THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

CHILD AND FAMILY SERVICES AGENCY
2009 NEEDS ASSESSMENT REPORT

"Helping to make a difference in the lives of children and families in the District of Columbia"

DC Child and Family Services Agency
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Washington, DC 20024

Acknowledgements

On behalf of the Government of the District of Columbia's Child and Family Services Agency, we would like to thank the people who assisted in the development of the *2009 Needs Assessment*. Without their assistance, the final report would not have been possible. Several groups of people played critical parts in helping the Agency to identify needs and gaps in the District's child welfare services delivery system.

Particularly, we would like to thank the clients, resource parents, CFSA staff members, and other child welfare professionals who provided their time, energy and expertise. Their keen insights and thoughtful input helped to make this a report that has prompted reflection and thoughtful discussion even in its development stages.

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SUMMARY OF FINDINGS

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The *2009 Needs Assessment* evaluates current and projected out-of-home placements and support services in the context of permanency goals and assesses services and resources needed to prevent child and youth entry and re-entry into foster care. It seeks to identify placement-related factors that support or hinder achievement of permanency goals for children and youth in care. The report summarizes needs and identifies promising approaches to achieving positive permanency outcomes for children and youth more quickly and consistently.

This report is a self-evaluation tool that includes insights into the experience of out-of-home care from the multiple perspectives of children, families, providers, and social workers. These insights combined with statistical analyses identify needs that presently exist or may exist in the future without intervention. The report therefore does not place special emphasis on the Agency's successful efforts to respond to previous assessments, including its recent expansion of placement resource capacity.

Findings of the *2009 Needs Assessment* have already begun to inform CFSA efforts to prioritize supportive services and other resources that can adapt to the needs of changing populations. In addition to a special look at services to in-home families, this report examines the resource needs of children and youth in family-based and congregate care placement settings. CFSA recognizes that timely provision of services is a critical factor in speeding permanency for children. The Agency further considers that an accessible range of placement options is necessary to address the needs of a changing population, coupled with an array of services available to children and families before and after a case is closed. Services specific to prevention and response to re-entry are also an Agency priority.

The Agency is committed to ensuring that every youth exits foster care with a permanent connection to at least one adult, simultaneously supporting changes with respect to how social workers apply their professional skills to ensure these lifelong connections are achieved. Along these lines, the Agency has made significant progress in stemming the tide of older youth assigned the goal of Alternative Planned Permanent Living Arrangement (APPLA).[1] It nonetheless is clear from discussions with the youth that too many are still leaving foster care without having been informed of alternatives to APPLA and the importance of having a permanent connection to an adult who will be a stable and constant presence in their lives. Key findings from the *2009 Needs Assessment* will be important for impacting family connections to address permanency for children and youth.

Principal Findings of the 2009 Needs Assessment

- ***With the exception of youth placed in ILPs, children and youth are most likely to exit care to reunification regardless of the placement type.***
  Analysis by placement type indicates that the primary exit reason for almost all placements is reunification. Ninety-five percent of youth in independent living programs (ILPs), however, aged out of foster care.

[1] The term "Alternative Planned Permanent Living Arrangement" (APPLA) was first coined in the wording of the 1997 Adoption and Safe Families Act (ASFA). Defined as a "living arrangement that is truly planned and permanent" in nature, APPLA goals were formerly used by the Family Court (as well as Agency workers) as a catch-all goal for any youth who did not fit into another permanency goal category. The unintended result was a majority of youth aging out of the welfare system without the benefit of a lifelong connection to family or other supportive adults. For a more comprehensive discussion on CFSA's reduction in the number of APPLA goals, please refer to Chapter IV, *Overview of Congregate Care*.

- ***In-Home families face some challenges in accessing services that support family stabilization.***
  Overall availability and accessibility of resources and services were identified as a need across both out-of-home and in-home populations. Resource and service needs of the in-home population stood out, however. As CFSA continues to work to prevent entry into foster care, the numbers of children served in their homes increases. This increase is a significant indicator that CFSA is preventing removals—and, at the same time, increasing the need for consistent, accessible, quality services that can be used by in-home families. Respondents indicated that some services require eligibility criteria that not all families can fulfill, may not be conveniently located, or may not be readily available.

- ***Compared to the 2007 Needs Assessment, a child's overall length of time in out-of-home care has decreased by three months.***
  Of the 543 children who exited foster care to reunification, adoption or guardianship in FY09, 48% had been in care for less than 12 months. Overall, the length of time from a child's entry into care until exit to a permanent setting has decreased by approximately three months between FY07 and FY09. In the FY08 Agency performance plan, CFSA committed to expediting permanency for children in care through expanding available placement resources and placement stabilization support. In FY08, CFSA dedicated resources to increasing placement options for older youth, large sibling groups, children/youth with serious to severe emotional and behavioral problems, children/youth with special needs, and children/youth in need of emergency placement. In addition, the Agency expanded the use of Family Team Meetings (FTMs) to the full range of placement decisions and developed crisis intervention services to support and stabilize children at home or in foster care. As a result, overall length of time in care decreased between FY07 and FY09.

- ***Agency focus on coaching and mentoring social workers should extend to resource families.***
  Many resource parents (including foster and kinship) as well as CFSA staff reported a need for increased training and child-specific coaching to help resource parents provide safe, stable environments. Although all resource parents take mandatory pre-service training, some reported that it is theoretical until a child is placed in their home. Training does not always translate well to the facts confronting them once the child becomes a new member of the family unit. Specifically, respondents indicated a need for training in responding to grief and loss, developmental stages of children and youth, and coping with behavioral issues. In addition, child-specific coaching needs to be addressed.

- ***Although the 2007 Needs Assessment projected declining numbers, the percentage of children and youth in family-based foster care has remained the same.***
  In September 2007, 71% of children in care resided in a family-based foster care setting. The *2007 Needs Assessment* projected a decrease of 8%. As of September 30, 2009, the percentage of children in family-based placement settings remained at 71%. Further, computed monthly projections through December 2011 indicate that this distribution will continue. This constancy reflects steady progress over the past two years in developing a cadre of family-based placements with capacity to meet the increasingly complex needs of children and youth in foster care. Without this strong network of support from resource families, many of these young people would be in congregate care. At the same time, the vast majority of older youth in care remain in congregate settings.

- ***Youth in foster care are not consistently asked to identify prospective life-long connections.***
  The Agency has worked actively to connect children and youth with families since 2004 through Youth Connections Conferences. Still, youth in congregate care were particularly vocal about the need for greater connectedness with their birth family. This was particularly noted by focus group participants responding to questions about youth in Residential Treatment Centers (RTCs) as well as interviews with individual youth.

- ***The lack of step-down programs in the District leads to longer lengths of stay for youth in RTCs and increases the likelihood of placement disruption upon discharge.***
  Social workers identified the need for improved discharge planning for youth in Residential Treatment Centers as well as an increase in RTCs within 100 miles of the Washington metropolitan area. The Placement Services Administration is continuing to lead efforts to expand the array of congregate care settings in the District, including piloting a model of step-down care to address the needs of youth entering or exiting an RTC. Until this is in place, however, social workers and families alike struggle with placement options for youth who require a setting that safely and appropriately supports their transition in or out of an RTC.

In addition to these main findings, the assessment identified several additional needs.

- Respondents expressed a need for greater community education and engagement on definitions of child abuse and neglect.
- Respondents indicated concerns regarding communication on most every level of engagement, beginning with the Hotline report and ending with post-permanency services. Examples of communication concerns included staff understanding the Agency's actual meaning of the term "permanency" and its implications for CFSA clients as well as comprehensive sharing of information about resources and services, cultural and situational sensitivity, guidance and engagement, policies and procedures, and advocacy.
- Respondents reported that the foundation for teaming to realize successful permanency outcomes needs to be strengthened through additional promotion, training, and consistent adherence to the teaming principles identified in the *Practice Model*.
- Foster and biological parents revealed a need for better preparation for navigating the judicial process.
- CFSA workers and external stakeholders indicated that while placement resources have increased, the range of available placement options remains challenging. In particular, there are ongoing placement needs for older youth, sibling groups, those who identify as LGBTQ (lesbian, gay, bi-sexual, transgender or questioning), and youth with behavioral challenges.
- Social workers identified establishing standards for entry into Independent Living Programs (ILPs) as a need to ensure youth were sufficiently prepared for the challenges of living independently.

Each of the highlighted and additional findings has been brought to the Agency's attention with the knowledge and awareness that the District has the capacity to address them. They are essential but not insurmountable tasks. Accordingly, CFSA has already initiated planning for the *2010 Resource Development Plan* (RDP), the Agency's vehicle for translating the broad findings of the *Needs Assessment* into key recommendations and specific action steps. Although it cannot immediately address every need identified in this assessment, the RDP is designed specifically to meet the most critical placement and placement resource needs. Most importantly, the Agency's foundation for addressing these needs is strengthened daily by our commitment to the *In-Home*

and *Out-of-Home Practice Models*.[2] As well, having surpassed the expectations of many stakeholders who have witnessed our successful dedication to overcoming recent challenges, the determination of management and line workers to fulfill our mission has never been stronger. There are more children than ever who are safe, well and happily adjusted to permanent homes. The Child and Family Services Agency will continue to press forward to maintain and strengthen these successes.

[2] Both the *In-Home* and *Out-of-Home Practice Models* are readily accessible from the CFSA website at http://newsroom.dc.gov/show.aspx/agency/cfsa/section/2/release/18245

INTRODUCTION

INTRODUCTION

Overview

Since its inception as a cabinet-level agency within the District of Columbia Government, the Child and Family Services Agency (CFSA) has made enormous progress in serving abused and neglected children and youth and troubled families in the District. Overall efforts are consistently evaluated through several vehicles, including the internal CFSA bi-annual needs assessment. In serving as an evaluative tool, the *2009 Needs Assessment* delves deeply into areas in need of improvement while also revealing successes and accomplishments. Overall performance of the Agency is the backdrop of the assessment, while findings focus primarily on areas where more progress can be made.

Findings from the *2009 Needs Assessment* directly inform the Agency's *Resource Development Plan* (RDP). The RDP then builds upon the results of the findings and, in conjunction with data provided by internal placement assessments, identifies strategies for addressing the Agency's placement resource, service, and training needs. This interdependent exchange of information serves to improve Agency practice by providing concrete methods for addressing the needs highlighted in the *Needs Assessment*.

In addition to the RDP guiding CFSA practice improvement, CFSA and its community partners maintain a combined focus on federal and District-mandated placement and permanency requirements with an equal determination to prevent removal of a child from his or her family. When removal is imperative for securing the safety and protection of a child, CFSA turns its focus to one of four priority permanency goals: reunification, guardianship, adoption, and legal custody. The CFSA *Practice Model*, which was introduced over the past year, calls for determining which permanency goal is most appropriate through comprehensive case planning that includes a teaming process with families, children or youth (when age-appropriate), and service providers.

Purpose of the 2009 Needs Assessment

The *2009 Needs Assessment* evaluates placement resources and support services in the context of permanency goals, along with additional services and resources needed to prevent entry and re-entry into the child welfare system. In particular, the *2009 Needs Assessment* seeks to identify placement-related factors that either support or hinder a child's permanency goal. In so doing, it summarizes the needs and identifies the promising approaches to achieving positive permanency outcomes for children and youth in family-based and congregate care settings.

Recent Challenges Influencing Placement and Permanency in the District

Since the publication and distribution of the previous *Needs Assessment* in 2007, the Child and Family Services Agency has been confronted with challenges that have been met with fortitude and commitment by the entire staff of CFSA. These challenges were sparked in January 2008 after a high-profile child fatality incident heightened public awareness and community concern for child safety in the District. The result was an extraordinary surge (90%) in calls to the CFSA Hotline which serves as the gateway for all District reports of abuse and neglect, as well as requests for child welfare services.

In order to adequately respond to these circumstances, CFSA implemented an Agency-wide initiative that detailed CFSA social workers from various internal administrations (as well as social workers detailed from external agencies on a temporary basis) to CFSA's Child Protective Services Administration. The directive for these social workers was solely to conduct and safely close investigations and reduce the ensuing backlog. The success of these efforts has been detailed in the Agency's *2009 Annual Progress and Services Report*:

- *Reduction of the investigations backlog from over 1,700 in June 2008 to less than 100 by December 31, 2008*
- *Addition of 93 placement slots to address varied placement needs of children in CFSA care and custody*

While the Agency acknowledges these hard-earned achievements, there are still persistent and urgent efforts to improve safety, permanency, and well-being for children in the District. CFSA continues to focus on prevention of child abuse and neglect, intake and investigations, permanency, foster home recruitment, stability of child placement, social worker visits to children, and foster child visits with parents and siblings.

Permanency Values

Although the term "permanency" has been incorporated into federal and local regulations for child welfare standards since passage of the Adoption and Safe Families Act of 1997, how managers and workers interpret the term and convey its meaning to one another and CFSA clients has varied within the Agency. In order to clarify the meaning and importance of the term "permanency" for all CFSA staff and stakeholders, CFSA has adopted the following philosophical statement to guide the practice of establishing the lifelong connections that are so essential to a child's overall well-being:

> Permanency is reunification, adoption, guardianship or legal custody. When these options are exhausted, CFSA will assure the establishment of an enduring connection with at least one committed adult who is safe, stable and able to provide the following components of a supportive relationship: 1) physical, emotional, social, cognitive, and spiritual well-being; 2) respect for racial and ethnic heritage and traditions; 3) respect for maintaining natural bonds with the birth family; and 4) lifelong support, guidance and supervision to the youth as the youth transitions from foster care to self-sufficiency.

CFSA strives to achieve positive permanency for every child in care. If, however, efforts to achieve one of these four permanency goals are exhausted, the permanency goal may be changed to Alternative Planned Permanent Living Arrangement (APPLA). CFSA is particularly attuned to the overuse of APPLA as a permanency goal for youth and the negative effects of aging out of the child welfare system without permanent connections. In response, policy guidelines have been developed that require case reviews to reduce the use of APPLA. Further, APPLA goals now require approval by the Agency's Director. These guidelines have also been shared with the District's Family Court so that all parties involved with permanency goal decisions can collaborate in the best interests of the youth.

In addition to the above permanency values, beginning in FY08, CFSA engaged the Foster and Adoptive Parent Advocacy Center (FAPAC) in an ongoing dialogue to address the point of view of foster and adoptive parents while strategizing ways for dispelling or overcoming barriers to permanency. The dialogue remains ongoing, and both organizations are committed to achieving a uniform understanding and clarification of the roles, responsibilities, and advantages (to all involved) of permanency for children in foster care in the District. Most recently, CFSA was publicly recognized by FAPAC in the FAPAC *Advocacy News* bulletin for creating an ombudsman position to respond to concerns and/or to receive recommendations from children, youth, birth parents, foster parents, kinship providers, and adoptive parents regarding CFSA services. Though the position could not be funded due to the economic downturn, FAPAC and other advocates have acknowledged that the Agency has remained responsive to this need by assigning the ombudsman role to the Director's Special Assistant, who is currently serving in the role.

Report Structure

The *2009 Needs Assessment* examines placement resource and service needs by carefully assessing the Agency's two main placement types: family-based care and congregate care. Prevention of entry into care, however, and prevention of child abuse and neglect more broadly, is ultimately the first priority of the District's child welfare practice. Therefore, this current Needs Assessment opens with a section on the District's child abuse and neglect prevention framework. The chapter following prevention focuses solely on data trends for youth in out-of-home care.

The document presents the results of qualitative data and information gathered through internal and external stakeholder focus groups, interviews and surveys. In addition, quantitative data gathered through the Agency's Statewide Automated Child Welfare Information System (SACWIS) [known at CFSA as FACES.net], complements and supports the qualitative information provided throughout the document. All chapters, with the exception of the data chapter, are organized by an overview of the chapter topic; a discussion of population, demographics, and trends; a summary of needs; and finally, a conclusive section on promising approaches.

The *2009 Needs Assessment* ends with a discussion and conclusion that links the importance of teaming and concurrent permanency planning with placement resources and service needs. Highlighted findings will be examined and addressed by the *2010 Resource Development Plan*.

PREVENTION

I. OVERVIEW OF CFSA'S PREVENTION FRAMEWORK

Prevention is the cornerstone of CFSA's efforts to strengthen families, reduce child abuse and neglect, and avert the need for entry into the child welfare system. This is achieved by building family and community capacity to provide permanent, safe, stable and supportive homes for District children and youth.

The Agency's prevention framework incorporates a three-tiered strategy to address prevention needs before, during, and sometimes after a child's or family's involvement with the child welfare system (see Table 1 below). The first tier, or *primary prevention,* incorporates efforts that are directed at the general population and address multiple indicators in an attempt to stop child maltreatment before it occurs.

Secondary prevention activities and services are designed to prevent entry into the child welfare system, and are offered to populations that have one or more risk factors associated with child maltreatment (such as poverty, parental substance abuse, young parental age, and parental mental health concerns). *Tertiary prevention* focuses on families where maltreatment has already occurred. These programs and activities seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. Efforts may also be focused on the reduction of placement disruptions and/or prevention of re-entry into foster care.

Table 1: CFSA Prevention Framework

Overall Intervention	Target Population	CFSA Intervention	Prevention Resources/Activities	Prevention Goal
PRIMARY	General population of DC	Funding of primary prevention activities	▪ City-wide Prevention Plan ▪ Healthy Families / Thriving Communities (HFTC) Collaboratives ▪ CFSA-funded Prevention Grants	Child Abuse and Neglect (CAN) Prevention
SECONDARY	Families with CAN risk factors, may or may not be known to CFSA	Funding of secondary prevention activities	▪ City-wide Prevention Plan ▪ Healthy Families / Thriving Communities (HFTC) Collaboratives ▪ CFSA-funded Prevention Grants	CAN Prevention Prevention of entry into care
TERTIARY	Substantiated cases or Elevated Risk	Provision of services: Investigation/ Placement into out-of-home care	▪ Referral to HFTC Collaboratives ▪ Family Team Meeting (FTM) ▪ Information & Referral	CAN Prevention Prevention of entry into care
	Families with a Child Safety Risk; Children in CFSA's care	Provision of services: In-Home/ Out-of-Home Services	▪ Partnership for Community Based Services (PCBS) ▪ Family Team Meeting (FTM) ▪ Respite for foster parents	CAN Prevention Prevention of entry into care Prevention of Placement disruption
	Children Reuniting with Family Children who are Adopted	Provision of services: supports for families who achieve permanency through reunification, adoption or guardianship.	▪ Post-permanency services ▪ Referral to HFTC Collaboratives	CAN Prevention Prevention of re-entry into foster care

Overview of Prevention Efforts

The safety net for child victims and those at risk of abuse and neglect and for troubled families where child abuse and neglect may occur must be city-wide. One particularly integral and long-standing local component is with the Healthy Families/Thriving Communities (HFTC) Collaboratives. The shared mission for both CFSA and the HFTC Collaboratives is to "improve the long-term safety, permanency and well-being of children and to strengthen their families." Through the HFTC partnership, CFSA helps to foster proactive family support and to provide stabilizing services and resources to District families that may or may not be involved with CFSA.

In 2008, CFSA bolstered its HFTC relationship through the Partnership for Community-Based Services (PCBS) with the co-location of all CFSA in-home units with several of the HFTC Collaboratives. The PCBS goals include a vision of every child in the District of Columbia living "in a safe, stable, permanent home, nurtured and supported by healthy families, strong communities, and a coordinated cohesive child welfare system of care." PCBS pursues this vision by leveraging the combined strengths of CFSA and the HFTC Collaboratives through the sharing of resources and case management responsibilities for families receiving services at home.

In addition to its partnership with the HFTC Collaboratives, CFSA also uses its grant-making capacity to expand the array of child abuse and neglect prevention and intervention resources in the District. Through a current grant agreement with *Prevent Child Abuse America*, an advocacy and research organization, CFSA is overseeing efforts to develop a comprehensive city-wide Child Abuse and Neglect Prevention Plan that focuses on coordinating services and resources for children. The grant for this plan is funded by the District's Interagency Collaboration and Services Integration Committee (ICSIC), a 21-member commission established by the Executive Office of the Mayor. A blueprint for the development of healthier children and stronger families in the District of Columbia, the Plan is expected to be released in early 2010.

Annual awards totaling up to $1 million are given by CFSA to programs or agencies that provide prevention and supportive services and activities to District families. These services or activities may be focused on parenting education and support, respite care, and/or home-based supports for new parents.

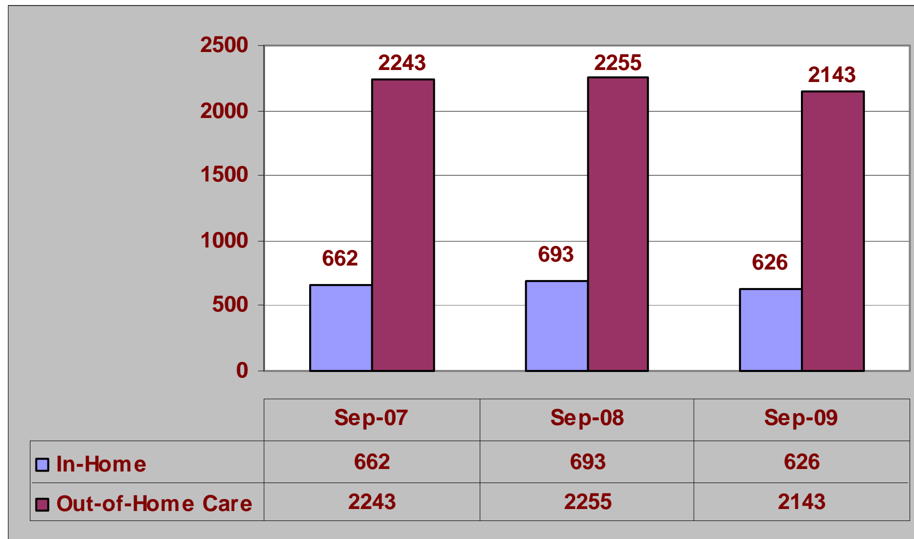
Within the Agency, various administrations and units also incorporate a prevention focus. For example, in FY09, 38% of the CFSA Hotline calls were classified as "Information and Referral" (I&R). When responding to these calls, Hotline workers are trained to provide resource and service referral information as appropriate. Members of the Family Team Meeting (FTM) unit within the Office of Clinical Practice also support prevention efforts, where appropriate, through strength-based structured planning and decision-making sessions that help to preserve intact families.

For a detailed description of all Agency prevention efforts, see *Appendix A*.

Population and Trends

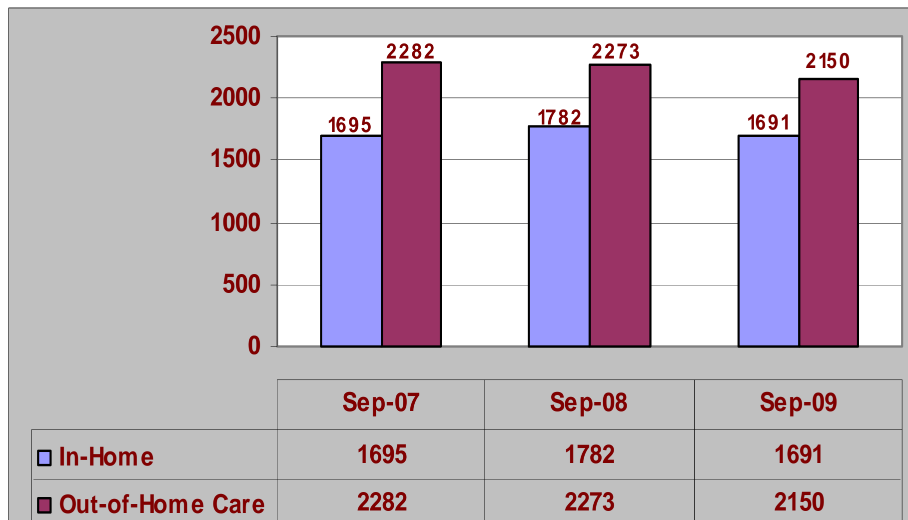
Although the numbers of families and children served in-home have fluctuated over the past two years, they consistently comprise approximately 43% of all children receiving CFSA support, supervision, and case management. When comparing the September 2007 and September 2008 total for the in-home population, there was a modest increase of 31 families (5%). Figures 1 and 2 below depict the population of families and children served by CFSA.

Figure 1: Total Families Served in Foster Care and In-Home 2007-2009



	Sep-07	Sep-08	Sep-09
In-Home	662	693	626
Out-of-Home Care	2243	2255	2143

Figure 2: Total Children Served in Foster Care and In-Home 2007-2009

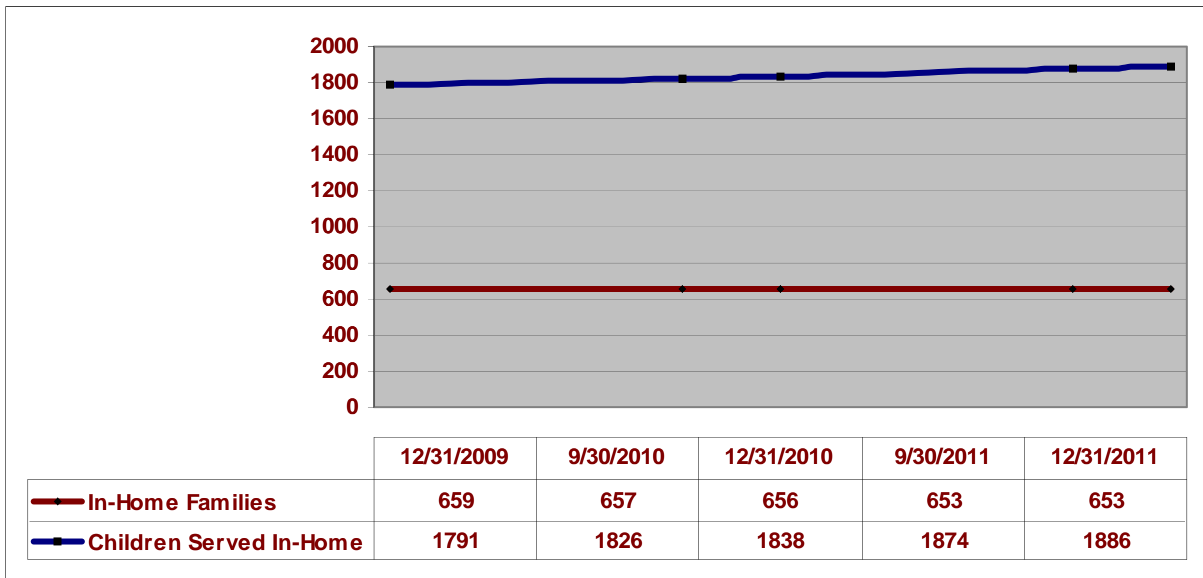


	Sep-07	Sep-08	Sep-09
In-Home	1695	1782	1691
Out-of-Home Care	2282	2273	2150

Projected In-home Population (through 2011)

Figure 3 (below) displays the population projections for both the number of children served by the two In-Home & Permanency Administrations as well as the total number of in-home families. Between December 2009 and December 2011, the number of in-home families is anticipated to decrease by 6 (1%) while the total number of children served in-home is projected to increase by 95 children (5%). These numbers suggest a corresponding need for the District and its various partnering agencies to increase support for services and programs necessary to maintain the stability, safety and well-being of these families.

Figure 3: Projected In-Home Population



	12/31/2009	9/30/2010	12/31/2010	9/30/2011	12/31/2011
In-Home Families	659	657	656	653	653
Children Served In-Home	1791	1826	1838	1874	1886

Summary of Needs

Preventing child abuse and neglect, as well as preventing the entry or re-entry of children and youth into CFSA care, is both complex and challenging work. CFSA, along with other District agencies, makes significant investments in its prevention efforts. In order to maximize these efforts, the *2009 Needs Assessment* employed several strategies to better understand the needs and barriers associated with preventing out-of-home placement and re-entry into care. These strategies have included targeted interviews with relevant CFSA administrators and program managers, an on-line survey of In-Home and Permanency Administration social workers, and focus groups with birth parent mentors and Family Team Meeting social workers. Additionally, focus groups, interviews, and intensive discussions with other key stakeholders have yielded relevant findings. These methods have highlighted the following areas that require attention to better address the District's prevention needs.

Teaming and Communication

Prevention activities require the successful cooperation and collaboration of CFSA's internal and external partners. Internal partners include the following administrations: Child Protective Services, the In-Home and Out-of-Home and Permanency Administrations, as well as the Offices of Clinical Practice and Community Services. External partners include families, children and youth, the HFTC Collaboratives, private and District government prevention programs and the Family Court. Because communication is the key process by which teaming is developed and sustained, both of these areas were prominently discussed during interviews and focus groups.

> *There are choices a family has to make that they don't always communicate to the Agency in a way that the Agency is going to be receptive to what they're saying. They [the social worker] can say, "Okay, I understand that but next time, don't be afraid to call me." And then you get better service because, like I say, a lot of people want to be good parents.*
>
> *--- Mentor for CFSA Biological Parent*

Communication issues were described as relating to both information sharing and the tone of communication. Tone was perceived at times to either strengthen or impede the teaming process. This was specifically mentioned by biological parents who indicated a variety of experiences, both positive and negative, when interacting with social workers and HFTC staff. Some respondents in the biological parent focus group

indicated that they did not always feel like a valued member of the team when interacting with CFSA and HFTC staff.

Staffing and Caseloads

Workers responding to focus groups and surveys in the *2009 Needs Assessment* indicated that successful internal efforts to provide appropriate services to prevent abuse and neglect, or entry into care, could be hampered by staffing issues and heavy caseloads. In general, in-home cases are often composed of a family unit that includes extended family members and several children. For example, as of September 30, 2009, 13% (n=80) of the total number (n=626) of in-home families served by CFSA had five or more children for each individual case.[3] When including these numbers in the overall count, the number of children served in-home as of September 30, 2009 is 1978. This presents a unique challenge for social workers who must juggle case management for multiple children with varying individual needs within one family.

Despite the decrease in the numbers of in-home cases between FY08 and FY09, the corresponding workload for social workers carrying in-home cases has increased. Even though the in-home population has since stabilized, social workers continue to report workload concerns that may be exacerbated by the knowledge that a child in-home is at greater risk for entry or re-entry into care. In the *2009 Needs Assessment In-Home Social Worker Survey,* which was completed by approximately 65% (n=31) of social workers from the In-Home and Permanency Administrations, respondents indicated that the size of their caseloads and the need for more staffing supports are barriers to effective practice.

The following table represents the total number of caseloads for the In-Home and Permanency and Out-of-Home and Permanency Administrations, as well as the average caseload per social worker. It is significant to note that cases managed by out-of-home social workers are represented as individual children or youth while the average caseload for the in-home social worker is represented as a family unit which, as stated above, can contain large numbers of children. When this data is factored into the ratio of worker to caseloads, there is a considerable increase in the ratio of children served by the in-home social worker.

Forty-seven in-home social workers are supporting 447 families with a total number of 1691 children versus 101 out-of-home social workers who support 1017 children (not including private agencies). These data do not, of course, take into account the workload expectations of the out-of-home social worker, including significant Family Court involvement, combined work with foster and birth families, visitations, scheduling and transportation, Administrative Reviews, etc.

[3] Thirty-nine families had 5 children, twenty-one families had 6 children, eleven families had seven children, three families had 8 children, three families had 9 children, two families had 10 children and one family had 13 children. The in-home child definition used here is the "pure in-home" definition which excludes children remaining at home while sibling is in care. Data Sources: FACES Reports CMT232, CMT327 and CMT328.

Table 2: Caseload Information for CFSA Social Workers[4]

Case-Managing Unit	Average Caseload per Worker	Total caseload	Total Number of Children Served	Total workers	Caseload Ratio	Worker to Child Ratio
CFSA In-Home Units	10	447 In-Home Cases[5]	1691	47	1:10	1:36
CFSA Out-of-home Units	10	1017 Out-of-Home Cases[6]	1017	101	1:10	1:9

Table 2 above indicates that while the caseload ratio remains at 1:10 for both in-home and out-of-home workers, a disproportion is revealed when comparing the out-of-home ratio (i.e., one social worker for each ten children or 1:10), with the ratio for the in-home social worker (one social worker for every 36 children or 1:36).

Generally, there is a caseload disparity that places unique demands on the time and capabilities of the in-home social worker to identify and coordinate sufficient resources to support the needs of the families they serve. For example, while appearance in court is most often associated with the duties of an out-of-home social worker, some in-home cases are also court-involved. For those in-home families where there is no court involvement, social workers may be required to take creative approaches to family engagement, absent the compelling factors of legal jurisdiction that can help to persuade family cooperation. These creative efforts on the part of social workers are essential to the Agency's strategic goals of maintaining stability and preserving the family unit to the degree that is in the respective best interests of each of the children.

Some in-home social workers expressed a need for training to handle stress, manage time more efficiently, and prevent “worker burnout.” These findings reinforce earlier results from a December 2008 caseload analysis focus group with ongoing social workers. The following major issues were raised:

- Time available to work directly with children is limited.
- Social workers are unable to develop relationships with clients, which is essential for the In-Home and Permanency Administration social workers’ ability to case manage effectively.
- Social workers are often required to perform extra functions such as transportation of children to appointments (especially with large families).

Early in 2009, CFSA expanded the assessment of caseload levels across the Agency to determine whether worker caseloads were reasonable, given the comments from the focus group and case management expectations. The expanded assessment will be completed early in January 2010. In light of the indicated caseload disparity, the caseload assessment will serve as the foundation for making any necessary caseload adjustments and corresponding enhancements in FACES.net.

In advance of caseload adjustments, CFSA has proactively elected to address some of these concerns through the Agency’s 2010 Training Plan. The plan includes a “self-care” component as part of the section on Secondary Traumatic Stress, as well as an overall emphasis on supervisory

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[4] For purposes of this discussion, only CFSA cases are contained within the chart. Private agencies were not included since comments regarding caseload burdens were exclusively attributed to CFSA staff. Data indicates, however, that private agencies have an average worker to client ratio of 1:9, with a combination of in-home and out-of-home cases.

[5] Cases for in-home units are defined as family units.

[6] Cases for out-of-home units are defined by individual children or youth in care.

coaching to enable social workers to plan effectively and to achieve outcomes with effective coordination among team players.

Prevention of re-entry into care may also be impacted by staffing and caseload issues. According to CFSA management, out-of-home social workers are confronted by necessary but rigorous practice demands that require time-sensitive accountability and compliance. Stakeholders report that the emphasis on meeting these demands has shifted practice from a family engagement focus to an assessment and documentation focus. Juggling the two priorities may result in information gathering that is not as robust as possible, while simultaneously, the ability of social workers to gain and maintain a strong rapport with families may be compromised. It is believed that this lack of full engagement could diminish social workers' ability to fully understand and appreciate the family's views, concerns and challenges, which may directly impact re-entry. If so, the social workers may presume that a permanency outcome has been achieved when, in reality, without full awareness of the nuances of the family's true concerns or needs, the permanency outcome may not be sustainable. It is important that such possible conflicts in practice be addressed so that every permanency outcome is, in fact, permanent.

Re-Entry

A discussion of the role of placement in preparing children and youth for permanency cannot be complete without an analysis of the children who re-enter the system. As part of the *2009 Needs Assessment*, CFSA reviewed the cases of a sample (slightly more than a third) of the children who had re-entered out-of-home care during FY09 after achieving permanency from a prior out-of-home care episode.[7]

Of the 35 children and youth whose cases were appropriate for review, the following were noted:

- Five of the youth were teen parents at the time of re-entry. None had children when they originally exited care but two of them were pregnant at the time.
- Of the three children who re-entered care from guardianship, one did so after the death of the guardian. One of the other two was living with the guardian in another state and had no access to the District's post-permanency services. The guardian of the third youth was either unable or unwilling to continue care.
- In 26% (n=9) of the cases, the re-entry was due to the parent's continued use of substances. In each case, the parent had been linked to or completed drug treatment in the past.
- In another 26% (n=9) of the cases, the re-entry was linked to the child's behavior (abscondence, truancy, failure to follow directions, inability to get along with parent).
- Five children returned to care following violence or abuse at the hands of their parents. Only one of these children initially entered care due to physical abuse.
- In three of the cases, the child re-entered care when it was determined that the parent had failed to comply with a safety plan. Two of these involved domestic violence. Three others re-entered when the parent they had been living with was incarcerated.

In nine of the cases reviewed, the initial exit from care was reunification with the biological family under protective supervision (which was still in effect at the time of the child's re-entry). This enabled CFSA to continue to monitor the family under legal jurisdiction to ensure the child's safety.

[7] The original sample included 55 cases. Of these, 20 were determined inappropriate for review based on one or more of the following reasons: the child did not actually re-enter care, the child re-entered care but not under the period of review, or the child's initial placement was not based on a legal removal.

In one situation CFSA kept the case open and maintained monitoring of the family for more than two years.

The children in these cases had achieved permanency from a number of different placement settings. The majority (16, or 46%) achieved permanency from traditional foster placements; the next larger group was placed with kin. Four achieved permanency from therapeutic foster care. Two achieved reunification from a congregate care setting, and one from a hospital. One child was reunified after returning from abscondence.

These data are based on a very brief look at the most recent set of re-entries. CFSA will be conducting a more in-depth analysis of the re-entry cases in early 2010. Initial findings suggest that aggressive and long-term monitoring of substance-abusing parents is warranted to ensure the safety and permanency of children. Although such monitoring may not be performed directly by CFSA, the Agency has taken recent steps to address the needs of this population. In December 2009, CFSA issued a Request for Applications to support development and implementation of an evidence-based, culturally-specific parenting and substance abuse treatment program for CFSA referrals of adults whose children are the subject of a child abuse and neglect investigation or an ongoing case. The program will consist of fifteen (15) weeks of *intensive* outpatient (IOP) substance abuse treatment, followed by five (5) weeks of outpatient (OP) treatment, integrated throughout with the "Effective Black Parenting" (EBP) program content.[8] Each successful program graduate, along with family members, will be invited to partake in a celebration ceremony with fellow cohort members. It is hoped and intended that graduates will feel able to continue to support one another well beyond the scheduled program through ongoing peer support activities.

In addition, parents who are reunifying with children who have spent time in out-of-home care need increased supports both in terms of appropriate discipline and in establishing appropriate communication and boundaries with children, in particular with older youth. The situations above suggest that these interventions are warranted even if physical abuse or parent-child problems were not the original reason for the children's removal.

Availability and Accessibility of Resources

Many of those providing feedback for the *2009 Needs Assessment*, including families and social workers, reported that services supporting permanency are not as available and accessible to children and families as they could be. Sixty-four percent (n=23) of social workers who completed the *In-Home Social Worker Survey* cited resource needs as a barrier to effective practice (see Figure 4).

A lack of convenient access to services creates transportation challenges, both in time and expense for families. Both families and social workers indicated frequent dissatisfaction with the location of service providers in proximity to homes and schools. In particular, results of Quality Service Reviews (QSRs) conducted by the Agency suggest that caregivers residing in Maryland have difficulty in getting children to medical appointments in the District as well as therapy appointments that occur in the evening after work (due to rush hour traffic, etc.). According to one QSR, service accessibility became an issue for a Maryland resource parent caring for a child with Medicaid coverage in the District. As a result, services had to be rendered in the District, which resulted in transportation challenges and a certain degree of inconvenience. Finally, QSRs have indicated that birth families living in the District have difficulty accessing services that require transportation fare to travel from one quadrant of the city to another.

[8] For information on the Effective Black Parenting Program, please see http://www.ciccparenting.org

Additional challenges were cited as prohibitive, such as accessing specialized therapy sessions provided only during business hours. In order to accommodate the child's need for such services, the family members may have to take time off from work and the children have to miss school. Concerns were also raised about the length of time and process necessary to obtain services.

Figure 4: Needed Resources and Services for Families

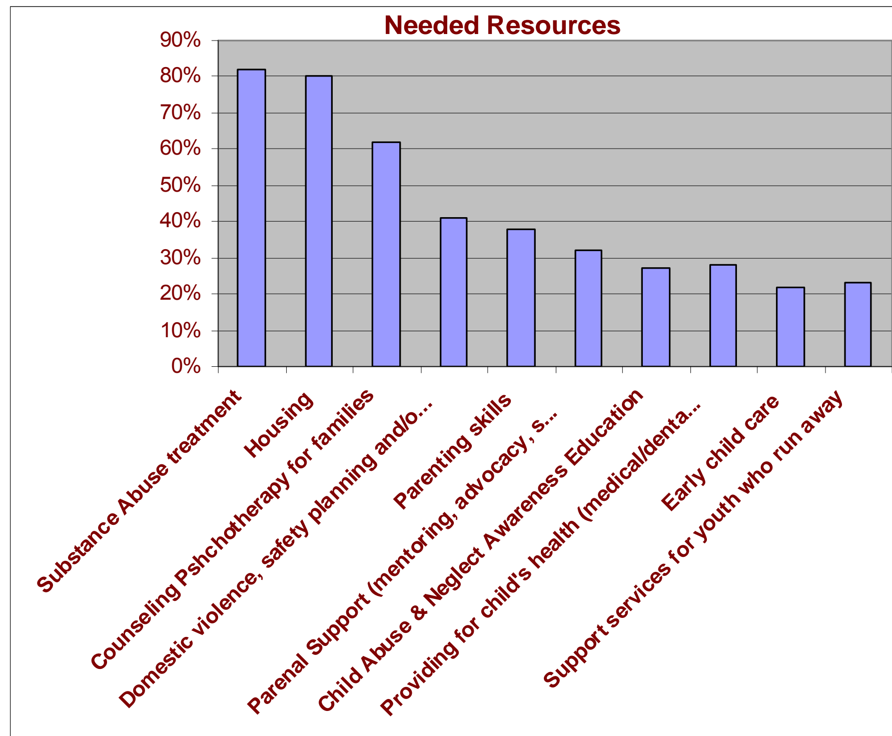

Figure 4, above, identifies the top service needs that were singled out by In-Home social workers.

- *Substance Abuse Treatment* – Social workers identified this need as the most pressing for helping families and preventing foster care placement of children.

- *Housing* – Adequate, available and affordable housing in the District continues to be a widespread problem that has a negative impact on permanency.

- *Infant Child Care* – Similar to housing, affordable and accessible child care in the District of Columbia is a widespread issue with a long history. A report by the DC Task Force on Strategic Planning for Infant and Toddler Development stated that only 149 of the 348 licensed child care centers offer infant care. The infant care centers have capacity to serve less than 4,000 of the 13,000 children younger than age two in the District.[9]

- *Family Counseling and/or Psychotherapy* – Although individual counseling for parents or children may be necessary, family counseling and/or psychotherapy was indicated as a particular need for in-home families.

[9] "No Time to Wait: Ensuring a Good Start for Infants and Toddlers in the District of Columbia," a special report by the Task for Strategic Planning for Infant and Toddler Development , Mayor's Advisory Committee on Early Childhood Development, 2007.

- *Domestic Violence Safety Planning and Counseling* – Social workers expressed a need for more support in responding to domestic violence concerns in order to sustain the safety of children in families.

- *Parenting Skills and Support* – Focus groups highlighted the need for tailored parent education and support, including discipline techniques, hands-on parenting skills, mentoring, and basic skills development (homemaking, budgeting, cooking, grooming, etc.).

- *Child Abuse and Neglect Awareness and Education* – Promoting community awareness of, and education around, child abuse and neglect was a need identified by over a quarter (26% or n=9), of In-Home social workers.

- *Child Medical and Dental care* – Medicaid coverage for in-home cases is generally provided under a managed care system (equivalent to a Health Maintenance Organization or HMO) and must be renewed periodically to maintain eligibility. A number of families lose eligibility because the coverage is not renewed as required. This happens most commonly when families do not follow up on renewal notices or when renewal notices are not received due to change in address or contact information.

- *Support for Youth who Run Away* – CFSA contracts with a private organization for help in finding and returning youth who have run away, but there is greater need for prevention and intervention as well as follow-up services for youth who return after running. There is also a need for services and coaching on case-specific issues for caregivers (whether biological or foster) who receive the runaway youth back into their homes. Such services would help caregivers to cope with frustration and other emotions experienced when youth run away and assist them in stabilizing the placement by addressing issues that might lead to disruption.

Many of the ongoing unmet service and resource needs for in-home families reflect District-wide trends in limited resources and limited availability of critical services, especially in regard to substance abuse, domestic violence, housing, and infant child care. Other services may be difficult to access, such as parenting classes that are full or available at inconvenient times. To facilitate information sharing about the available resources and services, CFSA is one of several organizations in the area that collects resource information and makes it available to clients and staff through the *CFSA Resource Directory*. There was still a reported need by focus group participants for promotion and advertisement of this existing resource.

Systemic Barriers

All case-carrying social workers interface with multiple systems (i.e. CFSA, HFTC Collaboratives, the court system, schools, service providers, contractors, etc.). Frequently, this interface brings systemic barriers to the forefront of social workers' and managers' concerns as they work to prevent entry or re-entry of children into foster care. In-home staff identified the following systemic barriers as challenging.

- *Financial* – When asked to identify financial barriers, social workers reiterated that a lack of available and accessible resources for low-income families undermined their ability to prevent children from entering out-of-home care. The worldwide downturn in the economy is increasing the financial strain of low-income families. One program manager observed that these financial strains are evident in the increased number of families forced to share housing.

- *Legal* – Several challenges in the legal arena have been cited as posing barriers to effective prevention practice:
    - Custody disputes
    - Lack of awareness of child welfare laws across jurisdictions
    - Incarcerated parents
    - Difficulty in receiving power of attorney for kinship providers
    - Neglect cases remaining open even when issues have been resolved or when the family is being adequately served by another agency

- *Practice* - A range of challenges in practice have also been identified as barriers to the prevention of child abuse and neglect:
    - Language barriers that hinder communication with clients who do not speak English well
    - A perception that children residing at home do not receive assistance as efficiently or expeditiously as children in foster care
    - An increase in the complexity of issues facing families (sexual identity issues, cognitive difficulties)
    - Social worker inability to effectively diffuse familial problems
    - Lack of effective intervention strategies to address truancy and substance abuse
    - Families expect CFSA to meet financial needs but not behavioral, therapeutic, or other needs
    - Preoccupation with safety assessment rather than on family engagement
    - Infrequent or inadequately supervised parent-child visitation

As the issues facing families become more complex, the level of skill and experience required to address these issues increases. Some respondents indicated feeling unable to effectively confront familial problems; others expressed frustration at not being able to exercise greater creativity in working with the families on their caseloads.

One recommendation has been to have a stronger continuum of care for reunified families. This continuum could include closer linkages to community resources, including the HFTC Collaboratives that focus specifically on family strengthening. These Collaboratives can build on “step-down” support and provide additional services to proactively serve reunified families, rather than responding to issues.

Community Education and Engagement

Community education and outreach were both identified by several sources as important for raising awareness and helping to prevent child abuse and neglect. In-home and FTM staff as well as biological parents all raised concerns regarding the need to educate the public on the District’s child abuse and neglect laws. Cultural sensitivity and appropriate disciplinary techniques were also flagged as important components of child abuse and neglect awareness and education. It was noted that a measure of physical discipline might be culturally acceptable for some birth parents but indefensible in the context of child abuse and neglect.

> *“…I think as an Agency, we need to educate the community too in regards to abuse and neglect. A lot of people don’t know. What we really need is to get out into the community in regards to what their limits are, maybe offer more skills to parents, more alternatives to parents in regards to discipline…”*
>
> *--- FTM Social Worker*

Promising Approaches

The Agency will continue to build upon its currently successful partnerships to prevent child abuse and neglect, as well as the removal of children from their homes, and re-entry into foster care. As noted above, CFSA especially anticipates the implementation of the District's proposed Child Abuse and Neglect (CAN) Prevention Plan. In addition, CFSA has been designated as the lead District agency to receive federal Community-Based Child Abuse Prevention funds, a discretionary grant program intended to support development and evaluation of programs and activities. With this charge, the District is proposing a more coordinated and strategic approach to the delivery of child welfare and related services.

The Partnership for Community-Based Services (PCBS) initiative, launched in October 2008, is a cutting-edge practice innovation that provides case management support to the In-Home and Permanency Administrations. By leveraging the joint expertise and resources of both CFSA and Family Strengthening Collaboratives, the PCBS teams are better able to manage cases in order to serve families who remain at home. Although CFSA retains primary responsibility, Collaborative workers provide vital support to many cases made more challenging by the following risk factors:

1. Families at risk for removal
2. Large families that include 5 or more children
3. Families that have multiple service needs (i.e., parenting, mental health, homemaker, housing, job training, substance abuse, employment, and daycare)
4. Families with a history of child fatality
5. Cases where CFSA has difficulty locating families

Preliminary findings from the *PCBS Interim Implementation Report* include a report by CFSA social workers, supervisors, and program managers that there is an enhanced ability to conduct home visits because of the accessibility and proximity of families since the co-location of CFSA staff to the Collaboratives. This may account for the 20% increase (on average) in twice monthly visits to families the Agency has observed since the launch of the initiative. Currently, PCBS impacts a small percentage of the total number of in-home cases but findings from the *Year 1 PCBS Evaluation*, which will be published in February 2010, may support expansion of the model to team more workers and support additional families.

CFSA will also be leading efforts around Family Strengthening Month in April 2010. In preparation, throughout the year, CFSA will have opportunities for community-based providers to respond to funding opportunities for prevention programs, as well as opportunities for increased engagement of key stakeholders, including youth and birth parents committed to family strengthening as well as preventing child abuse and neglect.

All of CFSA's prevention activities are focused on safety, well-being, and permanency. Through the distribution of grant awards, and the combination of several interagency and community partnerships, the Agency is confident that the District's child welfare system will continue to provide and strengthen permanent, safe, and stable homes that nurture and protect the well-being of children in the District of Columbia.

DEMOGRAPHIC CHARACTERISTICS OF CHILDREN AND YOUTH IN OUT-OF-HOME CARE

II. OVERVIEW OF THE DEMOGRAPHIC CHARACTERISTICS OF CHILDREN AND YOUTH IN OUT-OF-HOME CARE

Analysis and description of demographic characteristics of children and youth served by the District's child welfare system helps to inform CFSA's efforts to best provide for their safety, well-being, and permanency. This chapter specifically examines the demographic characteristics of the out-of-home population, including gender, race, and area of residence. Cross-comparison data based on placement type further informs the Agency's efforts. This chapter will descriptively focus on the demographic characteristics of congregate care placements vs. family-based care placements before shifting to a more complex data analysis of permanency goals as well as permanency outcomes. The data will also be separated into demographic variables by subpopulation.

Gender, Race, and Age Makeup of Youth in Out-of-Home Care

Recognizing the differences in numbers of males vs. females, racial discrepancies, and age break-downs for youth in out-of-home care can be extremely useful when analyzing service needs. For example, an equal split between teen males and females in care may appear on the surface to indicate a generalized need for adolescent-specific services. Since a certain percentage of the teen females are also teen moms, there may be a need to examine further implications related to the need for population-specific services. The same is true for data on race. The Agency is acutely aware of racial disproportionality as a result of its recent publication, *Racial Disproportionality and the District of Columbia Child Welfare System: The Latino Community at a Glance,*[10] particularly populations that might be under-served. Data compiled for the *2009 Needs Assessment* further emphasizes the need for CFSA to provide for these populations. Similarly, recognizing discrepancies in age brackets helps the Agency to provide age-specific services. These will naturally differ for toddler children in comparison to youth ages 15 and older.

As of September 30, 2009, 93% of children committed to the care of the District were African-American. Children whose ethnicity was identified as Hispanic comprised 6%, the second largest demographic group in the District's foster care system. Asian, White, and Pacific Islander comprised the remaining demographic distribution. The gender distribution of the foster care population has remained relatively equal over the past several years with males and females comprising 50% each.

Comparison of the District's Children and Adolescent Population with CFSA's Population

Approximately 30% (n=154,888) of the District's population is comprised of children and youth aged 21 years and under, according to the most recent data obtained from the American Community Survey (ACS, 2008).[11] Those who were 5 years of age and under represented about 25% (n=30,360) of the total. The segment of the CFSA population aged 5 and under represents 22% (n=477) of its total population, a very close comparison (see Figure 5 below).

Youth who were 15 years of age and older accounted for 40% (n=62,091) of the total population of children and adolescents in the District. In comparison, youth aged 15 years and older account for 47% (n=1005) of the total population of children in foster care.

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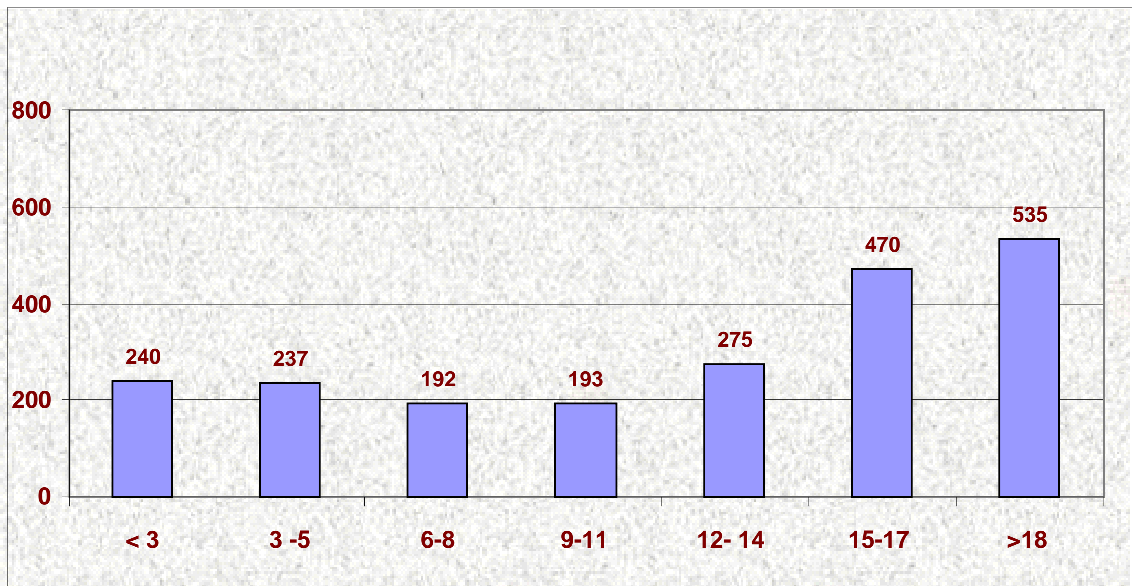
[10] This document is readily available on the CFSA website at http://cfsa.dc.gov/cfsa/frames.asp?doc=/cfsa/lib/cfsa/reports_and_assessments/racial_disproportionality_2009.pdf

[11] For most recent comparisons of the District of Columbia children's population information, raw data from 2008 was obtained from the American Community Survey, a yearly survey produced by the United States Census.

Figure 5: Age Distribution of Youth in Care



In-Home and Case Management Services

As of September 30, 2009, there were 626 families and 1691 children and youth receiving in-home services (see Table 3 below). An average of 710 families and 1913 children and youth received these services during FY09. Of the total out-of-home population (n=2143), CFSA provided primary case management services for 46% (n=994) while the private agencies provided services for 54% (n=1149) (see Table 4 on the next page).

Table 3: Families & Children receiving in Home Services (Fiscal Year 2009)

As of:	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Total (Avg)
Number of Families	758	750	757	765	716	706	702	715	726	664	633	626	**8518 (710)**
Number of Children	1999	2040	2070	2048	1932	1860	1878	1925	1995	1808	1704	1691	**22950 (1913)**

Table 4: Foster Care Caseload by Case Management Responsibility (Fiscal Year 2009)

Case Management	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sept 09
CFSA	1095	1099	1099	1097	1055	1050	1041	1035	1032	1037	1017	994
Private Agencies	1159	1162	1165	1140	1163	1176	1184	1186	1179	1155	1162	1149
Total	**2254**	**2261**	**2264**	**2237**	**2218**	**2226**	**2225**	**2221**	**2211**	**2192**	**2179**	**2143**
CFSA	49%	49%	49%	49%	48%	47%	47%	47%	47%	47%	47%	46%
Private Agencies	51%	51%	51%	51%	52%	53%	53%	53%	53%	53%	53%	54%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Entries and Re-entries

As of September 30, 2009, there was a total of 662 entries, including initial entries (n=540) and re-entries (n=132) into care. On average, the number of entries and re-entries for FY09 was 55 per month, i.e., an average of 44 entries and 11 re-entries each month (see Table 5 below).

Table 5: Children who Entered/Re-entered Foster Care (Fiscal Year 2009)

Month Entered Foster Care	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sept 09	Total
Initial Entry	64	48	52	40	40	50	39	47	47	33	43	**37**	**540**
Re-Entry	15	13	9	13	15	8	8	16	8	18	9	**8**	**132**
Total	79	61	61	53	55	58	47	63	55	51	52	**45**	**662***

Note: Numbers do not add up to the total because some children entered and re-entered foster care in the same fiscal year.

Placement Snapshot of Youth in Care

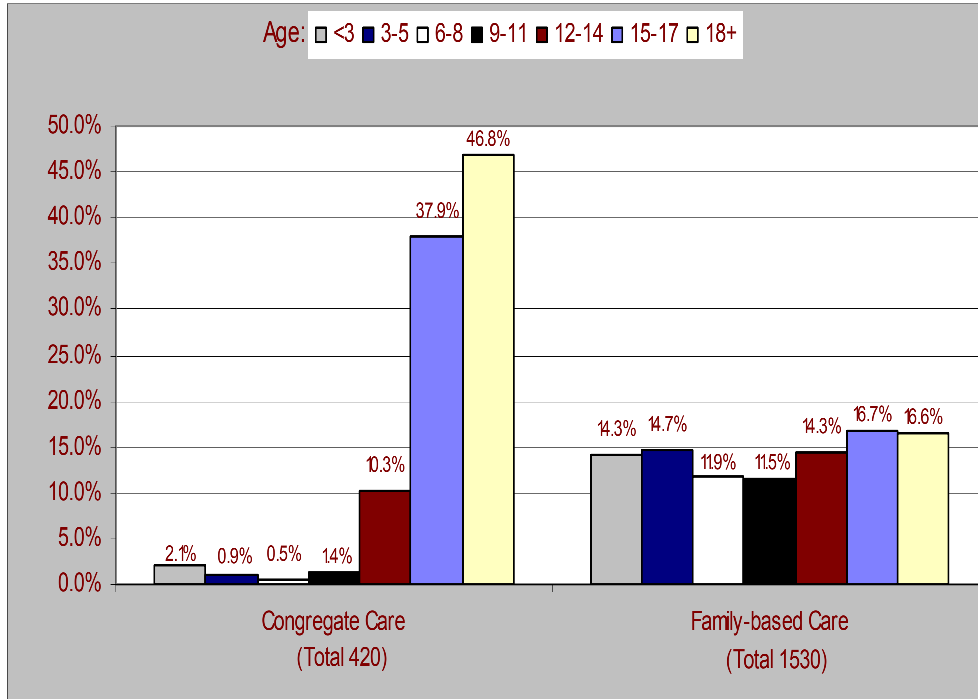
Family-based vs. Congregate Care Placements

Of the 2143 children and youth in out-of-home care on September 30, 2009, 420 were placed in a congregate care setting and 1530 were placed in a family-based setting.

Figure 6 below displays the age distribution of youth in out-of-home care by placement setting. A predominant percentage of youth in congregate care 94% are 12 years of age or older, compared with almost half of youth in family-based care (48%)**.** Youth 15 years of age and older make up 83% of the total population of youth in congregate care whereas in family-based settings, this age segment makes up only 33% of the total population.

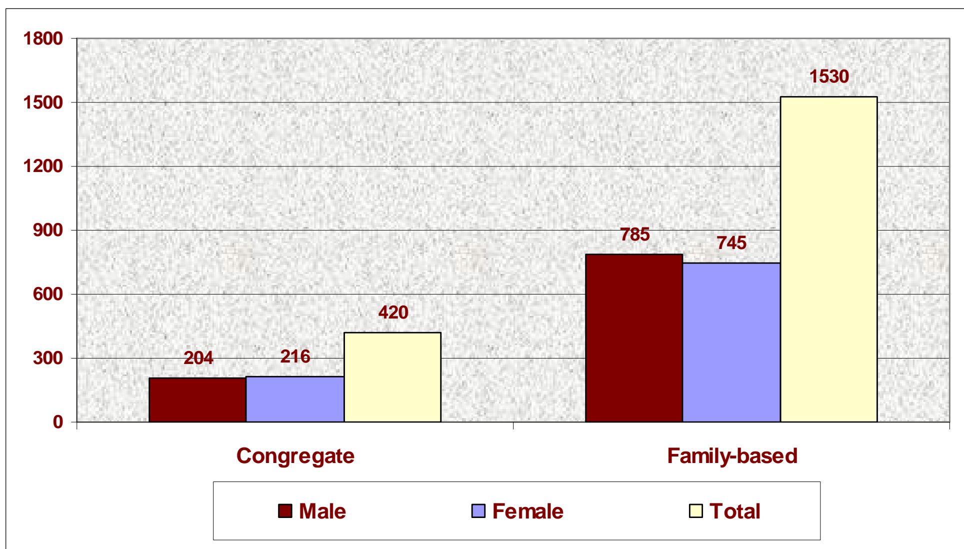
Among the youngest children in care, children less than 3 years and 3 to 5 years comprised 29% of the family-based population compared to 3% in congregate care.

Figure 6: Age Distribution of Youth in Care by Placement Type



As of September 30, 2009, the percentage of males in family-based care was slightly higher at 51% (n=785, see Figure 7 below) compared to the number of females 49% (n=745). Comparatively, there were more females placed in congregate care 51% (n=216) than males 49% (n=204).

Figure 7: Gender by Placement Type



Goal Distribution by Gender and Age

Figure 8 below displays the permanency goals of youth in out-of-home care as of September 30, 2009. The largest category (33%) accounts for older youth who have a goal of APPLA (n=698), followed by children and youth with a goal of reunification 27% (n=577), adoption 23% (n=499), and guardianship 13% (n=281). Four percent of youth in care do not have a permanency goal assigned to them in FACES. Among the potential reasons for this are goal changes in process, recent entry, or data entry integrity that workers are currently addressing.

Figure 8: Permanency Goals of Youth in Care

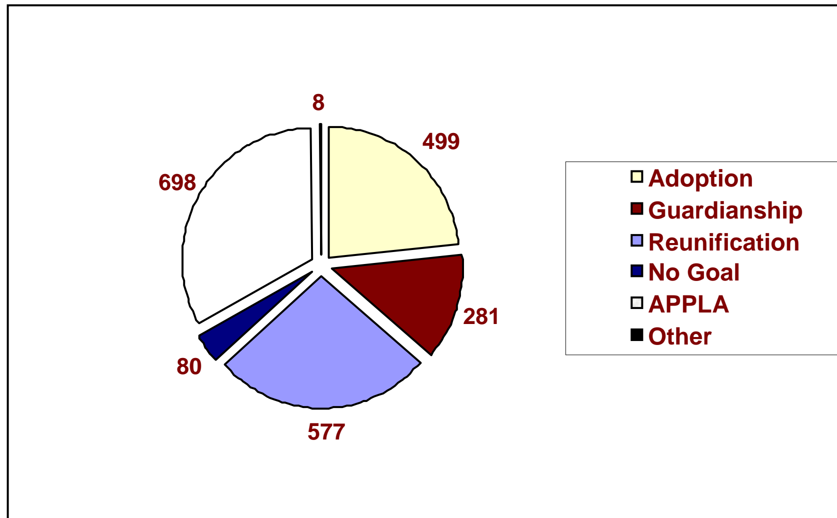
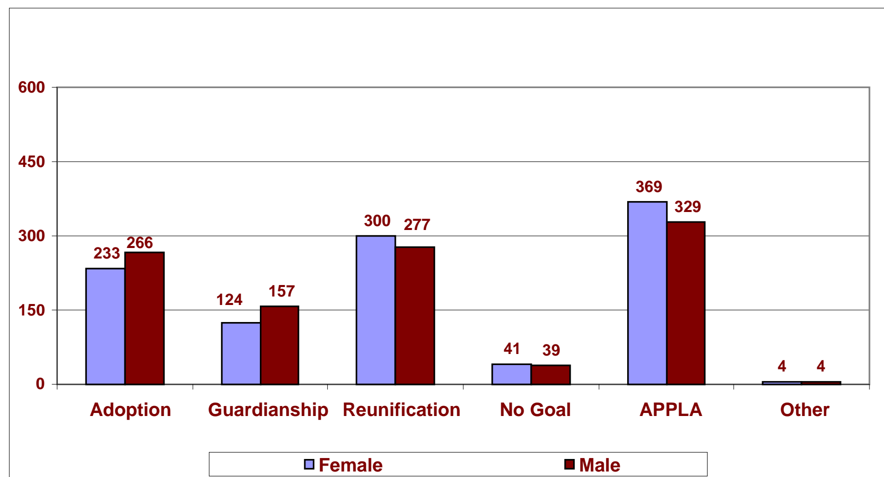


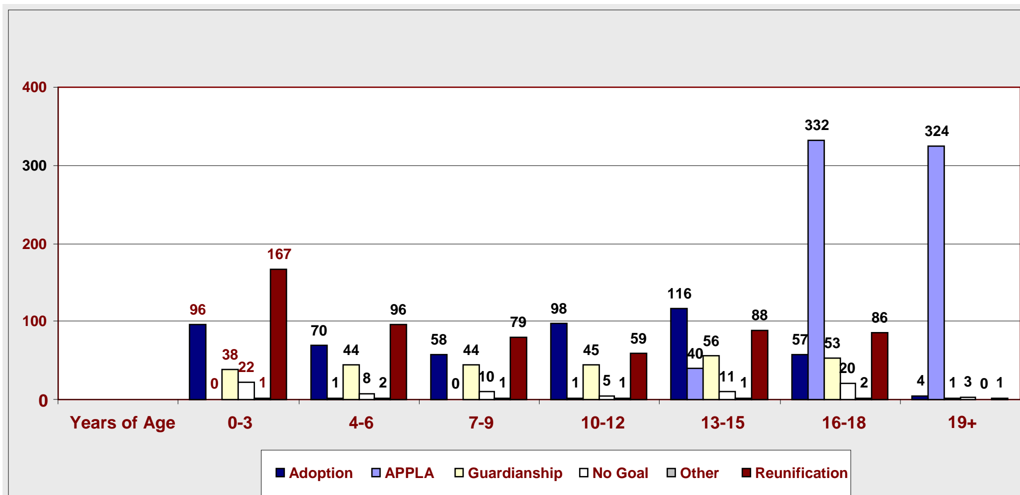
Figure 9 below illustrates the distribution of permanency goals by gender. Of the total number of male and female youth the majority have an assigned permanency goal of APPLA, at 34% and 31% respectively. A higher percentage of the total number of males has a goal of adoption (25% vs. 22%) compared to female youth. Female youth are slightly more likely to have a goal of reunification compared to male youth (28% vs. 26%).

Figure 9: Goals of Youth in Care by Gender



In addition, the *2009 Needs Assessment* examined permanency goals by age categories (see Figure 10 below). For children under the age of 9, the primary goal was reunification with their parents, followed by adoption and guardianship. It is not until youth reach 10 years of age that there is a visible shift in permanency goals. By age 10, the primary goal is no longer reunification with parents, but adoption. This pattern continues until youth reach the age of 16. By 16 years of age, the majority (60%) of youth (n=332) have a permanency goal of APPLA. For youth 19 years of age and older, out of the 333 youth with permanency goals, 97% (n=324) have a permanency goal of APPLA.

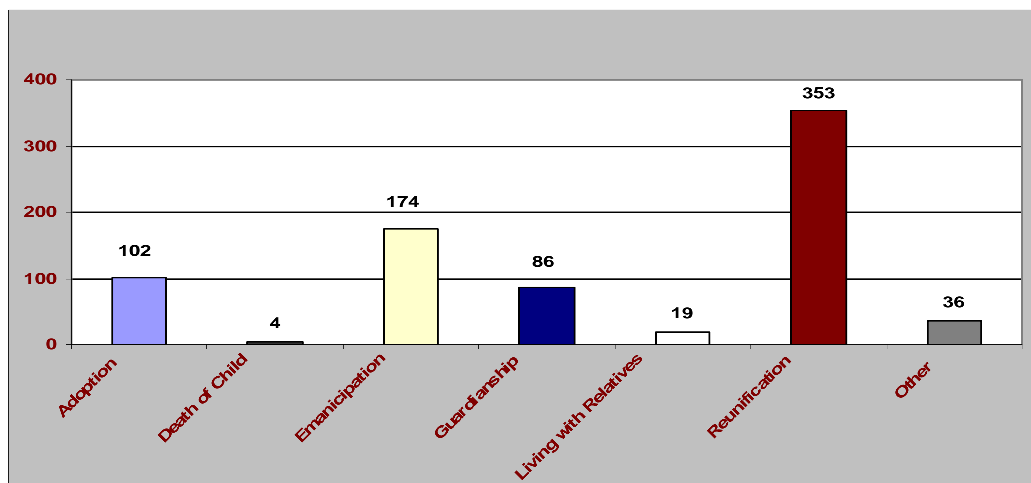
Figure 10: Goals of Youth in Care by Age



Exits in FY09

As Figure 11 shows below, of the 774 youth who exited care in FY09, the majority (46%, n=353) exited to reunification, followed by 22% (n=174) who aged out, 13% (n=102) who were adopted, and 11% (n=86) who were guardianed.[12]

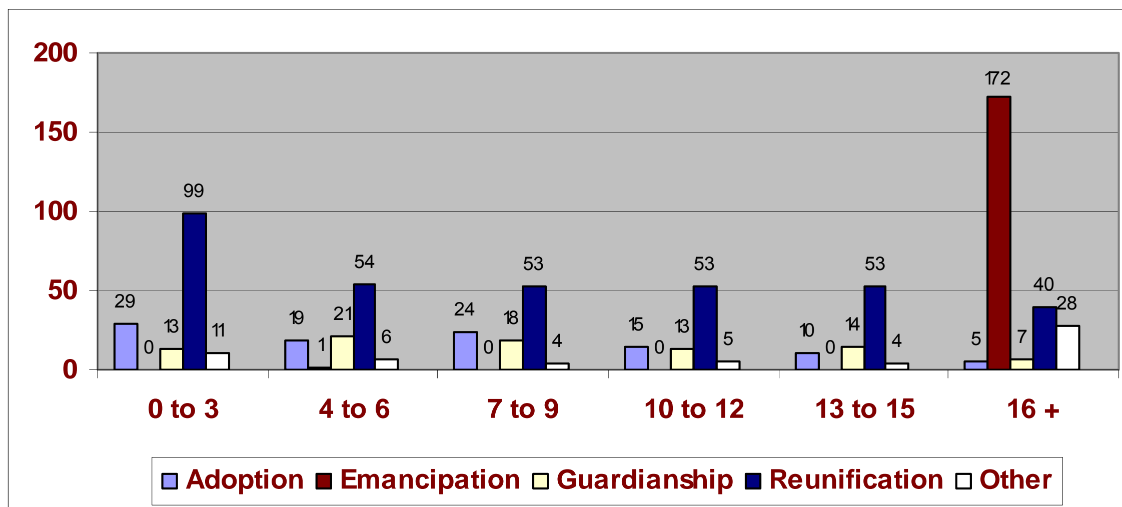
Figure 11: FY09 Exits



[12] "Guardianed" is a recently-adopted child welfare term of art referring to children and youth who have achieved permanency through the process of legal guardianship.

Analysis by age group indicates that the majority (65%) of children ages 0-3 were reunified (see Figure 12 below). Nineteen percent were adopted. This pattern is similar among the children exiting care between the ages of four and six: 53% were reunified and 19% were adopted. Children exiting care between the ages of 7-9 and 10-12 realized similar experiences with 54% and 62% reunifying respectively. Of the children exiting care between the ages of 13-15, 65% were reunified, 10% adopted and 17% were guardianed.

Figure 12: Reasons Youth Exit Care by Age



Of the children exiting care between the ages of 16-18, 68% were reunified and 16% emancipated. The exit trends indicate that reunification remains proportionally the largest exit outcome for all children in care through age 18. For youth between the ages of 0-12, reunification and adoption are the two highest exit reasons. While reunification accounts for a significant percentage of the exits, guardianship and emancipation are realized more often and adoptions are less likely as the population ages.

Exits by Placement Type

Connecting the dots between the placement type, access to services, engagement of youth, and the achievement of positive permanency has implications for how the Agency should direct its resources and the types of placement supports that best serve children and youth in foster care.

Of the children exiting care in FY09, 39% (n=304) were in traditional foster care placements, 24% (n=185) were in kinship placements, 17% (n=131) were in group homes, 9% (n=67) were in independent living programs, 4% (n=3) were in residential treatment centers and 11% (84) were in other placements.[13] Among the distinct permanency outcomes for youth by placement type, 80% of youth in group homes were reunified whereas 95% of youth in independent living placements aged out of foster care. Of the children exiting care from residential treatment facilities, 75% were reunified. For youth in traditional foster care, 47% exited to reunification, similar to the exits for children in kinship care (45%)

[13] Definitions for group homes, independent living programs, and residential treatment centers are located in Chapter IV, *Overview of Congregate Care*.

Permanency in FY09

During FY09, 70% of children in care (n=543) exited to positive permanency outcomes (e.g., adoption, guardianship or reunification). Of the children that exited care to these outcomes, 48% (n=265) had been in care for less than 12 months. Comparatively, 18% (n=99) of the children reunified had been in care for 13-24 months and 10% were in care 25+ months. Eleven percent of the children achieved permanency through guardianship, 7% of whom had been in care for less than 12 months; 34% had been in care for 13-24 months and 59% had been in care for 25+ months. 2009 was a strong year for finalized adoptions (n=104 for FY09) with a total of 125 adoptions for the calendar year. The legacy population is well represented in the FY09 finalized adoptions with only 6.6% of children having been in care in 0-24 months prior to adoption. Comparatively, 61% had been in care 25+ months.

Trending length of time to exit between FY07 and FY09 indicates that children are reaching permanency in a more timely fashion. Overall, the length of time for exiting care has decreased between FY07 and FY09, including the median number of months (decreasing from 26 to 23) and the average number of months (decreasing slightly from 41 to 39). Across all three fiscal years, the percentages of children reunifying within 12 months has increased: FY07 (68%), FY08 (69%), and FY09 (73%). In addition, the percent of children achieving permanency and exiting care in less than 24 months was 55% in FY07, 57% in FY08, and 67% in FY09.

FAMILY-BASED FOSTER CARE

III. OVERVIEW OF FAMILY-BASED FOSTER CARE

While prevention efforts permeate all facets of the child welfare system, there are nonetheless those circumstances when a child's safety necessitates removal from the home. When the Agency is unable to prevent such a removal, foster care is meant to be a temporary solution, designed only to last until a child can be reunited with his or her parents. If that option becomes impossible or cannot be accomplished within the time frame recognized by legal and best practice standards, CFSA must then consider a placement that provides the child with a permanent, stable home.

Albeit temporary, a child's first foster placement must always be welcoming and appropriate to the child's needs. Since it is well-evidenced that children's emotional and psychological needs are best met when placed with kin,[14] placement with siblings and/or family members is the Agency's primary objective. If the biological family is not available, a family-based placement (or foster home) is the first type of placement sought for children or youth. By providing the least restrictive and most family-like setting possible, the transition to foster care can be made much less traumatic for children. CFSA strives to ensure that the child's first foster home placement, whenever possible, is the child's last.

One method for ensuring that a child's placement in out-of-home foster care ultimately ends in permanency includes implementation of a carefully crafted training protocol on the *2009 CFSA Out-of-Home Practice Model.* This practice model pointedly states that children deserve to be placed with kin whenever possible. Similar to the prevention framework, it also places a great emphasis on teaming among different individuals invested in the child's well-being. This team will most likely include social workers from various administrations within the Agency, other stakeholders, family members, and the child or youth, when appropriate.

Social workers began training in this new protocol in August 2009. They received essential information regarding the Agency's definition and philosophy of, as well as commitment to, teaming. In addition, teaming activities are designed to secure the effective collaboration between social workers and supervisors. The Agency's expectation is that team decision-making will be used to make critical decisions regarding placement with siblings along with deliberate planning towards permanency, as well as prevention of placement disruption to avoid re-traumatizing children. These key practice outcomes are priority goals for the District's child welfare system.

The Agency's main focus for out-of-home care is always maintaining stability and safety in placements with an ongoing view towards achieving permanency. Scheduled assessments of a placement's appropriateness also serve to inform the out-of-home social worker of any necessary adjustments or interventions required to support a child's safety, well-being and progress toward permanency.

The Placement Process

Decisions regarding initial placements (i.e., children entering care for the first time) are made by the Placement Services Administration. These decisions are made by trained social workers who

[14] Chamberlain P, Price JM, Reid JB, Landsverk J, Fisher PA, Stoolmiller M. Who disrupts from placement in foster and kinship care? Child Abuse Negl. 2006;30(4):409–424; Courtney M, Needell B. Outcomes of kinship care: lessons from California. In: Berrick J, Barth R, Gilbert N, editors. Child Welfare Research Review. Vol. 2. Columbia University Press; New York: 1997. pp. 130–150; Iglehart A. Kinship foster care: placement, service, and outcome issues. Child Youth Serv Rev. 1994;16(1−2):107–122; Leslie LK, Landsverk J, Horton MB, Ganger W, Newton RR. The heterogeneity of children and their experiences in kinship care. Child Welfare. 2000;79(3):315–334.

must consider the child's immediate needs, the likelihood of their ability to thrive in a family-based setting, and their best interest in regards to a permanency goal. Considerations may include the youth's preferences (if old enough to express them); current functioning and behaviors; medical, educational and developmental needs; past experiences; religion and culture; and connection with their community. Among the key factors for placement decisions is the extent to which individual placement resources and supports will help to facilitate a positive permanency outcome for the child or youth.

Family-Based Foster Care Placement Settings

Family-based foster care placement settings include kinship homes, traditional and specialized foster homes, and pre-adoptive placements. *Kinship homes* are those of a child's relatives who become licensed by CFSA specifically to provide care for that child (or sibling group). As noted above, CFSA recognizes the importance of a family connection and therefore makes every effort at the outset of a child's entry into foster care to place him or her with kin. If relatives are not available (or appropriate), the next placement option is a *traditional foster home*. These homes are licensed to provide temporary care for a child who will hopefully return to their biological family. The traditional foster home is run by an adult foster parent who has been screened and trained for that purpose. *Therapeutic or specialized foster care* is designed to be a time-limited program for children who have been diagnosed with particular psychological, emotional, behavioral, and/or physical needs. In most cases, the clinical needs of children in specialized care are expected to diminish as a result of the intensive services provided by the trained foster parent. *Pre-adoptive homes* provide a permanent placement for children who cannot return to their biological family. It should be noted that any of the family-based homes (kinship, traditional, or specialized) can also be approved as a pre-adoptive home.

Whether the family-based placement serves as a final stepping stone to reunification with biological parents or as a permanent home for the child's future, in each of these placements, the providers act in a parental role to ensure the child's safety and to care for the child's well-being. Every provider is trained to support the Agency's effort to achieve permanency for the child or youth. Still, the philosophy of "first placement being the last placement" can be compromised by what is actually known about the youth at the time of removal. Many times, a first placement seems ideal until more complex issues and information are revealed days or weeks later.

The Link between Placement Stability and Permanency

Placement instability (i.e., disruptions, unplanned placements, and/or multiple placements) is known to threaten the well-being of children and youth who may already be at a heightened risk for not achieving age-appropriate developmental outcomes.[15] In addition, placement instability is significantly associated with an increased length of stay in out-of-home care, particularly when this instability results in children and youth being moved into more restrictive settings.[16] Ultimately, placement instability has a negative impact on children and adolescents, specifically as it relates to attachment to caregivers, academic achievement, mental health, and behavioral problems.[17]

Factors That Influence Placement Instability

Research has demonstrated that a child or youth's individual placement characteristics directly influence the risk of a child or youth experiencing placement disruption either for the first time or for

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[15] Hussey H.L. & Gou, S. (2005) Characteristics and Trajectories of Treatment Foster Care Youth. Child Welfare, Vol. 84, (4).
[16] Park, J.M. & Ryan, J.P. (2009). Placement and Permanency Outcomes for Children in Out-of-Home Care by Prior Inpatient Mental Health.
[17] D'Andrade, A. (2005). Placement Stability in Foster Care. In Gerald P. Mallon & Peg McCartt Hess (Eds). In Child Welfare for the Twenty-First Century: A Hand book of Practices, Policies, and Programs. Columbia University Press.

additional placement disruptions in the future. Such characteristics include age at placement, length of time spent in care, a history of multiple placements or disruptions, and/or a prior history of emotional and behavioral problems. Agency resource issues are also thought to influence placement instability.[18] Such issues might include caseload size, a foster parent's access to supportive services, or the availability of specific foster parent skill sets.

Promoting Placement Stability

CFSA's placement philosophy maintains not only that the first placement of a child or youth should be the last placement, but also in the least restrictive environment. Again, the placement should match the needs of the child while simultaneously providing a safe and nurturing environment that supports age-appropriate developmental outcomes for the child or youth. Philosophically, CFSA views the matching process as one that fulfills the following expectations:

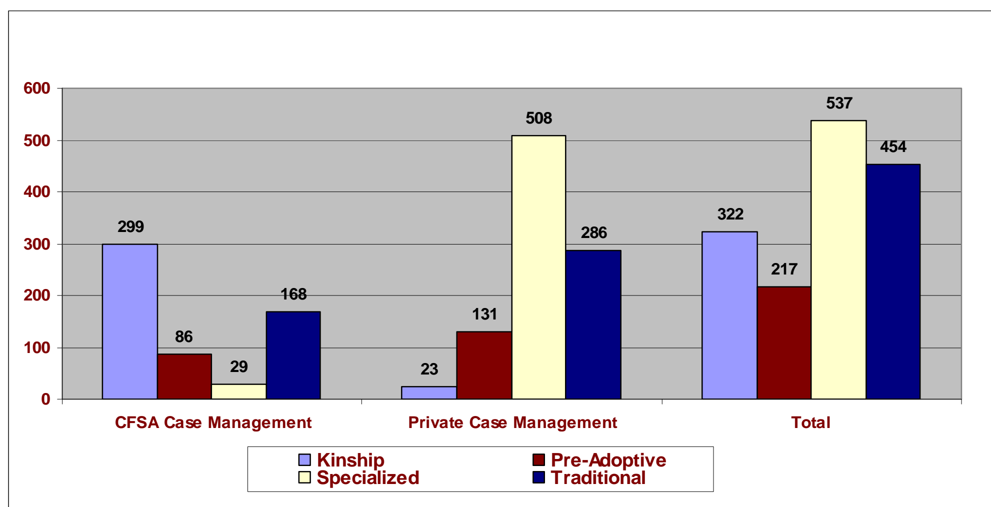
- Seeks to facilitate and strengthen links between families (i.e., through placement of youth with kin and siblings).
- Fosters the development of healthy relationships through the provision of supportive services and appropriate links to both governmental and community-based agencies.
- Addresses individual and family-related risk factors that may potentially thwart placement stability and permanency efforts.

Population, Demographics, and Trends

This section offers a summary of the demographics and trends for those children and youth who are placed in family-based care. The ensuing information sets the stage and context for various needs that the Agency must address in order for placement-related factors to successfully move children to permanency.

The following data is valid as of September 30, 2009: 71% (n=1530) of youth in foster care were placed in a family-based placement setting. Of these, 35% (n=537) were placed in therapeutic care, 30% (n=454) were placed in traditional care, 21% (n=322) were placed in kinship care, and 14% (n=217) were placed in a pre-adoptive home (see Figure 13 below).

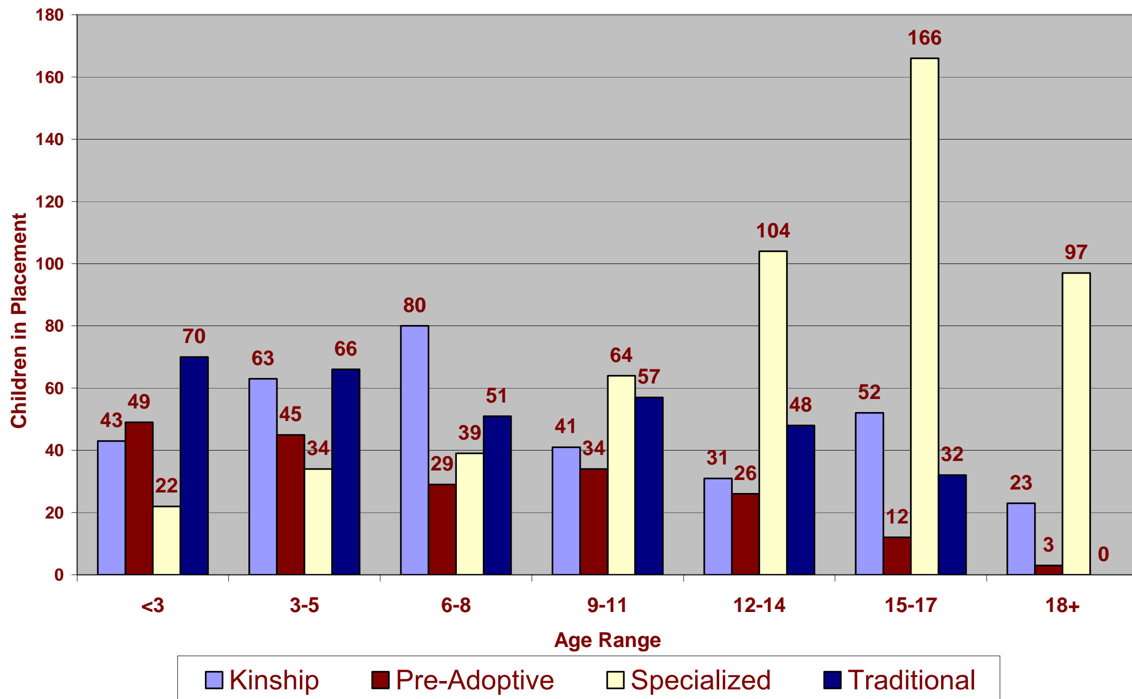
Figure 13: Youth in Family-Based Care by Placement Type



[18] Ibid

Figure 14 below shows that of the total number of youth in family-based care at the end of FY09, 56% (n=852) were youth under 12 years of age. Further examination of the age distribution is useful for potentially differentiating needs based on the breakdown of age groupings. For example, of the 322 children in kinship foster care, 70% were under age 12. Of the 454 children in traditional placements, 75% were under age 12. In contrast, only 30% of the 537 youth in therapeutic care were under age 12. This is probably due to the increased likelihood of children's behaviors becoming difficult to manage as their ages increase. Lastly, of the 217 children in pre-adoptive placements, 79% were under age 12.

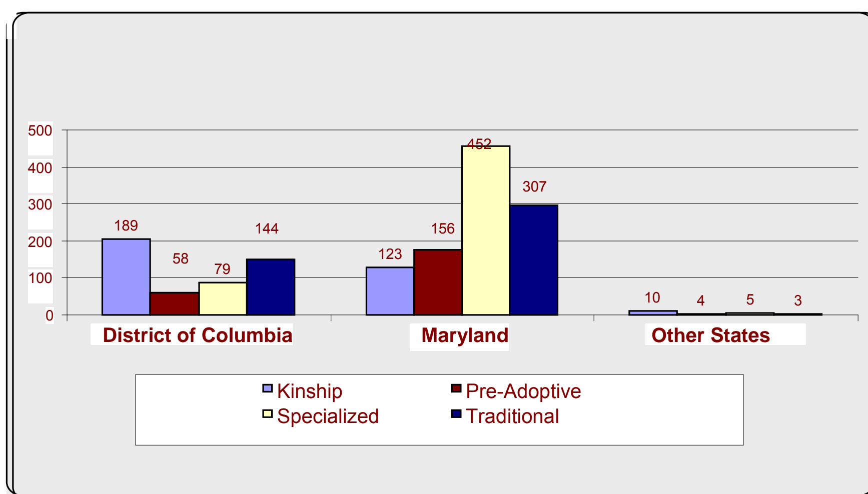
Figure 14: Age of Youth by Placement Setting Type



This data indicates relatively uneven distributions of children under 12 in kinship, traditional and pre-adoptive placements with the youngest children comprising the largest percentage of the population. Conversely, children 12 and older comprise the largest proportion of children in therapeutic foster care. Challenges to achieving permanency for older youth may be directly influenced by the number of older youth in need of therapeutic care.

As a result of the District's geographic limitations, there are a large number of children who are served by the District's foster care system but who reside outside of the District. Sixty-eight percent (n=1038) of the total number of youth in family-based foster care resided in the state of Maryland as of September 30, 2009. This overwhelming majority necessitates an ongoing and active collaboration between Maryland providers and the District of Columbia in order to ensure that permanency outcomes are achieved for these youth, particularly for youth in specialized care. Most of the remaining number of youth in family-based care resided in the District (31% or n=470) with 1% (n=22) residing in other states (see Figure 15 below).

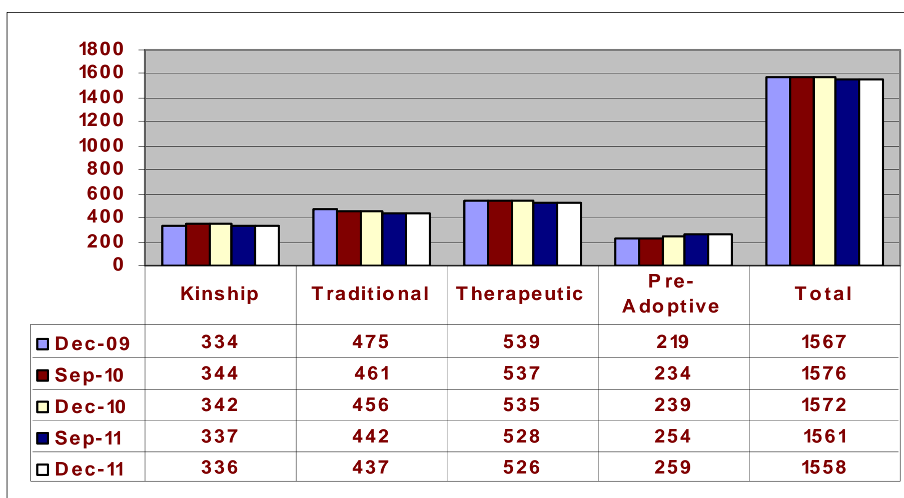
Figure 15: Residency of Youth in Foster Care Setting by Placement Type



Projections

Statistical projections (see Figure 16 below) indicate that by December 2011 the total number of children in family-based care will decrease by 9 (n=1558) when compared to December 2009 (n=1567). Looking more closely at individual placement types within the family-based care category, a similar picture emerges. For example, the number of children in traditional and therapeutic care placement settings is also projected to decline by December 2011. While the percentage of youth in therapeutic placement settings is projected to decline by 2% (n=13), the percentage of youth in traditional foster care placement settings is projected to decline by 8% (n=38) of the total CFSA population.

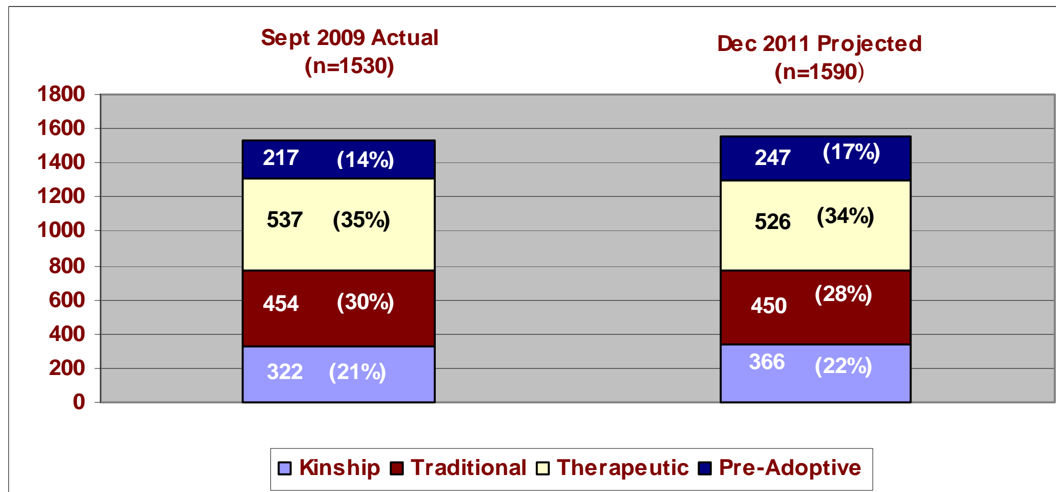
Figure 16: Projections of Youth in Family-Based Care



	Kinship	Traditional	Therapeutic	Pre-Adoptive	Total
Dec-09	334	475	539	219	1567
Sep-10	344	461	537	234	1576
Dec-10	342	456	535	239	1572
Sep-11	337	442	528	254	1561
Dec-11	336	437	526	259	1558

In comparison, the number of children in kinship and pre-adoptive care placement settings is projected to slightly increase by December 2011. The percentage of children in pre-adoptive care placement settings is projected to increase from 14% to 17% (see Figure 17 below), and the percentage of children in kinship care placement settings is projected to increase from 21% to 22%.

Figure 17: Family-Based Care Placement Comparison between 2009 and 2011



Although the numbers are projected to decline slightly from 2009 (65%) to 2011 (62%), youth in traditional and therapeutic care placement settings will still comprise the majority of family-based foster care placements. These findings are likely to have a significant impact on the direction of programmatic approaches that CFSA designs to meet the needs of older youth in family-based care. As noted earlier, programs created to meet the needs of children in therapeutic placement settings will need to be age-specific because 70% of these children (n=367) are 12 years of age and older and 50% are at least 15 years of age. In contrast, more than half of the children in traditional foster care are 8 years or younger. The distribution of children in foster care reflects the need for age-specific supports available to resource families that will help expedite the achievement of permanency for older children before their unmet needs potentially rise to the level of therapeutic care.

Summary of Needs

The District of Columbia faces many of the same challenges to achieving permanency for children as other child welfare agencies across the country. When approaching permanency as a direct outcome of a placement setting, CFSA recognizes that each type of family-based placement setting offers its own set of benefits and challenges to children and youth. During the data collection phase for the *2009 Needs Assessment*, CFSA examined how different placement settings may or may not lead a child directly to achieving permanency. We specifically asked survey and focus group respondents, including CFSA staff and foster parents, to respond to the question, “What are the barriers to permanency presented by each type of placement?” The answers were many and varied, indicating that some barriers that have already been identified in the past are still a challenge, while others are newly identified.

Analysis of the information gathered highlighted the following significant needs that the Agency must address either on its own or with its District partners to strengthen family-based foster care placements:

- Match placement resources effectively.
- Provide training and ongoing coaching and/or support services that are tailored to the needs of the population being served by resource parents.
- Strengthen teaming and communication.
- Train new and support seasoned social workers in navigating the judicial process.

- Provide adequate financial support to older youth in the form of room and board, including clothing and travel subsidies.
- Make internal and external services more available and accessible.
- Increase housing options for resource parents.

Placement Matching Process and Placement Availability

In 2008, CFSA added over 93 new placements, including 52 in traditional foster homes, 13 for the developmentally disabled in congregate care facilities, 9 in Teen Parent Programs, 5 in teen parent foster homes, 4 in Independent Living Programs, and 10 in ST*A*R[19] emergency foster care settings. At the end of FY09 (September 30), there were 273 active homes in the District of Columbia, including 25 pre-adoptive homes, 139 dually-licensed traditional placements, and 109 kinship placements. Comparatively, there were 215 active homes in Maryland. Of these, 119 (55%) were foster and adoptive placements, 74 (34%) were kinship placements and 22 (10%) were traditional placements.

Although placement availability has never been stronger, there are still challenges matching placements for certain groups, especially older youth who enter the child welfare system with a history of criminal activity or other challenging behaviors. The inherent challenges to such a placement can increase the possibility for disruption. Each time a placement disrupts, it impacts a child or youth's ability to bond to future caregivers and to accept any adult as a reliable figure or as a permanent family member. This in turn delays, and may serve to prevent, permanency.

Caregiver Expectations

Foster parents contacted during this study suggested that they had been told what to expect when they first embarked on fostering a child, but they still had a difficult time understanding the challenges until they were actually in the situation. This suggests that different ways of building parenting skills in foster parents, such as mentoring, experiential exercises, or other approaches might be successful for preparing them for the challenges of providing foster care. It may also facilitate the placement matching process as a result of intensive preparation.

A CFSA Deputy has suggested placement stability may be bolstered by an expanded pre-placement process. Under such a model, the Agency would spend intensive time preparing resource parents to receive a child into the home and to address the particular needs of that child. This process would be as important for kin resource parents as for unrelated caretakers in adequately preparing families for the reality of adding one or more children or youth to their current home environment.

Train Resource Parents

Monitors of private agencies identified "lack of training for foster parents" as a common contributing factor to placement disruptions, which ultimately impacts permanency. Participants in caregiver focus groups, including adoptive parents, also indicated that they did not feel well trained for handling the behavioral and emotional problems of children and youth who currently come into their care.

Focus group and survey respondents identified the following training needs for resource parents:

- Handling defiant and hostile behavior, in particular from adolescents

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[19] CFSA developed the ST*A*R (Stabilization and Respite Homes) foster home program in 2005 as a measure to prevent emergency shelter placement in congregate care facilities. ST*A*R homes provide round-the-clock placement capability for any child or youth who is medically cleared and not in need of acute psychiatric services.

- Identifying signs of and responding to drug abuse
- Dealing with youth who abscond
- Mental health issues, in particular Post-Traumatic Stress Disorder (PTSD)
- LGBTQ-sensitivity training
- Assault prevention training
- Training to address foster parents' fear of caring for older youth

Teaming & Communication

Focus group and survey respondents indicated that teaming and communication is frequently a challenge between birth and foster parents, as well as among all parties invested in a child's placement and permanency. Some birth parents reported that social workers did not consider the birth parent as part of the team. If a social worker maintains a focus on birth family engagement, it more likely impacts reunification or other permanency options. Other issues were raised in regards to teaming within CFSA and between the Agency and service providers. Within the Agency, adoption social workers noted that information about biological families is often difficult to collect both from CFSA ongoing social workers and from child placement agencies outside of CFSA. The importance of such information can directly impact the adoption placement and permanency outcome.

Concerning teaming and communication with providers, social workers discussed the difficulty in getting mental health information from therapists who provide services for the Agency. Having current information regarding the treatment needs of children and youth helps to identify and share pertinent information with foster families, assisting them to provide support for children and youth in therapy.

Navigating the Judicial Process

> *"I don't think there's enough shadowing that occurs to ensure that social workers feel comfortable…going to court and ensuring that those court reports and their advocacy is taken seriously…we have social workers who were involved in the case from the beginning and they come to court and you have GALs or other attorneys that overpower their decisions and sometimes [social worker] voices are not heard."*
> *--- FTM Social Worker*

The focus groups revealed that navigating the court process can be difficult and cumbersome for social workers and families alike as they attempt to achieve permanency. New social workers sometimes appear to lack a clear understanding of the court process and their role to serve as advocates for their clients. Birth parents expressed a need to have more information regarding the judicial process as well.

Social workers felt that in some cases the court was unsupportive of their professional judgments and went so far as to openly challenge their assessments regarding placement decisions. This included setting consistent timeframes related to finalizing permanency outcomes such as adoptions. In response to this observation, CFSA is working with the court to implement cross-training opportunities for social workers, judges and attorneys.

Financial Support

The financial needs of resource parents and youth have been highlighted in previous needs assessments, including a special focus on guardianship and adoption subsidy structures that present disincentives to permanency. The same financial needs were identified

> *"I think they need to look at the financial part of it. Like (my son) was 17 and in the 9th grade. Mind you, I adopted him at 17. I received five payments from Child and Family Services, and then they cut his check. Still in the 9th grade."*
> *--- Adoptive Parent*

in the *2009 Needs Assessment* data gathering process with some additional needs being highlighted:

- **The purpose and use of foster care maintenance payments need to be more effectively communicated to youth -** Youth who participated in focus groups felt that foster care stipends are not being used properly. Confidence in a foster parent's motivation may influence behavioral issues which are traditionally paramount to the youth's permanency process. A more detailed discussion of this issue can be found in the special insert "The Youth Perspective on Foster Care" (see page 68).
- **Family-based care providers have substantial financial obligations to support certain youth in their care -** Some foster parents in focus groups reported that their payments are not adequate to provide for the older youth in their care. Even more challenging are hidden costs involved in caring for youth with special needs. These may include additional transportation to medical appointments or costs involved with a special diet or other child-specific considerations.
- **There are limitations related to adoption and guardianship subsidies that are often a barrier to permanency -** Many child welfare attorneys who were interviewed for the *2009 Needs Assessment* mentioned that caregivers are often not able to provide permanency (either through adoption or guardianship) without a significant financial incentive past the age of 18. A recent study by the Foster and Adoptive Parent Advocacy Center (FAPAC) also identified prospective adoptive parents' concerns about services for older youth as a barrier to achieving permanency.[20]

CFSA's reimbursements include payment for room, board, clothing, education, medical and other services for children in foster care. These payments are some of the highest in the nation.[21] Indeed, the District of Columbia and Arizona are the only jurisdictions in the country whose foster care reimbursement rates are at or above the Minimum Adequate Rate for Children (MARC) (Children's Rights, 2007). In addition, CFSA provides monthly financial subsidies to cover most special services for children who have been adopted. Unfortunately, MARC does not incorporate some costs that are necessary for the caring of children, such as daycare, transportation costs to and from Administrative Reviews, court, or visitation.

Available and Accessible Services

Birth and foster parents identified gaps in available supportive services like "respite care, housing, and education" and/or the lack of quality of such services impacting placement stability or continuity of care issues. These comments are consistent with those of other forums, such as the DC ChildStat[22] and Quality Service Reviews.[23]

Several birth parents suggested having access to supportive services was essential to maintaining healthy and safe households and was a protective factor in keeping their children out of care. More

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[20] FAPAC, Barriers to Achieving Permanency for Children in Long-term Adoption or Guardianship Placements. July 2009, pp 16-18.

[21] The cost of living index (n=138) for the Washington Metropolitan Area is also the fifth highest in the nation. http://www.kiplinger.com/tools/bestcities_sort

[22] The DC ChildStat is a Director's level meeting which provides a thorough assessment of case practice by reviewing the status of a single case. A presentation of the case (written and verbal) is followed by discussion of case practice issues, obstacles to permanency, systemic barriers and other factors. Each month, one private agency and one CFSA managed case is reviewed in this manner.

[23] A Quality Service Review is an action-oriented learning and qualitative review process that provides insight into case practice for a small, randomly-selected sample of children and families receiving services.

than one birth parent discussed the personal challenges of trying to locate parenting classes in order to be in compliance with court stipulations so that reunification would take place.

One service issue in particular was raised for children attending specialized schools in the District's public school system. When such a child is adopted by a parent in Maryland, the child has to change schools twice. First, the child has to be enrolled in the Maryland public school to be assessed. If the assessment reveals that the child has specialized educational needs, then the child will be moved to a second, specialized school to address those needs.

Mental Health Therapy

A lack of continuity with mental health services was cited as not only contributing to placement disruptions, but also putting children and youth at risk of reentering the system. In particular, anger management for older youth was cited as a need that may help prevent disruption and thereby increase permanency potential. Several foster parents discussed how involvement in therapy helped children in their care to maintain a cohesive placement, as well as improve interpersonal relationships and academic outcomes.

Post-Permanency Services

The lack of access to an array of comprehensive post-permanency services that could prevent re-entry and/or disruption was a significant topic of discussion in focus groups with adoption workers and adoptive parents. Some of the responses from the adoption social workers suggested that adoptive parents do not fully understand the limits of Agency involvement in their child's life once adoptions have taken place.

One adoption social worker pointed out the high volume of calls received on a yearly basis from adoptive parents regarding post-permanency service requests. According to this social worker, the number of calls from adoptive parents seeking assistance far exceeds the number of adoptions that take place in one year. Requests for assistance from the Post-Permanency Family Center (a program contracted by CFSA through a private child placing agency) included mental health services (e.g. arranging therapy, facilitating conference calls with therapists), links to parenting supports and services to address potential disruptions.

Housing Options

The majority of the social workers interviewed for this report identified housing as a major obstacle to permanency. Housing was also highlighted in a survey with Administrative Review staff. Some mentioned it as the main barrier or as a "huge" barrier. Housing was again identified as a major obstacle to permanency in interviews and focus groups with biological parents, attorneys, and other stakeholders.

Numerous prior reports and studies have identified housing as a significant issue for District families. These have included three prior CFSA needs assessments (2003, 2005, and 2007), as well as the 2007 report of the Child and Family Services Review (CFSR). These documents have highlighted that the problem with housing is both one of capacity and of eligibility. Many of the programs in the District that seek to provide housing do so by incorporating eligibility guidelines for income, household size, mental or physical health, substance abuse issues, homelessness, etc.

Housing is of particular concern for children in family-based care, especially those in kinship placements. While foster parents have some control over when they make the decision to care for children in the child welfare system and how many rooms they are able to make available in their residence, kinship caregivers are often called upon to care for their relations' children under emergency circumstances in a home that may be ill-suited for the immediate needs of the child or

children. This becomes a particular problem with large sibling groups that may require two, three, or more bedrooms. This issue is not simply one of initial placement; a family's ability to commit to providing permanency for a child may depend on their own housing situation.

Administrative Review staff identified housing space availability as a major challenge impacting permanency for sibling groups, resulting in siblings being placed separately. Aside from the therapeutic and developmental importance of sibling placements, there are also practice and financial implications. Sibling visits are more likely to be scheduled separately from parental and social worker visits, which increases the complexity of the case coordination for the social worker and the quality of the interaction. Such juggling of schedules and transportation considerations can hinder an expedited path towards permanency.

There are some opportunities available to address housing concerns. As early as 2005, CFSA initiated the Rapid Housing Program (RHP) in partnership with the HFTC Collaboratives and the Community Partnership for the Prevention of Homelessness. The RHP provides eligible youth with short-term rental subsidies, monies to help pay security deposits, furniture and household items, etc. For FY10, the Rapid Housing Program budget is $1.2 million. Further, CFSA will continue to fund transitional housing as a component of the Family Treatment Court. Although the program only reaches a very small number of children and families annually, it is still considered an important resource and a vehicle for preventing re-entry into care.

General Considerations

Some of the following suggestions for improvements relevant to family-based care were provided by focus groups and survey respondents:

1. **Encourage foster parents to use positive reinforcement -** Birth parents discussed the importance of positive reinforcement especially when children completed tasks such as chores. Positive reinforcement was perceived as crucial for getting youth to comply with tasks as they get older.

2. **Support mentoring relationships between foster parents and children, and other adults important to children -** In addition to positive reinforcement, birth parents discussed the key strategies of attentive listening and being non-judgmental for improving relationships between youth in care and significant adult figures in their lives. The importance of developing supportive, nurturing relationships with youth, their family members, and other significant adult figures in their lives was a theme that was also identified by CFSA social workers as being a primary source of concern.

3. **Create more support networks so that adoptive and foster parents can share their experiences and provide guidance to each other -** Adoptive parents discussed the importance of strengthening supportive networks to assist in effectively dealing with crisis situations. Specifically, the cementing of support groups as well as individual friendships builds confidence, positively reinforces that caregivers are not alone, and normalizes what can be an inconsistent experience of parenting children who often have an abundance of needs.

4. **Improve the training for specialized foster parents so that they are better equipped to handle behavioral and other challenges -** CFSA and private agency social workers agree that better training of foster parents is paramount and ultimately related to facilitating better permanency outcomes. Specifically, having an

available pool of therapeutically-trained foster parents adept at dealing with emotional and behavioral problems that youth are likely to display will improve the placement process and lessen disruptions.

5. **Allow more flexibility with placement time frames; consider extending the 10-day limit on STAR homes -** Finally, CFSA social workers discussed flexibility in the placement process as a strategy for improving permanency among youth in care. In particular, the time-limited constraints in placement such as emergency STAR placements potentially limit the Agency's ability to identify the most germane placement which consequently best meets the needs of the child.

Promising Approaches

If the current trends continue, CFSA will experience a positive increase in both the number and the percentage of children placed with relatives. This upward trend is the result of concerted efforts on the part of the Agency to increase kinship placements through the emergency licensing process, [24] while promoting permanency in line with the CFSA *Practice Model*. More children are also projected to reside in traditional and specialized family-based foster homes, emphasizing the need to support these placement types, especially as related to moving children towards permanency.

These shifts do come at a cost. CFSA will have to provide increased support - both at the worker and the systemic level - to the unique needs of kinship and family-based caregivers. Financial, emotional, and training supports will need to be instituted to ensure that caregivers can confidently provide the level of service required to assure permanency for children and youth. In addition, although the Agency has begun to focus much more on the areas of communicating and teaming with all family-based providers, the specific activities related to successful teaming that are prescribed by the new *Out-of-Home Practice Model* need to be fully implemented across all Agency divisions to achieve greater prominence in casework and in case discussions.

Fostering Connections Legislation

On a systemic level, the implementation of the *Fostering Connections to Success and Increasing Adoptions Act of 2008* will serve as a first step in addressing some of the concerns identified regarding financial resources and services for older youth, in particular those that are eligible for adoption or guardianship subsidies. Although the federal funds by themselves will only impact a modest number of youth currently in care (due to the particular age restrictions of the program), the results will nevertheless improve permanency and stability.

Professional Foster Parenting

On a programmatic level, there is interest in exploring professional foster parent models. This would include but not be limited to approaches previously implemented in the District. An example is the Agency's Proctor Program which served youth with severe emotional needs. Proctor foster parents were provided an additional stipend beyond the regular foster parent rate and were selected based on their experience in dealing with behaviorally challenged youth. The services included taking youth for rehabilitative appointments and providing emotional support to achieve positive growth. The program encouraged sustained and focused participation in all aspects of a youth's life. It gave foster parents an opportunity to create a unique developmental plan for individual youth.

[24] The emergency kinship licensing program, implemented in 2008, allows kinship parents that reside in the state of Maryland to receive temporary foster care licenses to care for their relative children until they are able to become fully licensed. This program has helped contribute to the increase in children residing in kinship placement setting.

This particular program was terminated partially due to issues associated with the actual implementation and adherence to the program model but also as the result of an internal Agency assessment that it was of marginal success in achieving permanency. In order to institute specialized professional foster care, CFSA would need to improve monitoring practices and more aggressively promote available supportive services.

The Mockingbird Family Model (MFM) Project

An innovative program that does demonstrate success is the Mockingbird Family Model (MFM) Project. In order to increase quality support and respite services for resource parents, and to further secure the permanency, well-being and safety of children, CFSA implemented this "extended family" support model for CFSA resource parents based on Seattle's MFM. Under this model, a "Constellation" is formed out of a cluster of five (5) to ten (10) resource homes ("satellites") with one central resource home (the "Hub home"). The Hub parent is responsible for providing various support services to the satellite parents and the foster children in their care.

This program has several features that are not included in a regular foster parent arrangement. For example, each MFM foster parent who is a member of the constellation can rely on the Hub parent to provide supportive services, including respite care. Respite care is a service that is often available to foster parents who are not in the Mockingbird program, but the unique arrangement of the MFM is the encouragement for participation in this valuable service. It is an explicit requirement of the Mockingbird program that Hub parents provide this service, allowing the foster parent to be familiar with the source and process for receiving respite care. The respite care providers are comfortable and familiar with the children, which is a substantial benefit compared to respite care provided by strangers in a regular foster parent arrangement.

In regular foster care situations, the foster parents report a certain measure of hesitation before asking for respite services. They may feel that such a request makes them look vulnerable or needy to the Agency, or they may have an uncomfortable relationship with a social worker. CFSA believes that the Mockingbird Family Model Project will demonstrate a positive approach to the challenge of respite care, as well as provide children in foster care with a sense of safety and well-being while they form supportive relationships with caring adults who can both nurture and protect them outside of their immediate placement.

Permanency Opportunity Project

To step up the speed of moving children and youth to permanency, CFSA introduced the Permanency Opportunity Project (POP) early in 2009. This unique strategy teams CFSA and private-agency social workers in using a range of techniques to move children and youth to reunification, guardianship, or adoption. Initial targets of this team included groups of children and youth who have been in pre-adoptive placement for up to two years without finalization, who had a goal of APPLA, or who were waiting for adoption without an identified adoptive resource and included siblings, children with disabilities, and older youth. POP demonstrated success on all fronts, including removing barriers for children lingering in foster care and using case mining and family finding to locate guardianship or adoptive resources. The POP team is continuing to work on CFSA cases while also providing technical assistance to private providers. Expansion of the POP strategy should yield even better results in the future.

Healthy Horizons Assessment Center

In December 2009, CFSA opened the Healthy Horizons Assessment Center which will provide two key services: pre-placement and comprehensive health screenings. Pre-placement screenings will be conducted prior to entering or changing an out-of-home placement. In addition, comprehensive health screenings will be conducted for children and youth within 14 days of entering care. Healthy

Horizons will also coordinate emergency mental health evaluations through the Children & Adolescent Mobile Psychiatric Service (ChAMPS). The establishment of this clinic responds directly to a critical issue that has been raised by foster parents, suggesting that children's medical needs were not being addressed in a timely fashion. The establishment of an on-site clinic ensures that children's medical needs can be addressed within the first 30 days of care.

CONGREGATE CARE

IV. OVERVIEW OF CONGREGATE CARE

CFSA recognizes that family-based care is best for all children. It provides a stable environment which can support educational and career pursuits, and it ensures that valuable life skills are learned. The Agency acknowledges, however, that this may be particularly challenging to achieve for older youth in care. In some cases, older children or youth need to be placed in congregate care settings because they require 24-hour staff supervision to address emotional and behavioral difficulties. When possible and clinically appropriate, CFSA works to transition these youth back to family settings which are viewed to be more suitable for supporting positive permanency outcomes for older youth in care.

Older children have complex psychosocial, educational, and placement needs which may be more challenging to address than the needs of younger children. The older children may also at times be difficult to place due to a shortage of appropriate placement resources, in part due to a lack of specialized training among placement providers and a willingness to care for older youth. For these and other reasons, older youth are statistically more likely than the general foster care population to experience multiple placements, and/or to experience congregate care placement. While congregate care placement may be the best or only option for some, children and youth in congregate care settings overall are among the District's most vulnerable as they are more likely to age out of the child welfare system without a permanent connection.

Research indicates that close to one-fifth of all children and youth in foster care in the United States were in congregate care arrangements in 2002 (U.S. Department of Health and Human Services, 2003). The District mirrors this statistic, with slightly less than 20% of the total number of child and youth in foster care residing in congregate care placement. For the purposes of this chapter, congregate care includes group homes (traditional and therapeutic), independent living placements, and residential treatment centers.

Congregate Care Placement Settings

Congregate care placement settings are comprised of group homes, independent living programs (ILPs) and residential treatment centers (RTCs).

Traditional group homes provide a supervised environment for children and youth aged 13 to 21 with structured daily programming that incorporates a formalized behavior management system, on-site psycho-educational groups, and on-site life and social skill development. Traditional group home care also facilitates individual and group counseling, alcohol and substance abuse services, educational and vocational support services, therapeutic recreation, health care services, and medication management, either on-site or via external providers. Additionally, community connections, transportation services, family visitation and life skills activities such as money management, job readiness and conflict resolution are a part of this group home setting.

Independent living programs serve youth by providing residency options either through an Independent Main Facility Program or an Independent Living Residential Unit setting. *Independent Main Facility Programs* serve youth aged 16 to 21 who are ready for semi-independent living in an apartment setting housed within a facility that has constant on-site supervision*. Independent Living Residential Units* serve youth ages 18 to 21. These units do not necessarily provide constant on-site supervision; instead, youth living in these units have demonstrated their readiness for more advanced independent living in the apartment setting. Both residential types emphasize the provision of psycho-educational groups, life and social skills development, therapeutic recreation, and educational and vocational support services. Providers also facilitate employment support,

family services and permanency activities, health care services and medication management, counseling, community connections, transportation services, and discharge planning.

Residential Treatment Centers offer 24-hour, specialized care that cannot be provided by a traditional or therapeutic foster or group home. The RTC placement option is often necessary for a small percentage of children and youth in foster care who may struggle with complex problems that act as barriers to permanency. RTCs promote permanency by utilizing intensive multidisciplinary treatment methods to facilitate reintegration to family or group home settings, or preparation for independent living. Most often, RTCs are utilized as placement for children in care only after other less restrictive community-based services have been exhausted. Because of their secure settings and intense treatment focus, RTCs are often the best placement to treat children and youth who may present with the following behaviors:

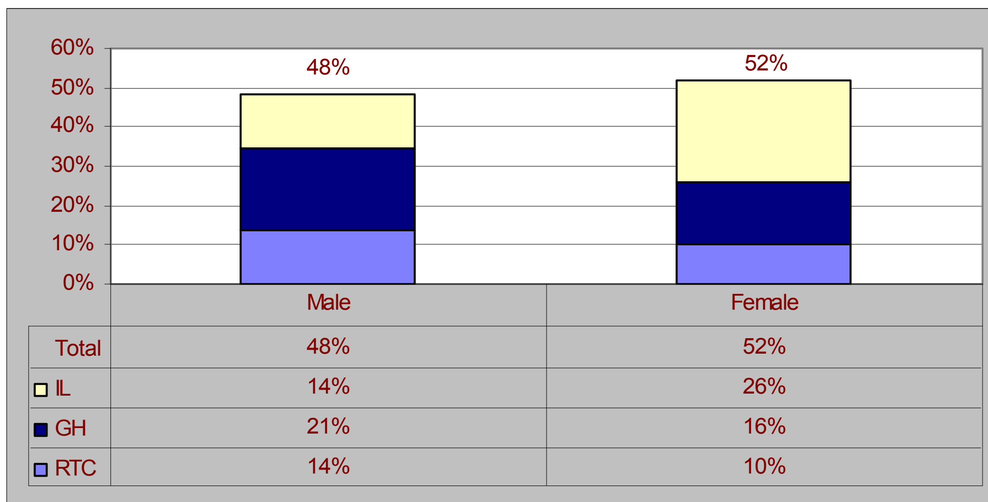
- medically fragile
- neurological impairments
- victims of sexual abuse
- severe behavioral issues or violent behavior
- chronic running away from placements
- involvement with criminal activity

For a more detailed comparison of the different types of congregate care settings, please see *Appendix B*.

Population, Demographics, and Trends

This section presents data on children and youth in congregate care settings and provides context for the unique placement needs of this population. As of September 30, 2009, 20% (n=420) of children and youth in foster care (n=2143) were placed in a congregate care setting. Almost 8% of youth are in independent placements (n=164); 5% are placed in residential treatment centers (n=97) and 7% reside in group homes (n=160).

Figure 18: Congregate Care distributions by Gender



	Male	Female
Total	48%	52%
IL	14%	26%
GH	21%	16%
RTC	14%	10%

Males and females are just about even (Figure 18 above) in their distribution in congregate care placement settings, reflecting the child population distribution of the District as a whole i.e., 52% female and 48% males. Although a higher proportion of male youth live in group homes and RTCs,

independent living settings have a higher population of females (26%) compared to males (14%), mainly attributed to teen parent programs. Teen parent programs in the District serve young mothers and their children by providing a stable and relatively independent living environment. Young mothers are offered classes in parenting skills and are provided support for improving their independent living skills, much like more traditional ILPs.

Figure 19: Congregate Care Populations by Goal

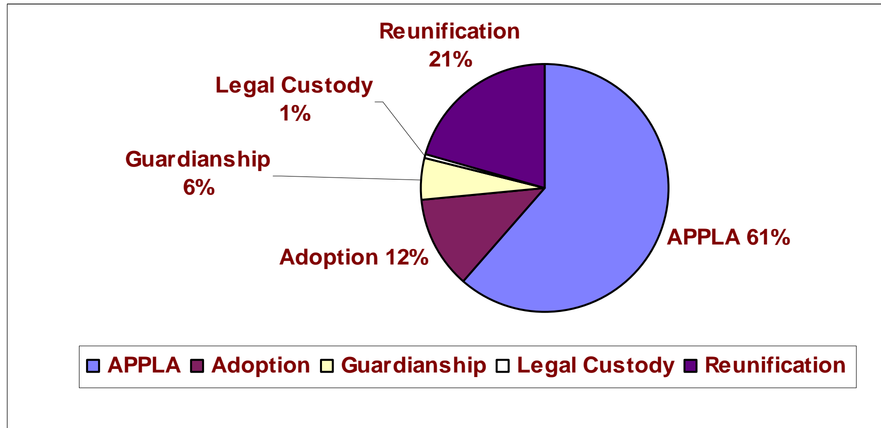
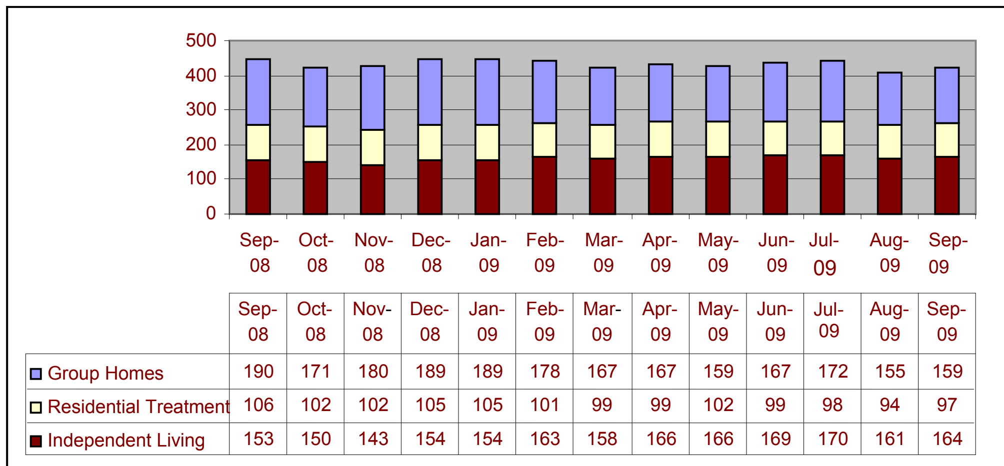


Figure 19 above shows that 61% of children and youth in congregate care have APPLA as their permanency goal, approximately 21% have a goal of reunification, 12% have a goal of adoption, 6% have a goal of guardianship, and 1% has a goal of legal custody.

The Agency's *2007 Needs Assessment* indicated that the shifting demographic of children in foster care (toward a generally older population) would lead to a modest increase in the need for therapeutic and/or congregate care placements. Although data clearly indicate an increase since FY07 in the number of entries and re-entries of older youth into foster care, which can be linked to the demographic shift, underlying causes of the increase of youth entering care have yet to be verified. Figure 20 below identifies the overall congregate care population for FY09 with measurable decreases in the group home populations, a slight decrease in RTC placements, and a slight increase in ILP placements.

Figure 20: Congregate Care Population

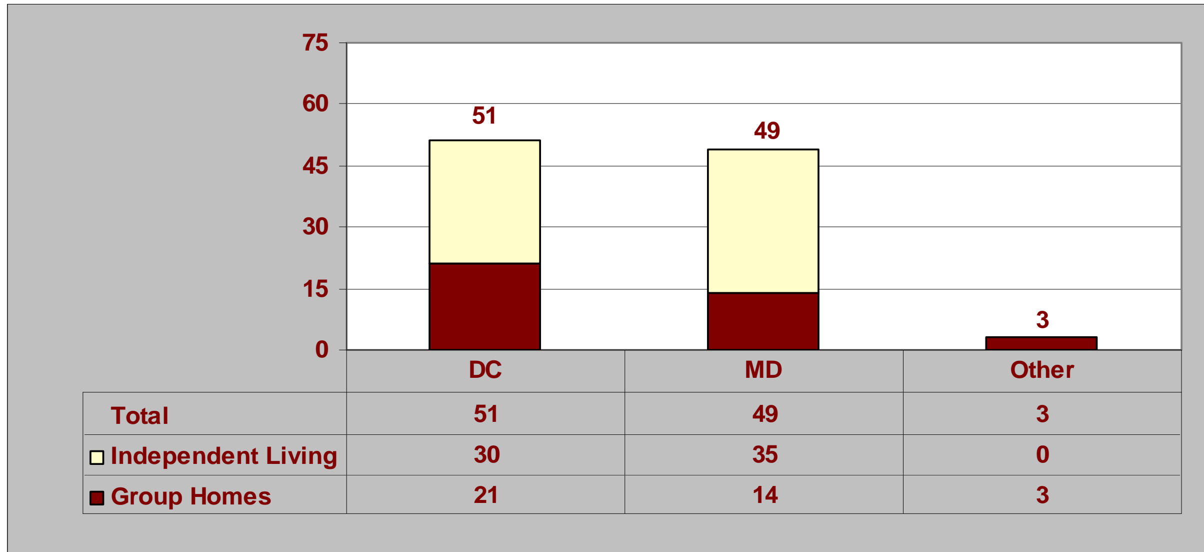


	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09
Group Homes	190	171	180	189	189	178	167	167	159	167	172	155	159
Residential Treatment	106	102	102	105	105	101	99	99	102	99	98	94	97
Independent Living	153	150	143	154	154	163	158	166	166	169	170	161	164

As Figure 21 below shows, on September 30, 2009, there were 65 independent living facilities: 35 in Maryland and 30 in the District. In contrast, the District has more group homes, i.e., 21 to Maryland's 14.

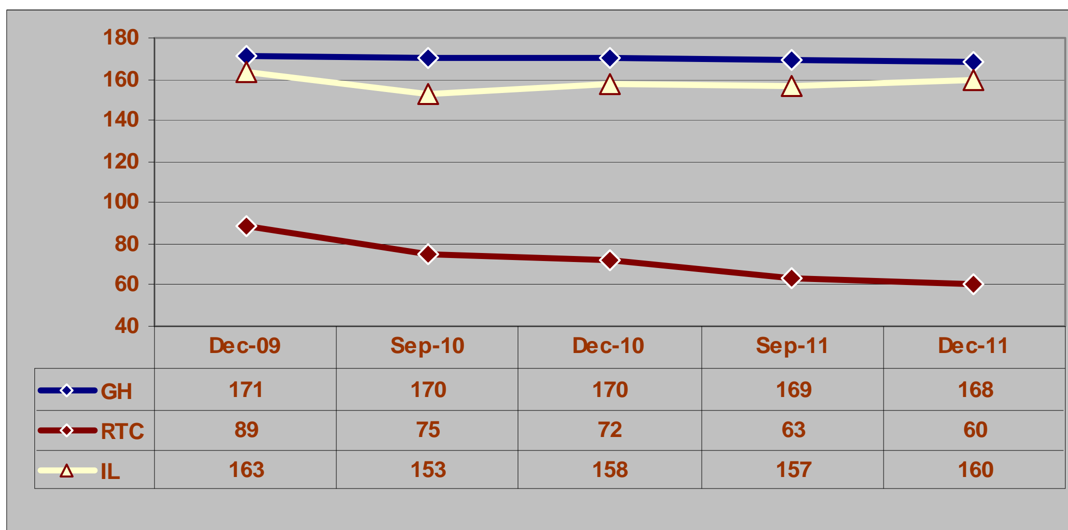
The distribution of congregate services over the neighboring entities necessitates an ongoing and active collaboration between the state of Maryland and the District of Columbia, to ensure that permanency outcomes are achieved for the youth.

Figure 21: Congregate Care Facilities



Projections

Figure 22: Congregate Care Projections



By December 2011, CFSA projects an overall decrease (see Figure 22 above) in the number of congregate care placements, most notably pronounced in residential treatment centers. The need for RTC placements is expected to decrease from 89 slots in December 2009 to 60 slots by December 2011 – a 33% reduction. ILP placement numbers are also expected to decrease, only slightly however, by 2% (n=3). Similarly, there is a projected decrease in group home placements 2% (n=3) by December 2011. The decrease in the number of children in congregate care reinforces the Agency's aim to decrease the proportion of children in group care settings.

Summary of Needs

Since 2007, there have been some appreciable improvements in the provision of services to youth in congregate settings and improved efforts to ensure that permanency goals are supported through better teaming and coordination. Transition planning is being initiated earlier and is more comprehensive (see *Promising Approaches*, below).

Despite these improvements, analysis of the information gathered highlighted several significant needs and barriers that must be addressed to better serve youth in congregate care placements:

- Group Homes and Independent Living Placements
    - Better prepare youth for independence.
    - Strongly encourage family connections.
    - Put more stringent standards in place for entry into ILPs.
    - Strengthen teaming and communication.
- Residential Treatment Centers
    - Increase availability of local RTCs.
    - Maintain family connections.
    - Improve discharge planning.
- Placement and Service Needs for Youth with Disruptive Behaviors

Needs in Group Home and Independent Living Placements

In 2009, several focus groups were conducted to gather the views of the youth currently placed in congregate care. Participants included group home staff, CFSA and private agency social workers, in addition to youth.

Findings regarding the needs of youth in group homes very closely reflected those of youth placed in independent living programs. As such, their needs are presented together.

Prepare Youth for Independence

Several youth in CFSA group homes expressed concerns that they are inadequately prepared for transition to independence and adulthood**.** Youth specifically mentioned that they lack training in basic life skills, such as conducting bank transactions or shopping for groceries. These youth stated that the preparation they received was unbalanced and that they did not feel prepared for life on their own.

At CFSA's Youth Permanency Convening,[25] youth expressed a desire for a practical training schedule that would strengthen their ability to deal with the real world and the challenges that await

[25] Hosted and attended by city-wide child welfare stakeholders, the 2009 Youth Permanency Convening was held on May 12 with the following goals in mind: 1) to promote a shared definition of permanency; 2) to provide a community platform for older District youth in foster care to express what permanency means to them and how the elements of permanency will help them make a successful transition into adulthood; 3) To strengthen the capacity of CFSA, private

them upon independence. Current training, according to youth participants, is inadequate to ensure their successful self-sustainability.

Training in life skills is presently offered through the Agency's Center of Keys for Life (CKL) which administers the District's Chafee Foster Care Independence Program. The CKL services are available to youth age 15 to 21 years who are currently in foster care, or youth age 18 to 21 years who have been discharged from foster care prior to their twenty-first birthday. At the end of FY08, there were 350 active participants (representing 32% of youth aged 15 or older) in the CKL program. Currently, there are 443 active participants (representing 44% of the total number of youth aged 15 or older). These youth are being prepared for the transition from foster care to adulthood by engaging in the following activities:

- Academic support and daily living skills
- Emotional support and enrichment
- College preparation
- Job readiness and retention
- Transitional and aftercare services

Both through Agency and community services to participants, CKL promotes permanency; encourages lifelong connections to family, friends, and community; provides educational and vocational opportunities; and supports the development of life skills that enable adolescents to achieve self-sufficiency. At present, CFSA does not require youth to participate in CKL activities or opportunities. Perhaps as a result, less than half of youth in care (ages 15-21) currently access services through CKL. In the absence of mandating participation, social workers are responsible for actively encouraging their clients to participate and take advantage of the opportunities available through CKL.

Similar to findings from previous assessments, social workers and advocates stated independently that classroom instruction is insufficient for helping to prepare youth for adulthood. It was suggested that a focus towards hands-on, real life learning through employment experience and opportunities in their communities would be useful. It was also suggested that expanding upon CKL mentoring, tutoring, and life skills services may be one strategy to strengthen the current capacity of foster care providers to care for youth in family-based settings. Incorporating financial planning as a benchmark may also strengthen the skills of youth in this area.

Based on their responses, it is especially important that CFSA focuses on adequately preparing youth for independence. There is also a federal incentive to focus on preparing youth with the necessary tools to function as self-sufficient citizens upon leaving the child welfare system. Starting in October 2010, CFSA will be required to submit baseline data to the National Youth Transition Database, which will track the long-term outcomes of older youth in the child welfare system. The new *Fostering Connections* legislation[26] has also placed increased scrutiny on older youth in care, mandating youth-led transition plans 90 days prior to leaving care to ensure youth are adequately prepared to live on their own.

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providers, foster and adoptive parents, and other professionals (judges, policy makers, therapists, et al.) to achieve positive permanency outcomes for older District youth in care; and 4) to expand awareness of the issue of permanency beyond the child welfare community so as to increase financial and social resources available to support the ability of older youth in care to achieve permanency.

[26] For more information on this legislation, see Chapter III on *Family-Based Foster Care*, page 49.

Encourage Family Connections

Despite the Agency's emphasis on family, youth who participated in the *2009 Needs Assessment* focus groups stated that some social workers never asked them about family unless the youth requested a weekend pass to visit.

Establish Standards for Placement in ILPs

Social workers asserted that judges often supersede clinical recommendations regarding transitioning youth from group home settings to independent living programs. Social workers often have concerns about youth transitioning to ILPs when a youth is not mature enough or ready to make the transition to independent living. Nonetheless, due to the age and/or the youth's request, judges often recommend that they enter an ILP. As mentioned in the *Family-Based Foster Care* section, social workers would also benefit from some training on how to effectively advocate on behalf of their clients in the courtroom.

Teaming and Communication

As with family-based foster care, the lack of teaming and communication is also apparent when children and youth are placed in congregate care settings. Members of the child or youth's permanency team (i.e., social worker, guardian ad litem, private agency provider, tutor and mentor, therapist and family members) are often perceived as not communicating with one another about the youth's permanency goal or as not working together to achieve positive outcomes.

This lack of communication often plays out in court. One youth stated that sometimes his attorney would participate, while at other times his mentor, and still other times his case manager or social worker. There were many cases where youth reported seeing a particular team member only once and then never again.

Needs in Residential Treatment Centers

In 2009, CFSA conducted focus groups, interviews, and surveys with CFSA's Office of Clinical Practice staff and staff from several RTCs to gather data and identify service barriers for the District's foster care population in residential care.

Increase Availability of Local RTCs

Both the District's Office of the City Administrator and the Department of Health Care Finance (DHCF) require CFSA to consider the placement of children in RTCs that accept Medicaid reimbursements prior to considering placement in facilities that do not. Currently, there are neither RTCs nor Psychiatric Residential Treatment Facilities (PRTFs) located within the District. As such, children must be placed in RTCs outside of the District line. There are four such facilities located within 100 miles of the District but only one of these facilities accepts Medicaid.[27] Further, starting in early 2010, Medicaid reimbursement for RTCs will be limited to reimbursements for PRTFs alone. This shift will further challenge CFSA's ability to secure placements for children who do not have an Axis I diagnosis,[28] but who also require secure residential services because of severe behavioral problems. CFSA is currently collaborating with the DHCF and other child-serving agencies to determine how these children will be best served.

[27] It should be noted, however, that the services provided by an RTC to address the child's specific issues is the primary consideration for determining residential placement, regardless of payment rate.

[28] The Axis 1 diagnosis (clinical disorders, including major mental disorders, and learning disorders) is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association.

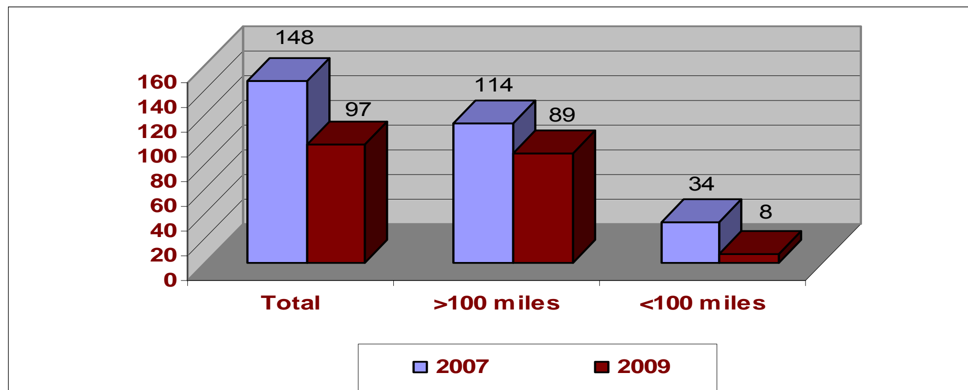
It has been the experience of CFSA's Office of Clinical Practice staff that several RTCs that could potentially be utilized and located within close proximity to the District (i.e., less than 100 miles) refuse to accept CFSA youth for placement, presumably due to the District's history of low daily reimbursement rates, which are reportedly lower than the surrounding jurisdictions of Virginia and Maryland.[29] Data collected from interviews and surveys reinforce the concern that the District's Medicaid reimbursement rate restricts both the finding and utilization of RTC facilities within close proximity of the District of Columbia. When necessary and in order to provide the best care for youth in need of an RTC placement, CFSA will augment DC Medicaid funding by paying out-of-pocket to some out-of-state facilities that require higher payment than DC Medicaid provides. The District may also have slower reimbursement practices that influence an RTC's decision to accept youth in CFSA's care.

At present, CFSA utilizes a total of 25 RTCs. There are presently 97 CFSA children in residential treatment placements. Eighty-nine are outside of the 100 mile radius. CFSA, DMH and DHCF are diligently working to establish relationships with residential placements in the metropolitan area that are able to address the complex needs of the children we serve, in addition to encouraging Medicaid acceptance.

The lack of Residential Treatment Centers that are easily accessible to CFSA and the families CFSA serves is a critical concern. Access to these facilities within the DC metropolitan area would ensure that birth and foster families are empowered and able to participate in activities such as visitation and family therapy, which strengthens familial ties, ensures enduring connections to committed adults, and leads to successful exit from residential care to permanency. Accessibility is critical to many residents of the District who do not own vehicles and therefore must rely upon public transportation which can often limit travel. CFSA has explored utilization of teleconferencing with the current residential placements to facilitate contact between children and their families. Some facilities have invested in this process and others are exploring the option.

Figure 23 below shows that as of September 30, 2009, 92% (n=89) of CFSA children and youth in residential care are placed more than 100 miles from the District of Columbia. Almost all of the facilities that address serious behavioral problems such as fire setting and problems associated with sexual abuse victims are located outside 100 miles of DC.

Figure 23: Children Placed in Residential Treatment Facilities less than or greater than 100 miles away



[29] The Agency's *2007 Needs Assessment* in addition to the Quality Assurance reviews indicated that DC Medicaid rates were a factor in the large numbers of RTC placements 100+ miles from the District.

In December 2007, CFSA's Quality Assurance (QA) Unit issued a report which examined the increase in children placed more than 100 miles from DC. QA concluded that the CFSA Residential Monitoring Unit lacked several internal controls in its referral and selection process, which may have contributed to the large number of RTC placements outside of the 100 mile radius. QA made several recommendations including strategies to track children in RTCs, recording and monitoring residential client data for trends, and aggressively seeking out and contracting with under-utilized RTCs within 100 miles of DC. The Residential Monitoring Unit has subsequently changed the way it searches for placements – rather than CFSA staff actively searching for RTCs, the current practice includes making a referral to private placement agencies and choosing the most appropriate placement from the RTCs recommended.

CFSA has seen a significant decrease in the number of children in residential placements over the past two years. Currently, under 100 children are in residential placement and of those, 8 are within the 100 mile radius. Three are in medical facilities and 88 are in mental health facilities.

Maintain Family Connections

As stated previously, maintaining family connections is a concern for all congregate care placements but it is of particular concern for children and youth placed in residential facilities outside of the 100 mile radius of the District. CFSA staff participating in focus groups and surveys noted that family participation in treatment services and case planning has been shown to greatly reduce the time youth spend in residential care. The lack of residential facilities within the vicinity of DC creates a specific challenge for maintaining family connections over long distances, particularly in families facing financial limitations.

CFSA assists some families by providing funds for family members' transportation and lodging approximately twice per year, and more visits can be approved on a case-by-case basis depending on treatment needs and available funding. Although funding may be available from CFSA, it is usually approved for 1 to 2 family members, usually parents or caregivers, making it difficult to maintain familial connections with siblings, cousins, and extended family.

It should be noted that although CFSA staff identified maintaining family connections in residential facilities as a service barrier, RTC staff surveyed rated their programs very high in this area, and gave several examples of methods of family inclusion their facilities are utilizing. All of the respondents answered either "Good" (83.3%) or "Excellent" (16.7%) when responding to the survey question "How would you describe your program's effectiveness in helping youth maintain connections with family and supportive non-professionals?" Most RTC staff responded "Good" or "Excellent" (83.4%) when posed the survey question "How would you describe your experience teaming with CFSA to support connections between residential youth and their families?" RTC staff also frequently cited family therapy sessions (via telephone or video), and family visitation as the two main ways that they encourage family connections.

Further, a review of four Quality Service Review (QSR) summaries for children and youth in residential care revealed that some kind of contact (facility visits, home visits, or telephone calls) with family and/or significant supports was occurring in each case to encourage and strengthen connections with family and/or significant non-relative supports. Face-to-face family visitations at facilities outside the DC vicinity are occurring regularly in some cases, but infrequently in others. Factors associated with the frequency of face-to-face visits seemed to vary from case to case, or were not fully documented. One eight-year-old child reportedly had not seen his mother in four months and had not seen his siblings and grandmother (who was being considered for guardianship) in nine months.

Three of the QSR case summaries reviewed reported that family members were participating in family therapy over the phone. In one case, the mother's involvement in the child's treatment was described as a key to the youth's success in the program. These reports clearly indicate an impact on permanency, both negatively and positively, for children placed in RTCs outside of the metropolitan area.

Improve Discharge Planning

Lack of planning for children being discharged and "stepping down" to a less restrictive placement setting was also cited in interviews, surveys, and focus groups as a service barrier by some, but not all, participants. Some CFSA staff claimed that RTC and private agency social workers are not communicating effectively with CFSA social workers during discharge planning. This results in youth who are lingering too long (months in some cases) in RTCs until appropriate group homes are located, or until continuing support services are put in place for the youth and/or family. These are steps that should be discussed and initiated during discharge planning meetings.

RTC staff had positive comments regarding teaming amongst CFSA and private agency social workers who collaborate for planning discharges, but staff did mention a lack of step-down facilities (group homes) and services that are needed to provide a smooth transition from residential placement.

Youth with Disruptive Behaviors

A work session with CFSA's Deputy Directors and General Counsel on unmet placement needs within the Agency revealed that there exists a distinct population of children and youth with placement needs that are not necessarily best served either by family-based care or the current congregate care continuum. This population constitutes a small number of children in CFSA care, but CFSA leadership identified them as a group for whom there are no current optimal placement resources. These children are often subject to "overstays" in hospital settings, due to the lack of available placements in a suitable, structured environment that is non-psychiatric. Such occurrences result in delays to positive permanency outcomes.

One category of youth might be described as having disruptive behaviors evidenced by, for example, chronic abscondence, promiscuity, being verbally and/or physically threatening, etc. While some children and youth in this category may be stepping down from placement in a residential treatment center, most require a structured yet less-restrictive setting than a residential treatment center. In either case, these children and youth exhibit behaviors that are too complex and challenging for a family-based setting, particularly if there are other children in the home and if there is a lack of specialized training to manage behavioral issues. Assistance for this population should include simultaneous services to the youth and for their birth, kin, or adoptive parents to help prepare their permanency placement to manage their behaviors.

Another category is children and youth who have disruptive behaviors but are also "low-functioning". Children and youth in this category do not meet the requirements for a "mental retardation" classification, but do not display strong cognitive skills. This population is best served in small groups (1-3) and separated by age (children under the age of 13 and youth aged 13 and older). Child welfare professionals assisting this population would also need to support birth or resource parents in working toward permanency goals while providing assistance and coaching in working with complex developmental and behavioral challenges.

The current Agency Director states that his involvement and discussions with the CFSA Youth Advisory Board[30] have highlighted practice issues "regarding engagement and listening to the youth 'voice' that may have the unintended consequence of provoking disruptive behaviors." The Director recalled cases where youth who have been labeled as "disruptive" or chronic absconders also demonstrated a drastic change in behavior once placement issues were resolved. Citing these cases, the Director recommended that CFSA and private agency workers place less emphasis on "defining" youth behaviors and focus more on active listening and responding to youth as they express their needs and preferences. While acknowledging that it would be impossible for all of a youth's desires to be met, the Director emphasized the need to value their participation in their own permanency planning. Again, this includes active listening to and understanding the youth point of view while helping them to appreciate the Agency's responsibility to act in their best interest.

Promising Approaches

Given the needs of youth in congregate care and the increased federal focus on this population, CFSA is pursuing several promising practices to bolster their well-being. It is critical that the right array of services and supports are in place for those youth who do reside in group homes, independent living programs, or residential treatment centers.

Procurement of Placement Resources

In FY10, CFSA is shifting away from traditional contracting methods and moving towards the use of Human Care Agreements (HCAs) to procure placement resources. Providers must demonstrate 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 and youth in foster care. The use of HCAs is expected to support expansion of the existing range of placement providers, giving CFSA more flexibility and choice in identifying placements for children that best respond to their individual needs.

Office of Youth Empowerment

The Office of Youth Empowerment (OYE) integrates current functions under the Center of Keys for Life (CKL) with the same structure of service delivery that was previously utilized under the former Office of Youth Development. There are, however, three newly identified core goals of the redesign:

- Increase the number of youth served between the ages of 16 and 21.
- Increase the engagement and active participation of families, friends and significant others in permanency planning and the development of a support network for the youth.
- Increase the capacity of CFSA workers, private agencies and foster parents, courts and others to empower District youth and to identify and solidify permanency options for older youth.[31]

***Increase the number of youth served between ages 16 and 21* -** As mentioned above, approximately 44% of youth participate in services offered by the Center of Keys for Life (CKL). Under the new structure, CKL resources will be expanded to engage all youth in foster care aged 16 to 21. This goal will be accomplished through an organizational restructuring that allows CKL to function as a consultative branch for a much broader group of on-going social workers.

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[30] The Youth Advisory Board (YAB) was established in September 2009 by the CFSA Director to provide youth an opportunity to give direct feedback and offer recommendations on program planning to CFSA management. The information is also shared directly with the Agency's Office of Youth Empowerment.

[31] Excerpt from draft "Older Youth Development: A Change to Improve Outcomes for Youth."

***Increase the capacity of CFSA workers, private agencies and foster parents, courts and others* -** Case-carrying functions in OYE will decrease as the office shifts to a more consultative model to support youth development activities across the Agency. Rather than primarily focusing on OYE-managed cases, the new structure allows the CKL program to function with resource specialists supporting all ongoing social workers in the youth development and teaming process, spreading OYE's expert knowledge base throughout the child welfare system. This new model is also expected to improve teaming and integration of services with the CFSA In-Home and Permanency Administrations, adoption resources, and private agencies, eradicating the currently imbedded practice "silos".

***Increase the engagement and active participation of families, friends and significant others* -** Youth participation is critical to the youth development process. Youth participation includes allowing youth to actively participate in decision-making and empowering youth to "take responsibility for creating positive change in their lives and in their community."[32] Likewise, the involvement of family, friends and significant others is key to promoting lifelong connections and support systems for ensuring a youth's successful and enduring transition to permanency. The goals for OYE to facilitate better outcomes for youth include the following commitments:

- Every youth will exit foster care with established lifelong connections.
- Positive permanency will increase for older youth.
- Beginning in FY10, more youth will annually participate in life skills and enrichment opportunities.
- An increased percentage of youth will graduate from high school or a GED program, secure employment, and/or attend post-secondary programs.

New Approach to Alternative Planned Permanent Living Arrangement (APPLA)
Aside from improving services in placements for older youth, innovative approaches to practice will support better permanency outcomes for youth in the coming years. For example, in 2009, CFSA initiated a process to ensure that a thorough examination of permanency options had been undertaken prior to changing a youth's goal to APPLA (Alternative Planned Permanent Living Arrangement), a goal that has not led to positive permanency outcomes to the extent previously anticipated. Under a goal of APPLA, youth often age out of the system at age 21, without a strong enough connection to family or other lifelong connections that will ensure their success as adults. In addition, many are without the educational and vocational supports needed to thrive on their own.

Pursuant to a policy implemented in June of 2009, the following requirements must be fulfilled prior to changing a youth's goal to APPLA:

- The youth must be 16 years of age or older.
- The youth's record must document the fact that reunification, adoption, guardianship and legal custody have been exhausted as permanency options.
- A concurrent plan must be developed to include at least one adult parental figure who willingly commits to involvement with the youth beyond his or her time in foster care.
- The youth's skills and talents must be assessed and he/she must be enrolled in an individualized program designed to develop his/her independent living skills, including those required to secure an appropriate income and suitable housing.

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[32] From "New Approaches to Youth Development," a presentation developed by the CFSA Office of Youth Empowerment.

The new process also involves holding a LYFE (Listening to Youth and Families as Experts) conference, which is convened for the purpose of exploring options for the four priority permanency goals, viewing APPLA as a last and final resort. In addition to providing an opportunity for a discussion of these permanency options, the LYFE conference also supports better team-based planning and ensures the involvement of youth, significant caretakers and care providers. Since June, CFSA's FTM unit has facilitated 60 LYFE conferences. While the outcomes of those conferences are not yet available, the number of completed LYFE conferences represents the deliberate efforts of CFSA and private agency workers to revisit APPLA and explore better permanency options for youth in care.

If all of the above conditions have been met and satisfied, the assigned Administrator must submit a Request for APPLA Goal Approval form to CFSA's Director (or designee) for signature. In cases where APPLA has already been established as the goal, the Agency has undergone a process of review of these cases to confirm its appropriateness in each case and to assess whether the goal may be changed to reunification, guardianship or adoption at any future point in the life of the case.

Residential Treatment Centers

In FY10 CFSA will pilot a new model of group care for youth entering or leaving residential treatment centers. Youth will be stabilized in group home settings and then stepped down to a less restrictive setting. The new step-down program will be implemented to support youth who may be returning from a residential treatment facility or specialized treatment such as substance abuse who may not have the capacity to be in a traditional group setting but do not require the level of care provided in a therapeutic group home environment. The program will stabilize youth, ensure connections to needed community services and then transition them to a less restrictive setting, which may include family-based foster care. It is anticipated that CFSA will develop up to five placement spots under this program in FY10.

The DC Medicaid rate is close to being raised to a level that will match the rate paid in other states. More facilities in Maryland and Virginia will accept DC Medicaid once this change takes place, providing more placement options. The District is currently using local funds to make up the difference between the DC Medicaid rate and the higher rate accepted by other states, but the District gives preference to facilities accepting DC Medicaid.

To address this issue of payment, DHCF will be contacting the current facilities that the District utilizes encouraging them to become District Medicaid providers. Effective October 1, 2009, the District has been paying the Medicaid rate of the state where the facility is located. In those cases where the facility does not accept the state Medicaid rate, the District will pay the established third party rate billed or the lowest rate charged to self pay recipients. With this amendment to the Medicaid billing, it is expected that the District will have an increase in the Medicaid residential provider network.

The Teen Bridge Program

The Teen Bridge Program, which is offered by two DC community-based organizations, is a program designed to serve teens who have a history of behavioral concerns and who are not ready for traditional independent living programs (ILPs). This program started as a pilot for females in FY07, and expanded to males in FY08. Teen Bridge programming provides a short-term placement (maximum of six months) in a supervised group home environment for youth aged 16 to 21 with highly structured preparation for self-sufficiency. It serves youth who have had a history of running away and placement disruptions, as well as those who are returning from residential treatment centers (RTCs), and/or youth who did not adjust well to living independently in an ILP setting.

Similar to more traditional programs, daily structured programming and a behavior management system are offered through the Teen Bridge experience. These settings also provide the same services as traditional group homes.[33] The hallmark of the Teen Bridge program, however, is the heightened structure, boundaries, and intensive work by the staff which has proven more useful for those youth who are challenged by too much independence. A lack of structure can sometimes be a deterrent for maintaining jobs, curfews or healthy relationships with landlords and others. The foundational services, combined with the extra support provided by Teen Bridge programming, affords youth the opportunity to stabilize and focus their attention on developing important life skills and becoming better prepared for independence and adulthood.

Of note, while successful with female youth, the Teen Bridge Program has also shown success with stabilizing and providing services to the male youth that have been placed. This includes a number of very high-risk and difficult-to-place youth with compound challenges, e.g., a criminal background. As of October of this year, 18 slots were allotted for the program. CFSA is seeking to expand this number by six, for a total of 24 slots, for FY10.

[33] Traditional group home services include on-site psycho-educational groups, medication management, social skill development, etc. Additionally, the Teen Bridge Program offers individualized and group counseling, alcohol and substance abuse services, educational and vocational support services, therapeutic recreation, and health care services. These are provided either onsite or by external providers. Community connections and transportation services maintain provision of supportive services with external organizations.

YOUTH PERSPECTIVE ON FOSTER CARE

District of Columbia Child and Family Services Agency
Office of Planning, Policy and Program Support

V. THE YOUTH PERSPECTIVE ON FOSTER CARE

Youth in foster care brought a unique perspective to the *2009 Needs Assessment*. While some youth described supportive and nurturing relationships with staff and caregivers, others were critical.

Several youth in group home and independent living programs made positive statements regarding the impact that certain staff had in their lives.

> *"On my court date, the only person there was my man Mr. ____. My other people weren't there. He was my case manager at [placement]. To this day if I still need something, I go see Mr. ____."* Youth in Group Home

> *"Like I said, you're always gonna find that one person who you're gonna be closer to and connect more to and will actually look out more for you than the other person will. One person's gonna be like, 'Why you doing this, think about it before you run away or decide to do this or that...' one person who actually cares deep down besides the paycheck."* Youth in Group Home

Youth in family-based foster care placements discussed how important it was to have keys to the home as they bonded with their foster parents. These youth emphasized the significance of this symbol that they were truly part of their family. As one youth exclaimed,

> *"House keys! (Applause) Important so you can get in the house. I'm not out in the snow, sleet, hail, all this different type weather looking stupid."* Youth in Family-Based Care

Another youth in family-based care placement added, *"The place I'm in now, I feel comfortable, I have my key, I come and go"*.

Not all comments regarding adults in their lives were positive, however. Youth were very critical of what they perceived as indifference and apathy on the part of caretakers with regard to helping them foster connections, develop life skills, and adequately preparing them to being on their own. Youth in family-based foster care placements were especially critical of their caretakers. In particular these youth expressed how they did not feel part of their foster families and in some instances they felt that they never would be.

Youth in foster family settings also described placements where they perceived their living situations as unsafe, or unkempt, and they felt their personal belongings were not secure. Some youth believed that their foster parents were only involved in fostering for financial reasons. This issue of money (specifically whether or not foster parents' motivations were altruistic) was a source of contention. One youth stated, "Some foster parents say 'You ain't getting nothing till the check comes.'"

Suggestions were offered by the youth to help improve these experiences, including a proposal that the Agency share information directly with the youth about the amount of the stipend and its intended use. In particular, they wanted to know more information about whether a specific amount of the stipend was intended to be distributed directly to them. Some youth commented that money should be distributed directly to the youth instead of being funneled first through the foster parent, especially if the youth is of a certain age. Being engaged in the financial aspects of their experience in foster care was considered helpful to their overall confidence in their caretakers, and ultimately to their ability to achieve both independence and permanency potential.

Preparation for adulthood was important to youth, including participation in the Agency's life skills training program, the Center of Keys for Life (CKL), as well as family and/or lifelong connections. One youth discussed the role that staff at his group home played in making sure that family connections were maintained.

> *"The staff in my group home, they take you to your peoples' houses, but during the weekdays they just talk to you about how you are doing in the group home or whatever…They manage to keep you close to your people."* Youth in Group Home

When asked whether they were prepared for independence, participants in the Director's Youth Advisory Board shared a variety of experiences.

> *"At the last ILP* [independent living program]*, the case manager offered me options. She has always been there* [and] *forces me to do stuff on my own. Like when I needed to file my taxes, I called her because I had never filed before and she told* [me] *that I need to learn to do it."* Youth Advisory Board member

Another youth described a different experience regarding independence. The youth described CKL as more useful than the assistance received from the actual placement.

> *"I credit CKL with everything. If it was not for them, I would have nothing. I learned a lot through their job fairs, career fairs, resume writing, and life training"* Former youth in foster care, and Youth Advisory Board member

> *"I think that the kids need clarity on the reality of independence. They need vouchers and need to find jobs. They need other resources than those offered by the Keys for Life (sic). They keep running back to Keys for Life when they get out here and realize that they cannot make it."* Former youth in foster care, and Youth Advisory Board member

CONCLUSION

VI. CONCLUSION

Most of the needs identified in the *2009 Needs Assessment* can and will be addressed with innovation, creativity and determination. Key recommendations and action steps will be developed to address the findings of the *2009 Needs Assessment* though the *2010 Resource Development Plan*.

The information and data that was gathered through focus groups, interviews, and surveys in the *2009 Needs Assessment* help to identify those specific needs that can be addressed through services and programs designed to prevent child abuse and neglect, and/or to strengthen the road to permanency for children who have already entered the District's child welfare system. Some of these services and programs are already in place, such as the Partnership for Community-Based Services (PCBS). As a relatively new program, however, PCBS will require a measure of time to demonstrate its positive impact on child safety, well-being, and permanency. The Mockingbird Family Model Project has already demonstrated success and will be expanded. In addition, once the Human Care Agreements (HCAs) are implemented, CFSA will be examining any remaining gaps in placement resources. It is expected that other programs may need to be developed to meet any small but significant resource gaps.

Strong partnership and funding of existing, successful programs such as the Agency's partnership with the Healthy Families/Thriving Communities Collaboratives, the DC Grandparent Caregivers Program and the prevention grants will also sustain our continuing efforts towards prevention of child abuse and neglect, as well as entry into care. The addition of several promising approaches that the Agency is considering to fortify positive permanency outcomes will complement these evidence-based programs. Further, CFSA is particularly eager to embrace the city-wide Child Abuse and Neglect Prevention Plan which will integrate prevention efforts into a long-term strategy that seeks to promote healthier child development and stronger families, thereby reducing the risk and incidence of child maltreatment in the District of Columbia.

Teaming and communication were cited as areas in need of improvement during this assessment. Already the Agency is actively encouraging the importance of teaming and communication throughout the system to increase permanency outcomes, incorporating internal as well as external stakeholders in the process. Examples of this system-wide approach includes CFSA workers co-locating in the community, as well as representatives from the private agencies actively participating in policy meetings held at Agency headquarters. Ongoing training for the *In-Home* and *Out-of-Home Practice Models* will solidify the teaming component of our practice efforts.

Helping our resource parents to prepare themselves for service to the children who come into their care through more extensive and tailored training will be one of our most important goals. Such training in specialized care for handling the challenges of diverse needs within the foster care population will serve a dual purpose: securing stable placements and providing the much-needed opportunity for an array of placement options suited to the unique characteristics of children and youth. As noted in the document, the number of placement resources is stable but we must also provide resources that suit the particular needs of diversity within the child welfare population. The Agency is fortunate to have an excellent and professional team of pre-service trainers through CFSA's Office of Family Training & Licensing Division within the Office of Community Services. Further, in-service training will be provided by the Office of Training Services. These staff members will be prepared to address the training needs that were identified in interviews and focus groups.

As the trend analyses revealed, the increase of our in-home population will necessitate an equal increase in the stronghold of services available to maintain family stability. Some of these services

will be referrals to other community-based programs and some will be addressed directly through CFSA and the *2010 Resource Development Plan*. While the increase may shift a portion of our practice focus, it is a most welcome shift because it definitively exposes the increasing success of our efforts to prevent the removal of a child from his or her home. Unless there is imminent danger to a child, the safety, well-being, and permanency of a child who stays in his or her home will always supersede the placement of a child in the foster care system.

It is one of the Agency's teaming principles to include the youth in our discussions on what is needed to improve our service to the children and families in the District. By involving youth in the assessment process, the Agency takes a certain risk. The forthright responses and frank reactions of youth force us to look at areas where we may have presupposed a measure of achievement that is not experienced by the youth in our care. CFSA willingly takes that risk with the confidence that our youth will help guide us through their responses to provide for their needs. Some of their responses revealed that family connections were not being met to the level of the Agency's commitment to youth. Concerns related to life skills and specifically to youth transitioning from residential treatment centers were brought to our attention. The Agency is fully prepared and equipped to address these needs, having already redesigned our youth program to increase life skills development along with family connections, and the provision of step-down placements.

Ultimately, as stated in the Executive Summary, any needs assessment (by definition) requires a vigorous attempt on the part of the Agency to honestly expose areas in need of improvement. There may be a temptation, however, to examine these areas of need without an overarching and complementary view to the strides and successes accomplished within the entire child welfare system in real time. In this context, the Child and Family Services Agency acknowledges both the areas of need and the strength of achievements. The Agency is particularly grateful both to front-line staff and support staff behind the scenes who worked tirelessly in 2008 to address several crises, both internal and external, while maintaining federal benchmarks that earned the Agency high marks during the Child and Family Services Review.

As the Agency moves forward in its dedicated commitment to prevent child abuse and neglect, as well as entry and/or re-entry into the foster care system, CFSA will continue to hold every child's safety, well-being, and permanency as the mainstay of its child welfare practice.

APPENDIX A – PREVENTION

FY10 marks the first time that CFSA has been designated as the lead District agency for federal Community-Based Child Abuse Prevention (CBCAP) funds, a discretionary grant program intended to support development and evaluation of programs and activities. With this charge, the District is proposing a more coordinated and strategic approach to the delivery of child welfare and related services that can help secure permanency for children while simultaneously helping to prevent child abuse and neglect.

In addition to prevention efforts that are advanced by CFSA's basic practice standards, CFSA's grant-making authority under the *Child and Family Services Agency Grant-Making Amendment Act of 2008, D.C. 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, youth and families who may be at risk of involvement with CFSA or who are currently receiving services from CFSA. Through the grant-making process, CFSA has sought to expand the current array of child abuse and neglect prevention and intervention resources, 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 the entry and reduce re-entry of families into CFSA through the provision of specialized services that promote protective factors within children and families that can reduce risk, build family capacity, and foster resilience. These factors lead to improved outcomes for children and parents and a reduction in the incidence of child abuse and neglect.

In FY09, CFSA funded a number of prevention grants including grants for the following programs:

1. *CAN Prevention through Father-to-Child Attachment* – CFSA awarded grant funds for this pilot program to focus on fathers of children 0-5 years old. Utilizing video technology to assist the fathers to improve their parenting skills, the program helps to prevent child abuse and neglect. The program has been re-funded through FY10.
2. *Healthy Start Healthy Families* – This grant supports the expansion of services in the Wards with the highest incidence of substantiated child abuse and neglect in the District: Wards 5, 6, 7 and 8. Utilizing a team of experienced Family Support Workers (FSWs) along with a community health Registered Nurse, the program is designed to prevent the entry of children into foster care. This evidence-based approach includes access to services that specifically address medical, behavioral, and educational needs, including home visitation services for high-risk families. The program has been re-funded through FY10.
3. *Parent Education and Support Project* - Grant funds support evidence-based and promising practice models that are strength-based, family-centered and that combine both individual and group approaches. One-time capacity building grants awarded under the Parent Education and Support Project fund time-limited services provided at no cost to parents or program participants. New grants will be awarded in FY10.
4. *Parent-Teen Conflict Resolution and Respite Care* – Grant-funded services are time-limited, intensive home- and community-based treatment for youth beyond parental control or manifesting truancy and other delinquent behaviors, and their caregivers. A broad range of evidence-based therapeutic services designed to address clinical, social and educational problems are provided to youth and their families. The program has been re-funded through FY10.

Other Resources and Supports

DC Grandparent Caregivers Program

The *Grandparent Caregivers Pilot Program Establishment Act of 2005*, which became effective on March 8, 2006, provides monthly financial assistance (on a first-come, first-served basis) to low-income grandparents and other relatives residing in the District of Columbia who are raising grandchildren, great grandchildren, or great nieces or nephews without court involvement and outside of the child welfare system. These subsidies are much less expensive than the full costs related to children entering the child welfare system. As of March 31, 2009, the program was running at capacity with 315 families and 489 children, including 19 children newly enrolled during this year. The waiting list has 120 families and 181 children. Funding for this program has been increased to $5.6 million for FY10.

Family Treatment Court Transitional Housing Program

The program is specifically designed to empower homeless mothers exiting residential substance abuse treatment to attain self-sufficiency after reunification with their children, preventing re-entry and directly impacting the potential for securing a child's permanency. Services are focused on meeting the needs of Family Treatment Court clients who are in need of stable housing and who have transitioned into community-based continuing care.

Parent Advocate Project

The Parent Advocate Project facilitates strong relationships between birth families, foster parents, and social workers through early engagement soon after a child is placed in out-of-home care. The Project utilizes trained Parent Mentors who have, in the past, successfully reunified with their children under CFSA supervision. Parent Mentors provide families with one-on-one support and guidance as they navigate the child welfare and family court systems and help them obtain support services that will expedite their reunification.

Work of Heart Respite Program

The *Work of Heart* Respite Program was developed to address the need for respite services for District of Columbia foster children. Services are utilized by CFSA's non-contracted foster parents in the District of Columbia. The program aims to prevent the disruption of placements and to support stability and options for permanency for children in care.

APPENDIX B – CONGREGATE CARE

Congregate Care Facility	Brief Description and Comparison of Different Types of Congregate Care			
Traditional Group Homes for Older Youth	Provide a supervised environment for children and youth aged 13 to 21 through structured daily programs.	Support permanency via stable placement with 24-hour supervision that facilitates visitation with family, allowing CFSA to work toward transitioning the youth to a more family setting.	Incorporate formalized behavior management, on-site psych-educational groups, and on-site life and social skill development (i.e., money management, job readiness training and conflict resolution).	Facilitate individual and group counseling, alcohol and substance abuse services, educational and vocational support services, therapeutic recreation, health care services, and medication management, either on-site or off-site.
Independent Living Programs – Main Facility	Serve youth who are at least 16 years old and who meet certain other developmental qualifications, in accordance with District law.	Promote permanency via a semi-independent living environment; 24-hour on-site supervision provides life and social skills development, educational and vocational support, employment support and other services.	Provide therapeutic recreation, family services and activities that promote and support permanency, in addition to health care services and medication management support, counseling and transportation services.	Provide enhanced independent living skills and training, as well as assistance with discharge planning.
Independent Living Programs – Residential Units	Serve youth who are aged 18 – 21. These units do not necessarily provide constant supervision on-site but the youth living in these units have demonstrated their readiness for more advanced independent living in an apartment setting.	Promote permanency by providing more intensive life and social skills development, educational and vocational support services, and employment support to assist preparation for independence.	Provide therapeutic recreation, family services and activities that promote and support permanency, in addition to health care services and medication management support, counseling and transportation services.	Provide enhanced increased discharge planning and support for developing community connections that can be utilized after discharge from care.
Residential Treatment Centers	Provide 24 hour, specialized care that cannot be provided by a traditional foster or group home.	Promote permanency by utilizing intensive multidisciplinary treatment methods to facilitate reintegration to family, group home settings, or preparation for independent living.	Often necessary for a small percentage of children and youth in foster care who may struggle with complex problems that act as barriers to permanency.	Provide secure settings and intense treatment focus to best treat children and youth who may present with the following conditions or behaviors: medically fragile, neurological impairments, victims of sexual abuse, severe behavioral issues, or chronic running away.

APPENDIX C – METHODOLOGY

Methods

The *2009 Needs Assessment* utilized a mixed methods design which includes both quantitative and qualitative data sources described below. A mixed method approach was employed to develop both a macro and micro level understanding of the Agency's needs. Quantitative methods provided the context on overall trends across and within the Agency's population; and attempted to quantify stakeholder perceptions and observations. Qualitative methods provided more in-depth feedback and the experiential context for statistically observed trends.

Quantitative Data Sources

Mixed archival and contemporary CFSA administrative data on placement was compiled from FACES.net management reports to identify trends and patterns from FY07 to FY09.

Self-Administered Surveys

The *2009 Needs Assessment* incorporated four self-administered surveys through the internet-based survey software, *Survey Monkey*. Respondents included private agency monitors, In-Home and Permanency Administration social workers, RTC staff, and child welfare attorneys. Respondents provided information on placement-related factors that lead to permanency.

Qualitative Data Sources

Key Informant Interviews

The *2009 Needs Assessment* utilized exploratory key informant interviews to determine some of the overarching challenges and issues and to help formulate focus group protocol. Key informants were asked broad questions about Agency values, processes, population characteristics, and challenges. These interviews, conducted in-person or by phone, often allowed for a longer, more in-depth conversation on subjects of interest. The following parties provided information through interviews:

- Administrator, Contract Monitoring and Performance Improvement Administration (CMPIA)
- Administrator, Child Protective Services
- Staff who work with FACES.net (the District of Columbia's Statewide Automated Child Welfare Information System, or SACWIS)
- Program Manager, Family Licensing
- Administrators, In-Home and Permanency Administrations I and II
- Administrator, Innovative Family Support Services
- Administrator, Office of Youth Empowerment
- Administrator, Placement Services Administration
- Supervisor, Residential Treatment Center (RTC) unit

Focus Groups

The focus group protocols were developed by the OPPPS *2009 Needs Assessment* team. As expected, there was some variation in questions asked during each group, although the general content of the questions remained similar. The focus group feedback was analyzed using *NVivo 8*, a qualitative data analysis program. A total of 13 focus groups were held with the following populations:

- Birth parents & birth parent mentors (combined)
- Out-of-home social workers (CFSA and private agency combined)

- Office of Youth Empowerment social workers
- Placement Services Administration social workers and private agency placement workers (combined)
- Adoption social workers
- Family Team Meeting staff
- Kinship foster parents
- Traditional and specialized foster parents
- Adoptive parents
- Youth in foster care
- Youth in independent living programs
- Youth in group homes
- Group home staff

Data Collection

Data was collected through focus groups, surveys and the use of administrative data between Spring and Summer 2009.

Data Analysis

Several strategies were employed to analyze the quantitative and qualitative data collected.

Quantitative Data Analysis

Survey Data

Frequency and descriptive analyses of survey data were conducted via *Survey Monkey*.

Administrative Data

Descriptive and cross-group analyses of CFSA operational data were analyzed via FACES.net and Excel.

Placement Projections Methodology

The statistical model employed to compute the projections of placement types was an exponential growth model, utilizing point-in-time placement population data to compute the non-linear regression analysis. The projections are predicted values, whereby there is a y value for each given x value. The projection was a resulting new value that identified the correlating relationship between the existing x values and y values. The exponential growth model applies logic whereby growth is based upon returns of y values for a series of x values. The functionality of the regression tool applied to each projection was analyzed through calculation of the r-squared for each placement type. The quality of each placement type fit was measured by the statistical value of r-squared. *Note: the r-squared statistic helps to measure the accuracy of the projection.*

Qualitative Data Analysis

Focus group and interview notes and transcripts were coded using *NVivo 8,* a qualitative data analysis program, by 62 relevant categories identified by the *2009 Needs Assessment* team. These categories were analyzed to identify major themes in and across groups.

Methodological Limitations

Although the *2009 Needs Assessment* was not a research project, several research methodologies were employed and are therefore prone to their inherent limitations. Quantitative methods are often not sensitive to the diversity of the human experience. Specific limitations include design limitations in the development of interview, focus group and survey questions. Limitations associated with data collection include sampling error, survey administration inconsistencies and modest response rates. The accuracy of quantitative data analysis strategies is challenged by the statistical

limitations of the procedures used. Qualitative methods often cannot provide data that is representative of the entire population or consistent across responses.

The *2009 Needs Assessment* team acknowledges these limitations; however, it believes that the findings presented herein, when taken into context, can provide useful insight into the factors that contribute to and hinder permanency for children in CFSA's care.