community's accessibility to CFSA resources and service. Petworth is a thriving and active neighborhood with a myriad of public transportation options in the immediate vicinity of OYE's headquarters. OYE's presence in the neighborhood has allowed CFSA to become an active and integrated community partner, forging stronger local ties and accessing supports from community-based organizations. Its location has also increased the accessibility of staff and services to youth.

Based on youth input, OYE sponsors many special events, that support youth development, build self-esteem, and provide a social outlet for the youth, their friends, and family members. The following events are also publicized to child welfare stakeholders and the general public:

- *Fashion Show (May)*
- *Youth Recognition Ceremony (July)*

- *College Tours/Financial Preparation Sessions*
- *Youth Holiday Gala (December)*

Some of these events take place annually, and others may occur when interest and support are identified and direct OYE intervention is warranted.

Youth Engagement in CFCIP Plan Development and Program Improvement

Youth engagement is a key component of CFSA's CFCIP plan development as well as the Agency's overall continuous quality improvement (CQI) activities. The CQI process features an ongoing feedback and analysis cycle to provide up-to-date assessments of program functioning. CFSA incorporates the voice of youth and utilizes various engagement strategies in order to gather information and feedback from a large cross-section of older youth receiving Agency services.

- The Agency employs a youth ombudsman ("Yo Bud") whose primary responsibility is to interface directly with older youth on the CFSA caseload who have concerns regarding the services they are (or are not) receiving. This position functions as an intermediary between the youth, the case management team, and placement staff (especially in instances where the youth is placed in a congregate care facility) to address concerns. The Office of the Youth Ombudsman also highlights issues, findings, and recommendations for program improvements in the annual *Youth Ombudsman Overview and Analysis of Complaints*. As necessary, a multi-disciplinary team of staff ensures that specific concerns and systemic issues are addressed and resolved quickly. By way of example, the 2014 *Overview* report precipitated changes to the policy on clothing allowances to alleviate delays and confusion among the youth population as to conditions and timing of receipt and value of clothing vouchers. Additionally, modifications to Agency policy on driver readiness training stemmed from youth feedback regarding additional supports to obtain a District driver's license.
- The Agency periodically engages youth in targeted focus groups to inform program development and improvement. OYE facilitated a focus group specifically for the purpose of informing the development of the state plan, and participants were asked to identify their positive experiences and challenges in their transition planning with respect to OYE programming. Feedback largely aligned with the issues and recommendations emanating from the *Youth Ombudsman Overview* report. Ongoing focus groups will take place in accessible locations throughout the District to provide youth with opportunities to voice their issues and concerns for the purpose of program planning.
- CFSA enjoys a strong working relationship with various advocacy organizations, many of which advocate specifically for program and practice improvements that impact older youth in care. The Agency recognizes the value of such independent feedback from third parties that is based on the stakeholders' own candid dialogue with youth in the child welfare system. CFSA solicits feedback and incorporates it into programming as necessary and appropriate. For example, in response to youth feedback regarding monthly allowances for older youth in care, CFSA worked closely with the Young Women's Project to update policy and to ensure that the allowance amount and the issuance process are a more dependable and valuable resource for those receiving allowances. Advocate partners also regularly offer formal testimony and programmatic feedback at the annual DC Council's Committee on Human Services' oversight hearings for Agency performance. This testimony, which is often delivered directly by youth in the foster care system, is instrumental feedback that informs program enhancements as well as policy development.

National Youth in Transition Database (NYTD)

The National Youth in Transition Database (NYTD) is a federal requirement for states to collect information on youth in foster care who are 17 or older, including demographic, educational, and

employment data and feedback on experiences in foster care. It also collects information about the outcomes of those youth who have aged out of foster care. CFSA successfully implemented the NYTD in 2010, in accordance with federal requirements.

District youth may continue to receive foster care services after they turn 18 years of age. In fact, the vast majority of the District's follow-up populations for every cohort remain in foster care until they turn 21. NYTD data augments the cadre of robust management reports that CFSA already utilizes to assess the needs and outcomes for older youth in care. Analysis of such data is shared with stakeholders through the quarterly *Quality Assurance Trend Report* and used to inform programmatic, resource development, and budgetary decisions for youth in care.

During the CFSP period, CFSA will continue to administer the NYTD survey to collect more information about the movement of older youth through the foster care system as they prepare for and then embark on life outside of foster care. In addition to assessing how District youth fare in comparison with national trends, the Agency will also incorporate input and feedback from aftercare service providers regarding the effectiveness of CFSA's transition and aftercare services, whether the youth are maintaining stability after care, and whether they are in general experiencing well-being. This information will be presented to the Agency's Continuous Quality Improvement (CQI) Steering Committee for review and strategic planning for service delivery improvements.

Serving Youth across the State

The District of Columbia is sectioned by cardinal directions (northwest, northeast, southwest, and southeast) and then subdivided into eight Wards. CFCIP services do not vary geographically within the District.

As reported in the Agency's *2013 Needs Assessment*, Wards 7 and 8 contain the first and second highest overall child populations, 31 percent and 27 percent respectively. Ward 5 ranks fourth highest in child population (18 percent) behind Ward 4 (20 percent). Although there are disproportionate representations of children in child welfare from the different Wards (e.g., higher representation from Wards 5, 7, and 8 in the southeast quadrant of the city versus Wards 2 and 3 in the northwest quadrant), District government resources and CFSA's contracted relationship with the Healthy Families/Thriving Communities Collaboratives serve all quadrants and all Wards. As CFSA proceeds into the upcoming five years of the CFSP review period, services will continue to address the needs of youth from all Wards as necessary.

Determining Eligibility and Serving Youth of Various Ages and States of Achieving Independence

OYE utilizes CFCIP funding for various educational and vocational supports and transitional aftercare services to serve the following youth categories:

- Youth who are likely to remain in foster care until age 18
- Youth who have achieved permanency through guardianship, adoption or reunification (after attaining 15 years of age)
- Young adults who have "aged out" of the foster care system after turning 21 years of age

CFCIP-funded services and programs are differentiated to address the varying issues faced by youth along the entire 15 through 20 years continuum. While there are no other eligibility criteria, each youth's ability to participate in and benefit from the services is determined by a number of factors, including developmental stage, emotional readiness, and willingness and capacity to participate.

The starting point for every youth who wishes to receive CFCIP services is the Foster Club [Transition](#)

[ToolKit](#). In 2013, CFSA worked closely with the Foster Club, which developed the toolkit, to assemble a customized version of the tool that is specifically geared to help youth identify strengths and challenges that are specific to older youth in DC. The ToolKit helps the youth, and by extension the youth's transition planning team, to assess and evaluate where the youth stands in the natural stages of development and preparedness for adulthood. The goals and action steps that emanate from the ToolKit's assessment are age appropriate to help the youth and team develop an individualized transition plan that incorporates the youth's strengths and addresses any challenges.

The [Transition ToolKit](#) emphasizes major life domains that require intentional dialogue and planning as the youth moves toward independent living. They include but are not limited to finances and money management, job and career, identity, permanency, and education. Results from the ToolKit are used to help inform the youth's selection of services in consultation with the youth's transition planning team. As a new practice strategy, the ToolKit will be evaluated over time for efficacy through OYE's internal CQI processes (see attached CQI Plan) as well as the CQI Steering Committee.

For youth with special circumstances such as incarceration, placement in residential facilities, or developmental disabilities, social workers assist in tailoring the plans in accordance with the youth's living situation. As needed, CFSA works with its sister agencies to ensure that each youth transitions appropriately. Agencies include Department of Youth Rehabilitation Services (DYRS), Department of Behavioral Health (DBH), and the Department on Disability Services (DDS).

In regards to health care, Medicaid and Supplemental Security Income coverage continues for youth transitioning out of foster care, as applicable and in accordance with the jurisdiction of a youth's residence. In addition, youth aged 16 who reached permanency through adoption or guardianship are still eligible for Education and Training Vouchers (ETV).

Collaboration with Other Private and Public Agencies

CFSA collaborates with sister government agencies and private agency community partners on the "front line" to deliver direct services and supports to older youth as well as to develop and enhance Agency policy that pertains to issues of older youth in foster care. CFSA also works closely with DC HealthLink, which is the District's Affordable Care Act health benefits exchange, to reach out to and advise young people exiting foster care on their rights and responsibilities regarding medical insurance.

Direct Service Collaboration

CFSA and older youth in foster care benefit from the geographic size and relative intimacy of the District whose proximity facilitates collaboration among CFSA and the following variety of public and private agency partners. Agency management and community representatives maintain strong working relationships, oftentimes undergirded with formal memoranda of understanding (MOU) for specific programs and interventions to optimize services for the foster care population.

- DBH and CFSA coordinate access to and ongoing care within the District's mental health System of Care (SOC). CFSA and DBH have in place various MOUs to share staffing and resources that benefit youth being served (or needing to be served) by both agencies.
- DYRS and CFSA share monthly reports' information about youth being served by both agencies so as to encourage social workers to work together toward the common goals of youth in the child welfare and juvenile justice system.
- DC Public Schools, through an MOU with CFSA, shares a direct interface into its enrollment and academic tracking system for the purpose of child protective investigations. The two agencies also coordinate efforts to provide transportation to youth in foster care so that they may remain in their schools of origin following a home removal or disruption in foster care placement.

- Various community-based non-profit organizations and for-profit businesses have agreed to partner with OYE as part of the Career Pathways program to build capacity and “employability” among older youth in care. OYE’s Career Pathways staff diligently works to recruit new community-based partners to broaden the spectrum of available vocational and employment resources for youth.
- Member organizations of the District’s Coalition for the Prevention of Homelessness contract with CFSA to administer the Rapid Housing Program (RHP) which provides short term financial assistance to older youth (with or without children of their own) exiting foster care. RHP provides rental, security deposit, and furniture assistance to youth moving into independent living arrangements.
- The Health Families/Thriving Community Collaboratives, through a contract with CFSA, offer a cadre of aftercare support services to youth who are preparing to leave (or have already left) the foster care system.

As a part of the CFSP planning, contact was made with the executive director of St. Elizabeth’s East in the Office of the Deputy Mayor for Planning & Economic Development to discuss vocational training in the new Microsoft endeavor on the grounds of St. Elizabeth’s East. CFSA’s query was a result of our soliciting insight on what hinders the success of children in foster care from a Congressional intern from the Congressional Coalition on Adoption Institute’s Foster Youth Internship Program. The director indicated the query and the information provided was helpful and would be promptly pursued.

Policy Development Collaboration

CFSA works with its sister government agencies not only to provide direct service to older youth, but to coordinate practice and policy to more positively impact their experiences with child serving agencies throughout the District. The most preeminent recent example of cross-agency collaboration involved the recent decision by the member agencies of the DC Human Services Cluster (including CFSA, DBH, DYRS, and the Department of Human Services) and the DC Public Schools to adopt a uniform functional assessment tool to inform case planning and measure progress of children being served by one or more of these agencies. The Child and Adolescent Functional Assessment Scale (CAFAS) is being implemented around the District, and adopting agencies have been working together for almost two years to coordinate resources, align priorities and policies, and roll out the tool.

Because of the strong working relationships among the various child serving agencies within DC, Agency management regularly works with their counterparts within the cluster to assess how policies and services can be better coordinated amongst them. For example, CFSA’s ongoing collaboration with the Citizen Review Panel (CRP) is especially relevant with respect to the development and ongoing implementation of CFCIP. The CRP formed its *Taskforce on Youth Aging Out of Foster Care* in response to issues surrounding a lack of youth preparedness for life after they have aged out of the system. The Taskforce convenes regularly and conducts its own research, including convening focus groups with youth, CFSA staff, and external stakeholders. These groups help to elucidate issues and to craft recommendations for mitigating them. The Taskforce also provides CFSA and OYE with valuable insight and feedback for planning purposes, and will be taking active part in Chafee programmatic assessment and review moving forward into the CFSP.

Health Insurance Collaboration

As part of the Transition Plan for every older youth in care preparing to exit the foster care system, OYE social workers provide linkage and referral to Certified Application Counselors (CACs), who help youth

navigate DC HealthLink, which administers the DC Health Benefit Exchange Authority's (HBX) one-stop market place for insurance under the Affordable Care Act.

Prevention of Human Trafficking

The prevention of human trafficking is a priority for CFSA, and the Agency actively participates on a number of District-based task forces that address and coordinate the District's response to this emerging issue.

- With the Office of the Attorney General CFSA co-chairs the Children's Justice Act (CJA) Multidisciplinary Task Force (housed with the Safe Shores/Children's Advocacy Center Multidisciplinary Team) which considers human trafficking to be a priority issue. The first step for the Task Force, which falls in line with the continuous encouragement from the federal government, was to conduct research on local and national entities who are the experts on commercial sexual exploitation of children (CSEC). Once the research is completed, which remains ongoing, a training will be conducted for medical and health professionals, law enforcement, judges, child protection services, and prosecutors. The Task Force meets every other month and continues to address the needs of the child welfare system overall and to identify creative avenues to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect.
- The District of Columbia Superior Court's Family Court hosts an interagency meeting and dialogue to coordinate efforts and share information on the commercial sexual exploitation of children. CFSA is an active participant in the dialogue, which is chaired by the presiding Family Court judge. The committee meets once per month and consists of representatives from District agencies and other city-wide organizations engaged in this issue. As an activity of this committee, the DC Court Social Services Division (Child Guidance Center) and DYRS are piloting a program using screening tools that identify needed behavioral services and supports for children and youth, including those who are victims of commercial sex trafficking.
- CFSA is also a member of a District-wide Task Force on Human Trafficking convened by the U.S. Attorney's Office. This Task Force is comprised of District agencies and federal agencies, such as the Department of Justice, the Federal Bureau of Investigation, Department of Labor, in addition to other national and local agencies concerned with the issue of human trafficking of minors.

As a part of CFSA's planning, the Agency is gathering data that will be shared with the three committees on the type and number of CFSA cases that include children who have been victims of human trafficking. In addition, CFSA invited the Assistant United States Attorney General, and the Coordinator for the DC Human Trafficking Task Force to discuss the implications for child welfare. Similarly, CFSA has had discussions with three of the non-governmental organizations regarding our role and next steps.

In order to build understanding, cultural competency, and practice capacity among system-wide social workers, CFSA's Child Welfare Training Academy (CWTA) has developed a curriculum and training entitled, "Understanding and Preventing Human Trafficking in Child Welfare". The training is a six-hour in-service training for CFSA and private agency social workers, family support workers, and resource parents.

While CFSA has recently engaged in the city-wide efforts to prevent human trafficking among children and youth who are currently or formerly connected to the foster care system, the Agency also partners with private or community organizations that provide education and support to youth regarding trafficking "gateway" issues, such as sexual health and awareness, including the avoidance of unhealthy relationships, dating violence, and exploitation.

Cooperation in National Evaluations

CFSA and its contracted case managing partners will cooperate in any national evaluations regarding the impact of programs designed to achieving the purposes of CFCIP.

Education and Training Vouchers Program

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

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

Up to \$5,000 worth of ETV funds are provided to youth only after all other forms of financial aid have been explored and utilized, including but not limited to the granting of a scholarship or completion of a FAFSA. 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. ETVs are tracked in FACES.net, and CFSA's methodology for federal reporting is based on the youth's Client Identification number and voucher issuance date in order to calculate an unduplicated number of ETVs issued. These vouchers primarily supported tuition, fees, books, and other related college expenses.

CFCIP Training

Because of the size of the population of older youth in foster care (age 15 through age 20) and the complexity of their needs, CFSA's CWTA integrates practice-related training throughout its curriculum to address case management for older youth. Subject matter along the entire continuum, from investigation to permanency, pertains to and touches issues of the youth foster care population. The overview of approach to training and complete catalogue of course offerings is available in the attached CWTA Training Plan, but examples of courses related to older youth are provided below:

- *Introduction to Youth Empowerment* is a mandatory pre-service training for all new hires. The training provides an overview of CFSA's older youth population and the OYE-sponsored services and interventions available to them.
- *Working with LGBTQ Youth* is a mandatory pre-service training that provides participants with strategies for connecting with and supporting youth who are discovering their sexual identities. The training provides insights into the thought processes and feelings around that identity.

- *Human Trafficking* is an in-service course that introduces participants to current federal and local laws and policies regarding trafficking, terminology related to it, and best practice guidelines for identifying and preventing it. The training provides participants the opportunity to explore cultural considerations as it relates to human trafficking, as well as exploring their own beliefs and values.
- *Peers and Peer Pressure* informs social workers and direct care staff how to have age-appropriate conversations with CFSA youth about their sexuality and sexual health.

Starting in 2014, OYE has been working with a national consultant to conduct training with CFSA supervisory and management staff, as well as resource parents, to strengthen performance in the areas of parenting adolescents and achieving positive permanence for older youth in foster care.

Moreover, annually, OYE sets aside CFCIP funds for the following youth-focused training initiatives:

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

Finally, OYE hosts periodic “brown bag” sessions to inform social workers, staff, and external partners about new programs it offers and about how to access programs and resources available to older youth in care. These sessions generally include procedural literature to ongoing reference of direct care workers.

Consultation with Tribes

The District of Columbia does not have a federally-recognized tribe within its geographical boundary. When necessary to engage in tribal consultation, the Agency consults with the National Resource Center for Tribes (NRC4 Tribes). Although CFSA currently does not have (nor has it had at any time in the past decade) a member of a registered tribe in foster care, CFSA maintains its relationship with the NRC4 Tribes in the event there is a future need to address matters related to the District’s Native American foster care population. The Agency will also consult with the NRC or other organizations to which they refer as needed to ensure the Agency is compliant with any related regulations (e.g., the Indian Child Welfare Act).

Recently, for the purpose of meeting the Tribal consultation requirements for the establishment of new federal mandated tribal transfer protocols, the NRC4 Tribes linked the Agency with the Navajo Nation to review draft policies and provide input. CFSA anticipates maintaining this working partnership with the Navajo Nation to provide ongoing consultation as necessary for policy development purposes.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

CFSA policy requires frequent visitation by social workers to children in out-of-home care, regardless of the type of placement in which they live. Visitation and contact with children in out-of-home care enables social workers to continuously assess and monitor children's safety, permanency, and well-being.

To assure a child's positive adjustment to a new placement, social workers must visit once per week during the first four weeks of placement or a placement change. During each visit, the assigned social worker meets with the child outside the presence of the caregiver to assess the child's safety in the home. At least one of those visits must occur in the home where the child is placed, and at least one of the visits must include a conversation between the social worker and the resource parent in order to assess assistance needed by the resource parent from the Agency.

After the first four weeks, each child receives two visits per month. The second monthly visit occurs either at the child's school or alternative location. During every visit, the assigned social worker assesses safety and risk of the children in the home (e.g., health, educational and environmental factors, as well as the initial safety concerns that brought this family to the attention of the Agency). With the caregiver, the assigned social worker discusses all progress made on the case plan and identifies next steps that need to be taken to move the case to permanency and safe case closure.

If the child is placed more than 100 miles outside of the District of Columbia, a social worker from the receiving state supervises the placement through the Interstate Compact on the Placement of Children (ICPC). The assigned social worker (either CFSA or contracted placement agency) monitors the placement with monthly telephone calls to the social worker from the receiving state, monthly telephone calls to the child, and visits from the child face-to-face at least twice per year.

Foster care placement outside the District boundaries may require medium-to long-distance travel for social workers to visit children in those settings. CFSA utilizes monthly caseworker visitation (MCV) funds to cover costs associated with such travel for visitation of youth in foster care. The federal MCV allotment covers such costs as airfare, rail tickets, car rentals, and other expenses that facilitate social worker visits to youth placed in other states, as well as mileage reimbursement for local visitation. For the foreseeable future, CFSA will continue to utilize this important federal funding stream to augment local resources dedicated to ensuring that social worker and foster child visitation continues to occur as required, irrespective of the child's distance from the District.

Adoption Incentive Payments

CFSA last received an adoption incentive payment in FY 2005. In the event that the District receives adoption incentive payments in the future, the payments will be utilized to support adoption promotion and support services, including the enhancement of the Agency's marketing and public relations strategy for recruitment and retention of adoptive parents.

Child Welfare Waiver Demonstration Activities

Title IV-E is a federal reimbursement for certain eligible foster care and adoption expenses incurred by child welfare agencies. The IV-E waiver provides states, as well as the District of Columbia, with flexibility to use federal funds to test innovative and evidence-based approaches to achieve improved outcomes for children and families. While the IV-E waiver does not provide additional funding for

service delivery, it does allow the District to receive IV-E dollars in a lump sum, similar to a block grant, based on a negotiated formula, rather than claiming for IV-E over the next five years.⁶⁴

CFSA received approval for the title IV-E waiver from the U.S. Department of Health and Human Services Administration for Children and Families (ACF) on September 24, 2013. Since then, CFSA has worked to fulfill additional federal requirements necessary for implementation, such as the cost development plan, initial design and implementation report and the evaluation plan. In the interim, CFSA has received approval to expand early intervention services (home visitation, father-child attachment, PESP and PASS). Implementation of the [HOMEBUILDERS®](#) and [Project Connect](#) models is anticipated to start in July of 2014. Ongoing status updates on the progress of the waiver implementation are part of the overall communication plan for the waiver (internal and external stakeholders) and will also be included in the ensuing APSRs.

Targeted Plans with the CFSP

Foster and Adoptive Parent Recruitment Plan

CFSA's foster and adoptive parent recruitment strategy strives to ensure that all unique needs are met for each individual child, youth, or sibling group. The strategy begins with the identification and recruitment of willing and able family members. In this manner, if children must be removed, they can remain with caring family members with whom they have a pre-existing relationship. CFSA also strives to develop and maintain a robust network of capable, District-based foster family home providers so that if children entering foster care cannot be placed with kin, they can remain in their communities and neighborhoods, as appropriate. Finally, CFSA also strives to equip its foster parents and other placement resource homes with the tools and capacity to be successful caregivers of the foster care population. The following activities are detailed in the Agency's Foster and Adoptive Parent Recruitment Plan:

- Comprehensive community outreach to increase awareness of CFSA's need for foster family homes and to recruit capable providers into the Agency's network of available provider resources
- Enhancement of child-specific recruitment of adoptive parents and decreasing time to positive permanency for children in foster care
- Timely licensure and approval of prospective foster family homes
- Ongoing training and support to foster and adoptive providers
- Assessment of placement needs alongside development and allocation of resources

Health Care Oversight and Coordination Plan

CFSA's attached fiscal year 2015 Health Care Oversight and Coordination Plan (HOCP) has been designed to reflect the Agency's latest practices and efforts to meet the quality health-related service delivery to children and families who come in contact with the District's child welfare system. HOCP outlines the oversight and coordination of health services, educational support, and family teaming. Under the purview of the Agency's Health Services Administration (HSA), services include assessing, coordinating, and maintaining the health and well-being of children. HSA also manages CFSA's Healthy Horizons Assessment Center (HHAC), an onsite 24-hour, 7-days-a-week clinic staffed with five nurse

⁶⁴ Five years is the length of time awarded for the title IV-E waiver. The Child and Family Services Improvement and Innovation Act, [PL 112-34](#), provides the U.S. Department of Health and Human Services with authority to approve up to 10 waiver projects over the five-year period (FY 2012 – 2014). Additional information on the title IV-E waiver and its requirements can be found at <http://www.acf.hhs.gov/sites/default/files/cb/im1205.pdf>.

practitioners and five medical assistants. HHAC's key functions ensure that health concerns related to abuse and neglect are quickly identified and treated before placing a child into a foster parent's care. As a living document, HOCP will be updated whenever new strategies are implemented to address the changing and evolving needs of CFSA's foster care population.

Disaster Plan

In the event that CFSA's operations are disrupted as the result of a disaster or other debilitating event, the Agency is prepared to maintain essential child protection functions by adhering to a carefully-developed Continuity of Operations Plan (COOP). Continuing functions may include the possible relocation of personnel, the adoption of alternate communication systems, a reduction of work force or workload, and the use of alternate business processes. Most importantly, the attached COOP has been developed in compliance with the District of Columbia's District Response Plan (DRP) and in consideration of CFSA's internal Building Emergency Response protocols (e.g., evacuation plans, designated assembly areas, and shelter-in-place plans). The CFSA COOP includes all necessary components to ensure quality emergency preparedness and response, including direct interagency communication (e.g., the District's Homeland Security and Emergency Management Agency). CFSA's COOP provides guidance for restoring all Agency functions, including the continuation of essential Agency functions in the event of a Level 1 (e.g., normal operations), Level 2 (e.g., severe weather or civil unrest), Level 3 (e.g., hazardous material), Level 4 (significant power outage), and Level 5 disaster responsiveness (e.g., terrorist incident).

Training Plan

The attached Child Welfare Training Academy (CWTA) Training Plan is intended to inspire and sustain the highest quality of workforce development and workforce training possible to achieve the overall purposes of child welfare. In addition to detailing the training curriculum for social workers, foster parents, and other staff, the plan ensures that all trainees receive the appropriate knowledge and skills to perform their individual functions. The plan further emphasizes the enhancement of personal qualities and the mutual respect for the values of others, both colleagues and clients. Specific competencies are also outlined for the various sets of knowledge and behaviors that enable staff to effectively perform the tasks associated with each stage of the child welfare behavioral-based process.

Financial Information

Federal funds provided to the District of Columbia under Title IV-B are not used to supplant federal or non-federal funds for existing services and activities that promote the purposes of Title IV-B. For FY 2014, the total amount to be spent on family preservation, family support, time-limited family reunification, and adoption promotion and support will equal or exceed the amount spent in FY 2013 for family preservation and family support services. CFSA will furnish reports to the Secretary of the Department of Health and Human Services, at such times, in such format, and containing such information as may be required to demonstrate the District's compliance with the above prohibition.

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's local share expenditure amounts for the purposes of title IV-B, subpart 2 was approximately \$5 million for FY 2012. 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.

During and since FY 2005, CFSA has not spent title IV-B, subparts 1 and 2 funds on child care, foster care maintenance, or adoption assistance payments. Moreover, CFSA does not spend any title IV-B, subparts 1 and 2 funds on administrative costs.

Supporting Information

In addition to the foregoing five-year plan, other CFSA documents inform and communicate the agency's vision, mission, goals and accomplishments. These documents have been referenced through the five-year plan, but are referenced here for review. They include:

- 2013 Bi-Annual Needs Assessment
- Resource Development Plan -
- Title IV-E Waiver Demonstration Project Initial Design and Implementation Report (IDIR)