District of Columbia Government
Child and Family Services Agency

2013 Needs Assessment

Child and Family
Services Agency

200 I Street, SE

Washington, DC 20003

Prepared by the Office of Planning, Policy and Program Support

Acknowledgements

On behalf of the District of Columbia's Child and Family Services Agency, we would like to thank everyone who contributed their time, effort, and expertise to the development of the *2013 Needs Assessment*.

We extend special thanks to the youth, resource parents, CFSA and private agency staff, the Office of the Attorney General, child and foster parent advocates, and the additional child welfare professionals who supported this project.

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Executive Summary

The District of Columbia's (DC) Child and Family Services Agency (CFSA or Agency) has completed a bi-annual assessment since 2003 in accordance with the *LaShawn v. Gray* monitoring requirements.[1] Each of the *Needs Assessments* examines current and projected out-of-home placements and support services in response to the varied placement needs of the child welfare population. While the *Needs Assessment* is mandated by the *LaShawn* Modified Final Order (MFO) to be placement-focused, the document also considers the necessary interplay among resources, services, and practice standards throughout the entire child welfare spectrum. Such interplay includes the impact of prevention services and permanency-related interventions on the ability of children to achieve positive permanency outcomes. The *Needs Assessment* is just one of several opportunities for CFSA to look introspectively at historical and current performance in order to gauge where practice improvements can better support placement and permanency for children involved with the District's child welfare system.

The report structure carefully aligns with the *Four Pillar Strategy Plan* that CFSA promulgated in January of 2012 to guide case practice along the child welfare continuum. Accordingly, Agency strengths, needs, and placement projections are discussed in relationship to the pillars under which they fall.

Pillar One: Narrow the Front Door

CFSA's strategies and services are geared toward affording children the opportunity to grow up with their families; therefore home removals are a last resort. To prevent entrance through the front door, CFSA implements programs and evidence-based approaches that stabilize and support families, while contracted community-based partners provide services and interventions. These services and interventions are tailored for families who come into contact with the Agency (through a report of alleged abuse or neglect) but whose risk factors are low to moderate and who therefore can be served in their own homes.

Pillar Two: Provide Foster Care as a Temporary Safe Haven

When it is necessary to place a child into foster care, CFSA starts immediately planning the child's exit to permanence from the child welfare system. The Agency first seeks placements with the child's relatives, always aspiring to place the child in the most appropriate and family-like setting. Regardless of placement setting, CFSA keeps children connected to their schools and communities. CFSA also promotes and strives to preserve both maternal and paternal relationships, alongside sibling connections, through frequent and high-quality visits.

Pillar Three: Ensure Child Well-Being

Every child is entitled to have a nurturing environment that supports his or her growth and development into a healthy, self-assured, and educated adult. CFSA is committed to working collaboratively with

[1] The *2013 Needs Assessment* addresses requirements outlined in the *2010 LaShawn Implementation and Exit Plan*: "CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO [Modified Final Order]. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years."

other public and private agencies to provide resources to secure such an environment, while addressing education, mental health, and physical health care so that children receive the supports they need to thrive.

Pillar Four: Achieve Exits to Permanence

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

In addition to aligning the *2013 Needs Assessment* with the *Four Pillar Strategy Plan*, the Agency analyzed quantitative placement and performance data from its FACES.NET[2] management information system. Qualitative data was collected from internal and external stakeholders who participated in personal interviews, focus groups, and surveys. The end result of both sets of data is a blue print for CFSA's *Resource Development Plan* (RDP), which serves as the Agency's action strategy for addressing the needs identified herein.

To set the stage for current findings, it is useful to briefly consider the *2011 Needs Assessment*. In addition to accurately projecting the decrease in the foster care population, the assessment also identified the changing and complex needs of that population. In particular, the *2011 Needs Assessment* noted the need for an increase in specialized and therapeutic family-based placements, despite the decreasing foster care population. In response, CFSA conducted a comprehensive placement utilization review in 2012 whereby it diverted Agency resources away from underutilized congregate care placements and toward specialized and therapeutic family-based placement resources. The result has been a placement resource mix that currently meets the needs of the foster care population, and is projected to continue as such into the future. At present, only 4 percent of youth in foster care reside in congregate care settings.

The *2011 Needs Assessment* also delved into CFSA's internal data reporting issues, particularly around respite care services. These data issues were confounding the Agency's performance-related placement reports for its federal program officers, putting CFSA's federal funding at-risk. The challenges were ultimately overcome through the work of a joint task force of CFSA program and systems staff. Primarily, efforts to revise the Agency's *Placement & Matching* policy and procedures helped to define respite such that it can be used appropriately as a resource. As well, respite episodes are now more accurately entered into FACES.NET. As a result of these efforts, CFSA and private agency social workers and managers increasingly share a common understanding of the circumstances that warrant respite services as well as the system-related documentation surrounding them.

While other 2011 findings remain challenges, findings of the *2013 Needs Assessment* affirm the successes of the Agency's recent emphasis on promoting kinship care for those children who have to be

[2] FACES.NET is the District of Columbia's statewide automated child welfare information system.

removed from the home of their parents or caregivers. Through its *KinFirst* program and use of Family Team Meetings to identify and engage potential kinship caregiver resources, almost a quarter of all children in foster care are currently placed with relatives. This is an 8 percent increase in kinship placements, compared to FY11 and FY12.

Principal Findings of the 2013 Needs Assessment

Positive feedback on the increase in placement resources is duplicated in 2013 from both the 2009 and 2011 Needs Assessments. Remaining challenges nonetheless surround the range of available placement options, prevalence of substance abuse issues, and lack of resources to address domestic violence, particularly for perpetrators.

Foster care placements in the District are categorized across levels of case management responsibility (e.g., CFSA, including the Office of Youth Empowerment, or a private agency). The setting type is always based on the unique needs of the child (e.g., least-restrictive, family-based setting or congregate care). CFSA projects that the ongoing increase in family-based placement types and the ongoing decrease in congregate care settings, especially group homes, will continue. Specifically, the Agency expects to see a decrease in the placement of youth in independent living programs (ILPs), but an increase in the youth who have established a permanent family or life-long connection before aging out of the foster care system. Additionally, with the Agency's target to decrease the number of teen mothers in the foster care system, CFSA expects a decrease in the need for teen parent home placements. Lastly, with improvements made to mental health services as a result of implementing the Trauma Systems Therapy (TST)[3] model and changes to the current screening and assessment of the mental and behavioral health needs of children entering foster care, CFSA also expects a decrease in the need for therapeutic and specialized placements.

Remaining challenges for specific placement-related services were still indicated. Through survey responses, the need for more of the following placement types was identified:

- Foster homes with therapeutic support
- LGBTQ-friendly homes (i.e., lesbian, gay, bisexual, transgender, and questioning) and teen parent homes
- ILPs and homes for children with special needs
- Traditional foster homes

Additional foster homes for older youth were also suggested based on evidence that youth continue to linger longer in foster care. This underscores the evolving complexity of need within the District's foster care population, and requires CFSA's placement processes and resources to be equipped to address those complexities.

[3] The TST model focuses on addressing trauma in two ways (1) a traumatized child or youth who cannot regulate his/her emotional state and (2) a social environment/system of care that cannot help contain this dys-regulation. TST focuses on the child and on relationships and surroundings. CFSA incorporates both the clinical and organizational components of TST.

The Agency acknowledges that these findings, as well as several in the following paragraphs, are findings that have surfaced earlier in previous *Needs Assessments* over the years, particularly findings related to substance abuse and domestic violence. As a result, CFSA is both challenged and sustained by its current efforts to address these chronic issues. Within this context, the Agency must also maximize its use of prevention services, particularly the title IV-E waiver demonstration project, and continue expanding promising new interventions to divert families from entering the District's child welfare system.

Data indicates that positive permanency outcomes for youth ages 15-21 remain a challenge.

Despite existing and emerging initiatives and notable improvement for youth in some areas, there is nonetheless a need for more widespread positive outcomes for youth. Overall, children aged 12 and older account for over half of the population in foster care and are also the population most likely to be placed in a therapeutic setting. Moreover, youth aged 15-21 are still experiencing the highest rates of placement disruption, representing a combined 21 percent of the foster care population with four or more placements. Data also indicates a notable surge in placements per age group, beginning at the age of 12 and continuing as youth age up until 21. As of December 2013, data further indicated that more youth are residing in foster homes than in all other placement types combined (248 versus 144 in all other placement types). Yet still, youth who age out of the system (versus exiting to an established permanency goal) experience an average of 7 years in foster care. On a related note, as in previous years, data indicate that youth with the goal of an Alternative Planned Permanent Living Arrangement (APPLA)[4] remain in care longer than youth with other identified goals. As of September 30th, nearly 230 youth had a recorded APPLA goal.

Due to focused efforts, many of which have been spearheaded by the Office of Youth Empowerment (OYE), additional supports have been implemented to promote permanence and stability for youth as they transition to adulthood. As a result, more youth who are close to exiting foster care are either attending school or employed. In addition, more youth who transition from foster care are receiving aftercare services. The Agency, particularly OYE, has also increased focus on and support for pregnant and parenting youth with their children. To promote continued positive outcomes, in the final months of 2013, OYE began streamlining its programmatic services to focus on key areas of youth development and support, which include case management for youth, education and post-secondary education support, vocations and employment, transition services, and, as noted, support for pregnant and parenting youth, as well as aftercare services. In addition, OYE has established benchmarks for youth development which provide guidance for CFSA and private agency direct service staff. It is important to note that OYE case manages less than a third of cases for youth in care, so it is critical that services are available to all youth in care and that all direct service staff are mindful of and strive to attain the established youth benchmarks.

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

Throughout 2013, CFSA has been devoting resources and expanded services toward the early identification and assessment of serious family risk factors. Yet, development of more robust services is required to help families work through their complex issues.

Families coming to CFSA's attention are often impacted by co-occurring mental health issues, substance abuse disorders, and domestic violence. Notably, the existence of these complicating factors, as well as the chronic challenges to overcoming them, has been a repeat finding from multiple needs assessments over the past decade. To expand its capacity to address these factors, CFSA has developed internal screening and assessment protocols, in addition to strategically partnering with sister agencies and community-based organizations that have expertise beyond CFSA's in-house resources. For example, since completion of the *2011 Needs Assessment*, the District now offers evidence-based practices for client mental health needs, as well as more accessible substance abuse treatments, and more resources for victims of domestic violence. Despite these gains, the Agency acknowledges that similar issues nonetheless impact different families in different ways. Tailored service gaps therefore remain. To respond to differing needs and to fashion service delivery appropriately, CFSA still needs to cull effective and coordinated services that are readily accessible to all families. In this manner, the Agency will more readily mitigate the added risk of abuse and neglect when co-occurring risks exist. These findings continue to underscore the urgency for identification, development, and implementation of innovative programs and resources to adequately support families with co-occurring issues.

Additionally, clinical decisions must be weighted heavily among all other considerations for the children and families on a social worker's caseload. The best clinical decisions are often the most difficult decisions to make in the face of mandates or legal requirements. Social workers need comprehensive support and reinforcement around their decision-making. The recently-implemented RED[5] team group decision-making model is a promising development toward this finding.

Case management teaming requires greater consistency in practice and conscientious, intentional communication among team members.

Effective teaming means early family engagement. As part of this equation, when consistent messaging occurs from CFSA to members of the case-management team, their ongoing and concerted efforts to provide for the best interests of a child have a greater chance for success. All team members must be equally apprised of changes in the case planning progress for such success to be realized. As above, this finding was also highlighted in previous needs assessments, particularly in 2011 where it was identified as a major barrier to expedient permanency outcomes. The *2013 Quality Service Reviews* further highlighted the challenges that exist with overall team functioning across many of the cases reviewed. CFSA has made great strides in communication through the implementation of RED teams. Continued expansion and consistent application of this shared approach to case management will support improved team functioning across cases.

[5]The RED (**R**eview, **E**valuate, and **D**irect) team is comprised of 6-8 individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of case practice at key decision points in a case, such as home removal, placement changes, case assignment transfers, and permanency reviews.

In instances where kinship placements are unavailable, there is a need for consistent and thoughtful planning around the placement process.

FACES.NET data reveal that of all CFSA placement types, kinship placements are the least likely to disrupt and the most likely experience smooth transitions. Accordingly, CFSA endeavors to place children first and foremost with kin whenever a home removal is necessary. These placements, however, are not always immediately available. Subsequently, many children are placed in foster care with non-relatives, and although even placement with kin can be stressful, placement in a non-relative home is certainly stressful. Thoughtful strategies are necessary to ease children's fear and confusion during the transition into foster care. Social workers and foster parents must work together to communicate with and manage the fears and expectations of children being placed, regardless of their placement. The Agency's recent implementation of the TST model will move the system in the right direction on this front. This is reinforced through the TST training for social workers, providers, and stakeholders.

Another initiative that supports kinship placements is CFSA's partnership with the Foster and Adoptive Parent Advocacy Center (FAPAC) and its promising *DC Family Link* program. This program involves a facilitated but informal "ice breaker" meeting to bring the birth parent and foster parent together within 1-2 days of the child's placement. The meeting focuses on the child's needs while providing the birth and foster parents (in this context, the kinship parents) an opportunity to exchange information about themselves, their family routines and traditions, and how to help the child through this period of separation. In addition, CFSA is currently tracking ongoing data on families to assess well-being and permanency outcomes for children whose families were involved with *DC Family Link*.

The array of CFSA's diverse foster care populations requires appropriate placement resources.

While the overall foster care population continues to trend downward, those who still require out-of-home placement are most frequently children with complex needs. These children require and deserve appropriate responses when it comes to placement. CFSA has done a great deal of work identifying foster family homes for these purposes but work remains to be done within the placement and matching process to ensure appropriate and nurturing placements including implementation of revised placement policies and procedures. In addition, an emerging trend was identified for youth diagnosed on the autism spectrum. Recent inroads on building assessment capacity still need to be coupled with a cadre of foster family providers who are specially trained to understand and meet their complex behaviors and needs. This emerging trend may warrant a closer look at data gathering specific to this population to ensure that placements and resources are both available and appropriate.

Introduction

Overview and Purpose of the Needs Assessment

As it has in past years, the *2013 Needs Assessment* analyzes current and projected placement resources and support services. It requires examination of practice, services, and interventions along the entire child welfare continuum. CFSA also conducts the analysis through a qualitative as well as a quantitative lens in order to determine the comprehensive needs of children and families involved at all stages within DC's child welfare system.

The *Needs Assessment* is one of the primary means for CFSA to ensure overall continuous quality improvement (CQI). It is an introspective and collaborative document that adheres closely to the guiding principles of CQI:

> …the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of [an] agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.[6]

Further, the intent of the *Needs Assessment* is to affirm progress, acknowledge issues and barriers, and provide a basis for an actionable plan for achieving the Agency's mission to ensure the safety, permanency, and well-being of children at risk of abuse and neglect in the District.

Report Structure

As noted in the *Executive Summary*, this report structure carefully aligns with the *Four Pillar Strategy Plan* that CFSA promulgated in January of 2012 to guide case practice along the child welfare continuum. Accordingly, the document discusses Agency strengths, needs, and placement projections in relationship to the pillars under which they fall.

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[6] "Using Continuous Quality Improvement to Improve Child Welfare Practice – A Framework for Implementation", Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, May 2005.

alleged abuse or neglect) but whose risk factors are low to moderate and who therefore can be served in their own homes.

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In addition to the interlacing of the *Four Pillar Strategy Plan*, the *2013 Needs Assessment* recognizes progress in areas that were previously identified as challenging, as well as accomplishments since publication of the 2011 report. This recognition is best understood with a preliminary overview of CFSA's population. The section following provides demographic information and data on placements, placement stability, and projections for future placement needs. In addition, the report highlights findings from the *2013 Quality Service Reviews* (QSRs) that dovetail with the *2013 Needs Assessment* findings, including detailed measures to address gaps in practice or services.

Lastly, the *2013 Needs Assessment* also references, lists, or hyperlinks several special studies and reports that provide a comprehensive view of the practice and systemic issues that impact placement stability and, ultimately, positive permanency outcomes. Lastly, the document concludes with a "Statement of Needs" derived from a comprehensive analysis of all information sources in each of the sections. This conclusion directly informs CFSA's *Resource Development Plan*, which lays out action steps intended to address the practice, service, and placement challenges highlighted herein.

Data Collection and Analysis

The *2013 Needs Assessment* gathers as much qualitative feedback as possible to assist the Agency's efforts towards achieving better outcomes for children. This encompasses information from existing evaluations of Agency programs, as well as interviews of stakeholders, feedback from facilitated focus groups, and results from surveys distributed to CFSA and private agency staff. Commensurate to this gathering of qualitative data is the quantitative analysis of client demographics and Agency performance data.

The demographics and projections provided in the following chapters analyze the characteristics of the child welfare population along the entire continuum of care – from the point of first contact at the front door through exits to permanence. The data also addresses trends in congregate care placements versus family-based placements, then shifting to a more complex data analysis of permanency goals and permanency outcomes.

This document further explores the following information:

- which placements are most likely to disrupt
- which children are least likely to exit to permanence
- how the in-home and foster care populations are likely to change over time
- what services, interventions, and practice improvements must occur to further Agency efforts toward its mission

The quantitative combined with the qualitative analysis supports CFSA's intention to anticipate and to plan for child needs for the future. It should be noted that all quantitative data in this report was captured on October, 15, 2013 to reflect current numbers as of September 30, 2013. As well, intake and population projections were carried out utilizing a statistical forecasting model known as "the growth model". These are projections based on previously-observed patterns of intake alongside shifts in child welfare caseloads. As table 1 indicates, out-of-home caseloads have dramatically increased when compared to the decrease in in-home case loads. Future projections for FY15 are computed based on the 6 months prior to the 2014 fiscal year (October 1, 2013 – September 30, 2014).

Table 1: Comparative Trend in Out-of-Home and In-Home Caseload Count

CFSA Caseload Count	FY 12 Total Cases	FY 13 Total Cases	Percent Change
In-Home	560	561	.17%
Out-of-Home	1542	1318	15%

Source: FACES.NET report CMT 232

Demographics and Data Overview

An Overview of the District's Child Welfare Population

Addressing the needs of the District's child welfare population requires an examination of the current demographics, as well as an analysis of emerging trends that can help the Agency to best meet the safety, permanency, and well-being needs of the children served. This chapter examines the demographics across indicators of gender, race, and current permanency goal for both the in-home and out-of-home populations. In addition, the chapter reviews the rates both for entry and re-entry into foster care.

Overall, in FY13 a total of 3,141 children were receiving in-home services or were placed in out-of-home care and case managed by CFSA or private agencies. This number represents a 14 percent decrease from the total reported in the *2011 Needs Assessment* (n=3640) and a 13 percent decrease from the total served in FY12 (n=3625).

Table 2: FY13 Children Receiving In-Home and Out-of-Home Services

FY 13 CFSA Child Population	Children Served	Percent of Total Children Served
In-Home	1823	58%
Out-of-Home	1318	42%
Total	3141	100%

Source: FACES.NET report CMT 364, PLC 156

As indicated in table 2 above, at the end of FY13 (i.e., September 30th), CFSA and CFSA-contracted private agencies were providing out-of-home case management services to 1,318 children. That total increases to 1,323 if we include the five children placed in third-party placements.[7] In-home services were provided to 1,823 children from 561 families. CFSA, and the private agencies to a lesser degree, provided these in-home services.

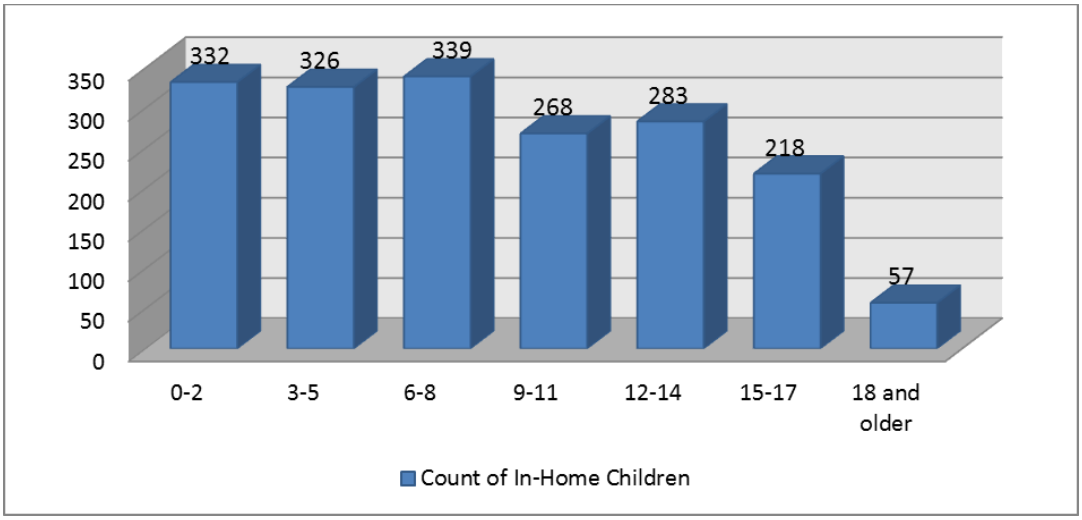
The In-Home Population

- More than half of children served in-home are under the age of 8 years.
- The majority of children served in-home reside in Ward 8.
- In-home cases stay open for almost 1 year.

[7] A "third-party placement" refers to a child's temporary or long-term placement with responsible neighbors, relatives, or other individuals who are found to be qualified to receive and care for the child. This type of placement may occur with or without involvement of the Family Court. A child in a third-party placement is not in foster care.

Although the overall population needing CFSA services is projected to decline, without further interventions[8] CFSA expects its in-home population to steadily increase and to continue to comprise the larger proportion of children served through the Agency. At the end of FY13, for example, 58 percent (n=1823) of the total child population served by CFSA (n=3141) received in-home services.[9] The ages of these children range from less than one year old to age 20. The largest percentage served in-home is that of children between the ages of 6-8 years old (19 percent), as indicated by figure 1. The second highest group is equally divided between children ages birth to 2 years old (18 percent) and ages 3 and 5 years old (18 percent). Children between the ages of birth to 8 years old comprise 55 percent (n=997) of the total.

Figure 1: In-Home Clients by Age



Source: FACES.NET CMT 364

As of September 2013, the percentages of males and females being served in-home were just about equal with 51 percent male and 49 percent female. Most children receiving these in-home services reside in Ward 5 (8 percent), Ward 7 (12 percent), and Ward 8 (22 percent).[10] Of all children served in-home, over 53 percent of the children were African American. One percent was identified as Caucasian but the remaining 46 percent (n=843) did not have a primary race entered in FACES.NET. [11] Within these percentages, an estimated 9 percent (n=165) were of Hispanic origin. These percentages and trends have varied only slightly in recent fiscal years.

[8] It should be noted that projections included in this chapter do not take into account proactive and innovative practice and organizational changes that continue to be made in response to assessment of the current and projected population data or implementation of best practices. Adoption of such initiatives and changes may have a significant impact on the data represented here.

[9] Source: FACES.NET report PLC 156, CMT 364

[10] Wards 7 and 8 contain the first and second highest overall child populations, 31 percent and 27 percent respectively. Ward 5 ranks fourth highest in child population (18 percent) behind Ward 4 (20 percent).

[11] As noted in the Executive Summary, FACES.NET is the District of Columbia's statewide automated child welfare information system. For the 46 percent cited, "race" was entered in FACES.NET as "unknown".

Overall, CFSA provides case management for 94 percent (n=525) of families being served in their own homes, while private agencies provide case management services to the remaining 6 percent (n=36).[12] On average, an in-home case is open for 11 months. When an in-home case is opened, social workers who are co-located in the community will team with the Healthy Families/Thriving Communities Collaboratives' social workers to address the needs of a family through intensive case management. The need for a family to be connected to a Collaborative is a case-by-case decision. Not all families require Collaborative services. Rather, some are referred to a local service provider with resources specific to the support identified. These referrals are in accordance with CFSA's Exit Standard to divert 90 percent of families who have been the subject of report with a low or moderate risk of abuse or neglect to community services. CFSA continues to monitor progress in this regard. At the end of FY13, CFSA was at 56 percent (n=28) in meeting this standard for 50 families.[13]

The Out-of-Home Population

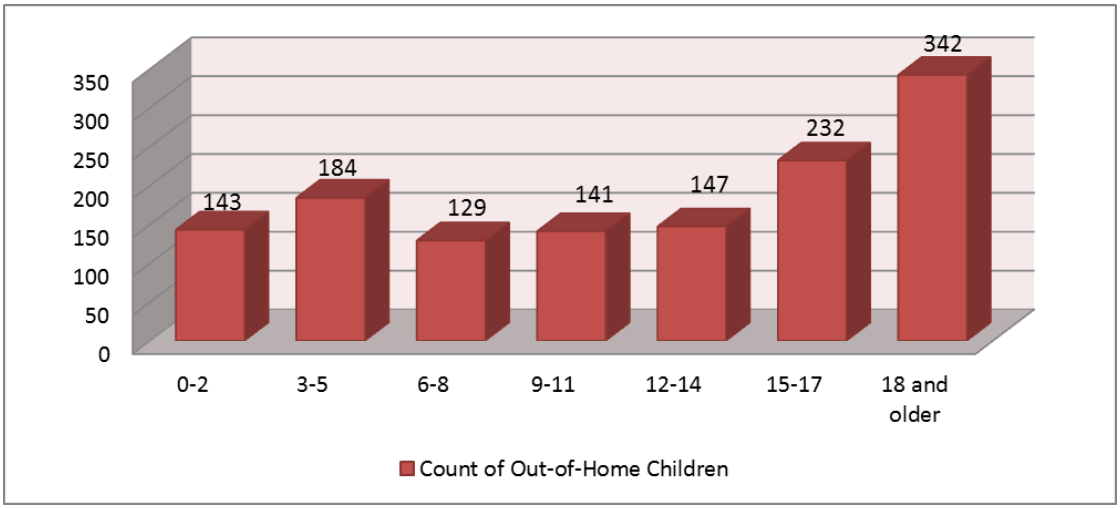
- The foster care population decreased by 14 percent between FY12 and FY13.
- More children in out-of-home care are staying in the District.
- Kinship placements increased by 10 percent between FY12 and FY13.
- Children ages 3-5 are more likely to have a permanency goal of adoption.
- Children ages 12 and up account for over half of the foster care population.

CFSA continues to implement clear practice strategies for decreasing the numbers of children who must enter foster care. At the end of FY13, 42 percent (n=1318) of the total child population served by CFSA (n=3141) received out-of-home services.[14] Between FY12 (n=1542) and FY13 (1318), CFSA observed a 14 percent decrease in the foster care population.[15]

The ages of children in foster care range from less than one year old to age 20. Unlike the in-home population, which is comprised of more children age 8 and younger, the largest percentage of out-of-home clients served is that of youth between the ages of 18 and older (26 percent), as indicated by figure 2 below. The second highest group is youth between the ages of 15 and 17 who account for 18 percent of children in foster care. Children 12 and older account for 55 percent (n=721). According to the 2012 NCANDS[16] Child Maltreatment Data for the District, approximately 51 percent of child maltreatment victims (for which a report of abuse or neglect was substantiated) entered the out-of-home population between the ages of birth and 7.

[12] Source: FACES.NET report CMT364
[13] Calculations exclude investigations that were closed as incomplete (n=126) - source: FACES.NET report INV089.
[14] Source: FACES.NET report PLC 156, CMT 364
[15] Total population is a point-in-time figure on the last day of the fiscal year.
[16] NCANDS stands for the *National Child Abuse and Neglect Data System* which is a voluntary data collection system that gathers information from all 50 states.

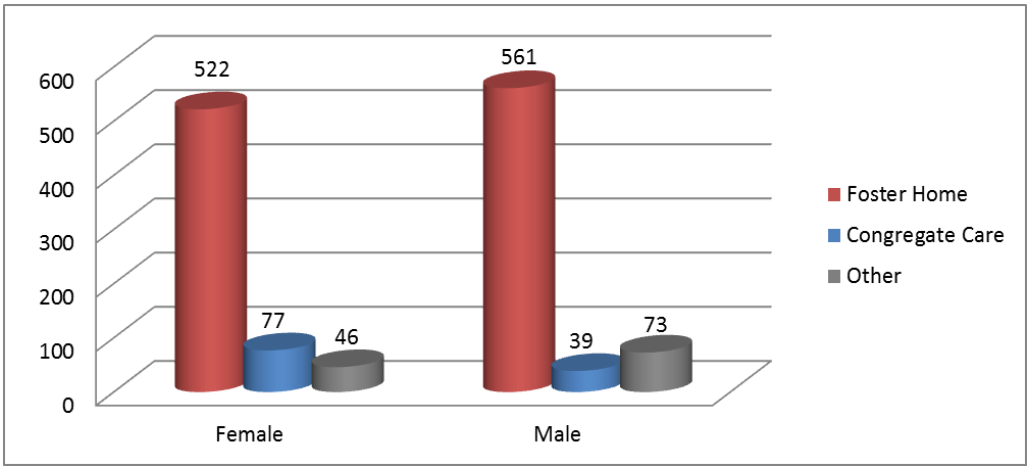
Figure 2: Out-of-Home Clients by Age



Source: FACES.NET PLC 156

Distribution among gender is the exact same for out-of-home as for in-home with 51 percent male and 49 percent female (figure 3). Also similar to the in-home population, most children in out-of-home placement originally lived in Ward 5 (9 percent), Ward 7 (20 percent), and Ward 8 (47 percent).[17] Over 89 percent of the children served by CFSA were African American, while 1.4 percent was Caucasian. Within these percentages, an estimated 10 percent of children in care were Hispanic. As noted in the section on the in-home populations, these percentages have varied only slightly in recent fiscal years.

Figure 3: Out-of-Home Children by Placement Type and Gender



Source: FACES.NET CMT366

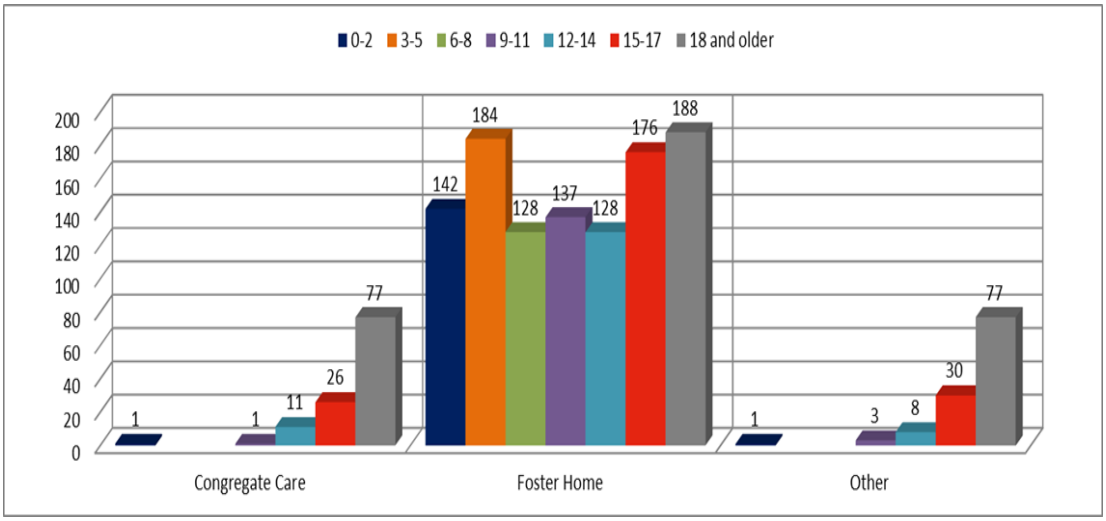
CFSA continues to meet its commitment to decrease the foster care population while increasing opportunities for children to grow up with their families in safe, caring environments. Of the 1,318 children placed in out-of-home care as of September 30, 2013, 43 percent (n=561) were placed in the District. The remaining 57 percent (n=757) children were placed outside of the District either in

[17] Wards 7 and 8 contain the second and first highest overall child populations (respectively) within the District of Columbia. Ward 5 ranks fourth highest in child population, behind Ward 4.

Maryland, Virginia, or another state. It should be noted that the District has improved its FY12 baseline of 39 percent and continues to aim towards the target of 50 percent of children remaining in the District.

As children enter out-of-home foster care placements, CFSA also plans and monitors placements that are more likely to help a child achieve his or her identified permanency goal. For example, of all children being served in an out-of home placement, 82 percent (n=1083) were in a family-based foster home. At the end of FY13, 24 percent (n=325) of children were placed in kinship homes, an 8 percent increase from the 16 percent reported at the end of FY12. Additionally, 77 percent (n=978) of children in out-of-home care experienced two or fewer placements.

Figure 4: Age of Out-of-Home Children by Placement Type



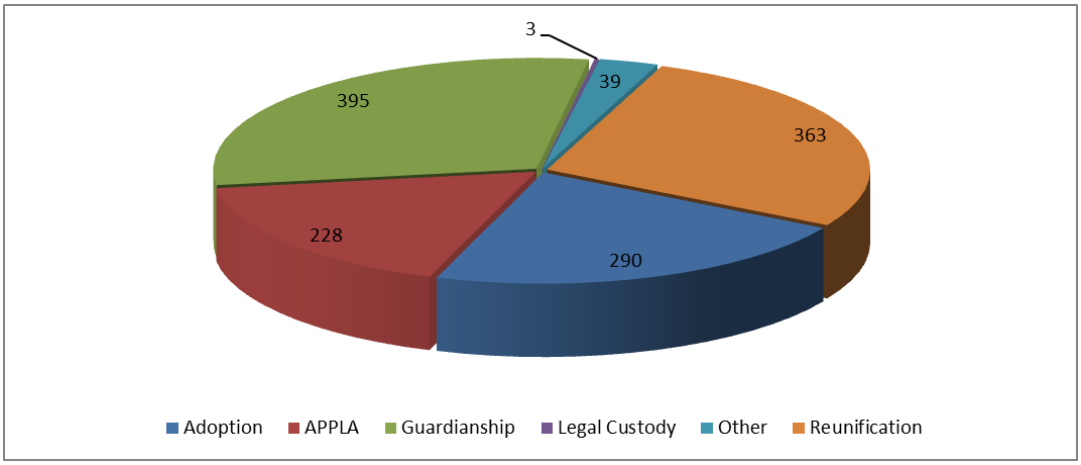
Source: FACES.NET CMT366

With respect to permanency goals at the end of FY13, 17 percent of youth (n=228) had the goal of Alternative Planned Permanent Living Arrangement (APPLA),[18] while 22 percent (n=290) had the goal of adoption. Thirty percent (n=395) had the goal of guardianship, and 28 percent (n=363) had the goal of reunification. Three children had a goal of legal custody while a remaining 3 percent (n=39) were recorded under the "other"[19] goal category.

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

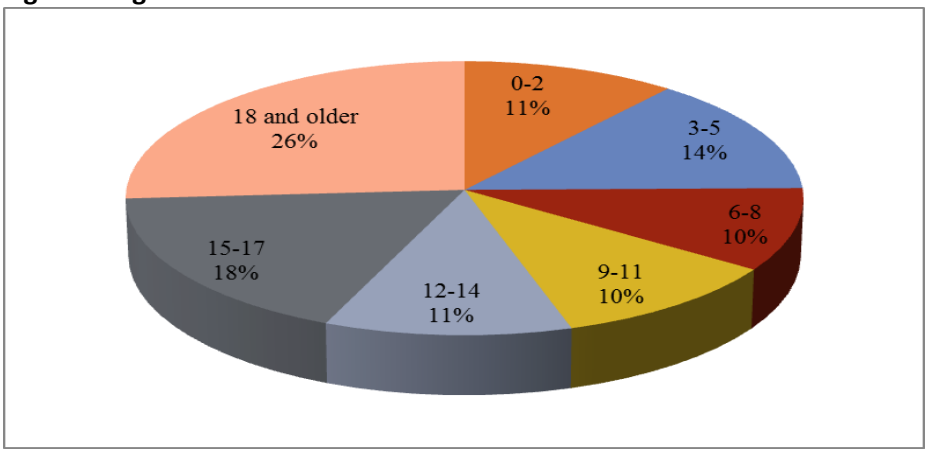
[19] The "other" goal category in FACES.NET is identified as "no goal" and includes cases where there have been no goals established or there has been no court-ordered goal within 180 days. Data for these categories is drilled down and monitored monthly by agency, program administrator, program manager, and supervisor.

Figure 5: Out-of-Home Children by Goal



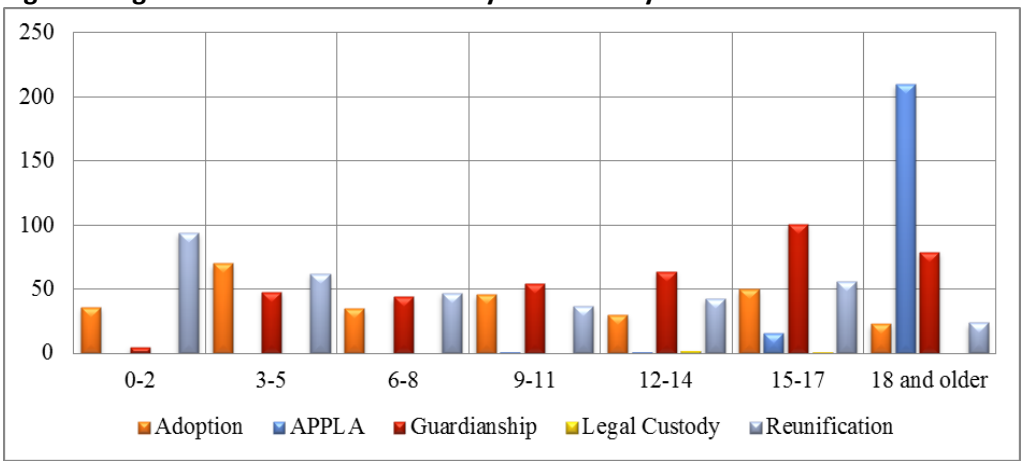
Source: FACES.NET CMT366

Figure 6: Ages of Out-of-Home Clients



Source: FACES.NET report CMT 366

Figure 7: Ages of Out-of-Home Clients by Permanency Goal[20]



Source: FACES.NET report CMT 366

[20] The "No Goal" count of 39 is excluded from this graphic. (See also footnote # 18.)

Figure 7 (above) outlines the types of permanency goals distributed throughout age groups. Of these goals, APPLA is found more among those youth 18 and older. Guardianship is found more among youth ages 9 to 17 and reunification is found more among those aged birth to 2, and children ages 6 to 8. Adoption is found at a slightly higher rate as an assigned goal than reunification for those children aged 3 to 5 years.

Although not depicted in this section, data also revealed that regardless of placement type (i.e., foster home or congregate care), youth with a goal of APPLA (and in some cases adoption), linger in foster care longer and have more placement moves than their counterparts with alternative goals that are more often than not with kin (e.g., reunification, legal custody and guardianship).

As noted, CFSA had 1,318 children in foster care at the end of FY13. Eighty-two percent of these children were residing in a foster home (n=1083), while 9 percent (n=116) were in congregate care, and 6 percent (n=119) were in a placement type designated as "other".[21] Out of the total in foster care, 53 percent (n= 701) were residing in a placement in the state of Maryland. Of those, 675 children were placed in family-based settings with the majority (n=494) being case-managed by a private agency and the rest (n=181) being case managed by CFSA. It was also noted that while gender does not play a significant role in determining placement type of a youth in foster care, there were more females (n=77) than males (n=39) in congregate care but more males in other placement type settings (e.g., foster home and "other" placement types).

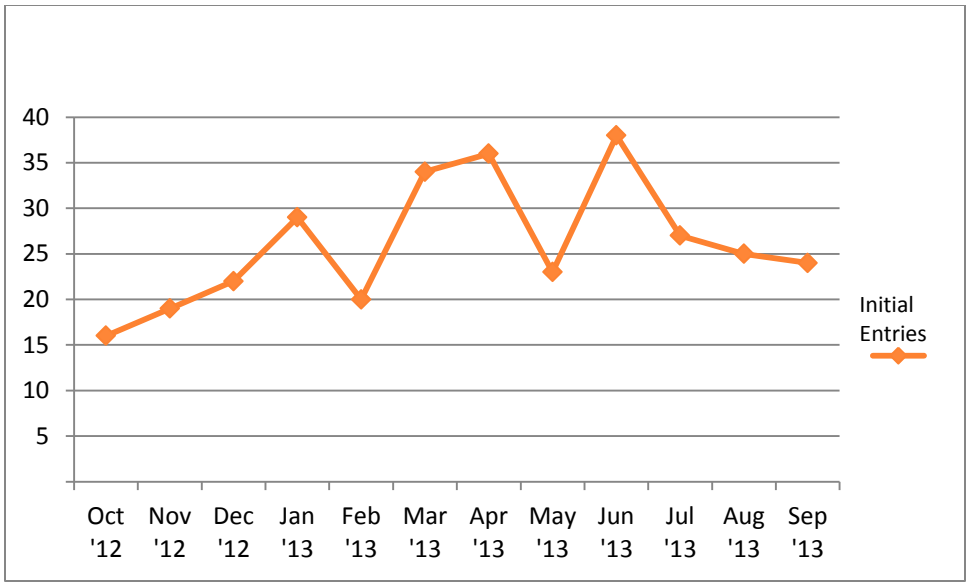
Entries into Foster Care

- The majority of initial entries continue to be children 0-3.
- Initial entries continue to decrease for older children.

Although CFSA provides prevention services to divert entries into foster care, there are nevertheless children who must enter care. Data indicate that children continue to enter the foster care system at a rate of 4.4 per 1,000 children in the District. In detail for FY13, a total of 313 children were initial entries. Figure 8 below depicts the number of entries increasing in January, April, and June but dropping off in February and May during the 12 months of the fiscal year. All initial entries decline from July to the end of September.

Figure 8: Initial Entries during last 12 months of FY13

[21]" Other" type placement settings include college, a vocational training program, correctional facility, hospital, home for the medically fragile or developmentally disabled, a non-legal placement, respite care, treatment programs, and transitional living programs.



Source: FACES.NET report PLC 208

The breakdown in age groups for children initially entering care indicates that the largest single age group is that of infants under age 1 (n=55). Children between ages 1-3 (n=78) follows with the number of children ages 4-6 tapering off (n=48). Initial entries continue to drop as children age. For example, ages 7-10 accounted for 43 children while ages 11-13 accounted for 36 initial entries. After an increase of one child between ages 1-16 (n=37), initial entries drop to 16 youth who are 17 years or older.

According to AFCARS[22] data, the percent of children entering care for the first time has decreased from 80.9 percent in FY 11 to 76.5 percent in FY12. In FY13 FACES.NET data shows a slight increase in this number to 77 percent.[23]

Re-Entries into Foster Care

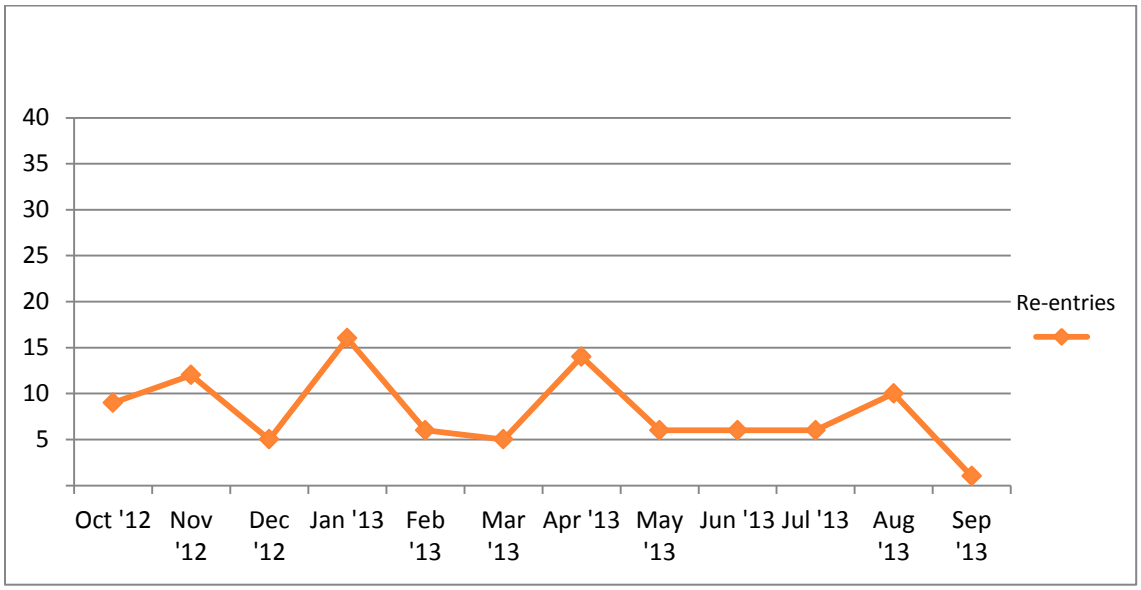
- The majority of re-entries peak for children ages 7-10.

Similar to efforts put forth to prevent initial entries, CFSA provides post-permanency supports to prevent re-entries. According to the AFCARS data, however, the percent of children re-entering care either within 12 months of a prior episode or after more than 12 months of a prior episode increased from 18.8 percent in FY11 to 23.5 percent in FY 12. In FY13, data revealed that 24 percent of children re-entered care within the last 12 months.[24]

[22] The Adoption and Foster Care Analysis and Reporting System (AFCARS) collects case-level information from state and tribal title IV-E agencies.
[23] Children who enter/re-enter foster care during the last 12 months – source: FACES.NET report PLC208
[24] Children who enter/re-enter foster care during the last 12 months – source: FACES.NET report PLC208. Reports count children who have re-entered more than once during a reporting period.

As should be expected, re-entry levels (n=96)[25] are considerably lower than initial entries over the span of FY13. Dips in re-entries for December, February, March, and May were counter-balanced by peaks in January, April, and August. Re-entries fell off again by September. The Agency might consider these dips and peaks more closely to determine whether future prevention efforts are warranted at these times.

Figure 9: Re-Entries during last 12 months of FY13



Source: FACES.NET report PLC208

In detail, the *2013 Needs Assessment* team found the following findings:

- Only one infant under the age of 1 re-entered foster care in FY13.
- The number of children re-entering foster care from 1 to age 3 (n=10) was equal to children ages 4-6 (n=10).
- The largest age group re-entering foster care in FY13 was that of children between the ages of 7 and 10 (n=25) with an almost equal gender split of 11 males and 14 females.
- There were 14 children between the ages of 11 and 13 who re-entered care. A slight increase is indicated for children between the ages of 14 and 16 (n=17).
- Numbers increased slightly for youth ages 17 above (n= 16).[26]

[25] Note that counts detailed for age groups add up to 93 due to more than one-entry for a few children.

[26] Circumstances resulting in re-entry for older youth included disruptions to protective supervision with the biological parent, disruption to reunification with a biological parent after several years, and re-entry due to a death of guardian. It should be noted that pursuant to DC Code § 16-2301(18-19) and §16-2322, "protective supervision" is a legal status created by the Family Court for neglect cases whereby a minor is permitted to remain in the family home under supervision. During a period of protective supervision, parents retain all legal rights and responsibilities, including guardianship, legal custody, and physical custody.

Placements and Placement Projections

- Children ages 12 and older, with 3 or more years in foster care, are most likely to be placed in a therapeutic setting.
- Placement disruptions are more prevalent among youth ages 15 and older.
- Group homes continue to have less placement stability than family-based foster homes.

The average number of months in care for the entire population was 46, with a median number of 30 months. The average number of placements for the entire population was four (median = 3). For the entire fiscal year, 378 children (out of the total population) had four or more placements with the last placement occurring during the past 12 months of the fiscal year (i.e., between October 1, 2012 and September 30, 2013). Youth between the ages of 18-21 represented the largest proportion (13 percent) of children with four or more placements, followed by 15-17 year olds with 8 percent and 12-14 year olds with 3 percent.

Table 3: Placement Stability

Age	# of clients with four or more placements within the last 12 months	% of clients by age range with four or more placements (N=378)	Total % of clients with four or more placements out of the foster care population (N=1318)
0 to 2	14	3.7%	1.06%
3 to 5	15	3.9%	1.13%
6 to 8	11	2.9%	.83%
9 to 11	15	3.9%	1.13%
12 to 14	45	11.9%	3.4%
15 to 17	102	26.9%	7.73%
18 to 21	176	46.5%	13.35%
Totals	**378**		**28.6%**

Source: FACES.NET report PLC 159

Further analysis of subgroups provides an additional lens into placement experiences by age. For example, the youngest age groups reported the lowest median number of placements, in addition to the lowest median number of months in care. The oldest age groups reported the highest average and median number of placements, including four or more placements during their time in care. Among youth ages 12 to 21, the number of placements and number of months in care began to spike. The analysis below uses the following indicators to compare data by age group for children in foster care and for children with four or more placements:

- median number of placements
- median time in current placement
- median length of time in care

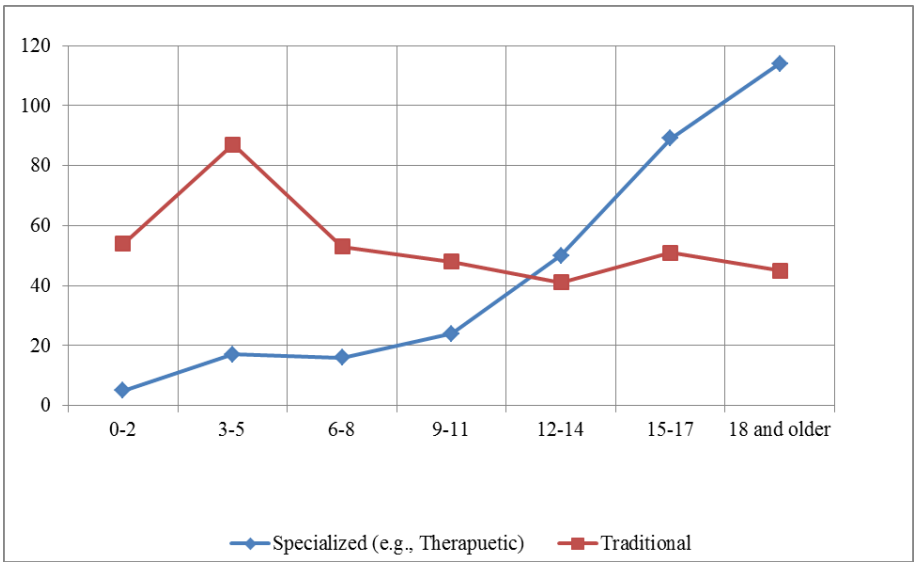
Table 4: Placement Stability

Age	Median # of months in care	Median # of Placements	Median # of months in current placement
0 to 2	8.3	1.9	6.1
3 to 5	23.8	2.2	13.7
6 to 8	26.6	2.7	13.7
9 to 11	29.6	3.1	13.7
12 to 14	37.3	4.6	9.7
15 to 17	45.2	6.4	11.5
18 to 21	87.7	10.6	17

Source: FACES.NET report CMT 366

The *Needs Assessment* team also examined placement types according to age and race identification. As previously stated, 89 percent of children in the District's foster care system identify as Black/African American. Figure 10 below depicts the breakdown of African American children entering foster care by traditional (n=379) and specialized (n=315) placement types. Data also shows that if a child has been in foster care over 3 years, and is 11 years or older, they are more likely to be placed in a therapeutic placement versus a traditional placement. The latter placement is the most prominent placement type amongst youth with 5 months to over 2 years in foster care**.**

Figure 10: Black/African American Children in Out-of-Home Care by Age, Specialized and Traditional Placement Types as of 9/30/13



Sources: FACES.NET report CMT 366

Table 5 below provides an analysis of the disruption ratio for children in out-of-home placements. This ratio is calculated by taking the total number of disruptions over the total client population in each placement type. The chart indicates that kinship caregivers are the most stable placements, followed by pre-adoptive homes. The least stable placements are group homes, followed by therapeutic foster homes.

Table 5: Placement Disruption

Placement Type	Disruption Ratio
Foster Homes (Kinship)	0.19
Foster Homes (Pre-Adoptive)	0.25
Foster Homes (Specialized)	0.33
Foster Homes (Therapeutic)	0.69
Foster Homes (Traditional)	0.53
Group Settings (Group Homes)	0.77
Group Settings (Independent Living)	0.4

Source: FACES.NET Special Report

In regards to placement projections, at the end of FY12, the number of children in foster care was 1,536. By FY13, that number decreased to 1,318. CFSA's goal for FY14 is 1,308. Projections for FY15 are expected to reveal a further decrease in the foster care population.

In detail, at the end of FY13, there were 454 children in CFSA kinship, traditional, or pre-adoptive placements. Between FY13 and FY15, CFSA placements overall are projected to experience a 15 percent increase (n=68) with the majority of children placed with kin (n=300). Traditional placements are expected to increase by 37 percent (n=54) while the pre-adoptive placements are projected to decrease by 42 percent (n=16).

Children in contracted placements totaled 864 at the end of FY13. During the course of these 12 months, the CFSA population decrease overall by 15 percent.[27] Looking forward in FY15, the total CFSA out-of-home population is projected to decrease by 9 percent (n=124) by the end of FY15. The projected private agency population decreases by 19 percent (n=162). Overall placement projections indicate that traditional (n=234) and therapeutic (n=206) placements would comprise the largest populations. As for the combined total CFSA and private agency foster care population, it is expected to continue decreasing into FY15 with both traditional and therapeutic populations experiencing comparable decreases, e.g., traditional by 21 percent (n=62) and therapeutic by 27 percent (n=77). Though some congregate placement counts are expected to be maintained, teen parent congregate counts are expected to increase. Additionally, placement types classified as "other" are projected to decrease by 45 percent (n=54).

[27] "Percentage" is a percent change in foster care population at the end of FY12 (n=1542) and FY13 (n=1318).

The population projections in table 6 were derived for FY15 through regression analysis, specifically a growth formula that considers previous patterns of a relationship between an *x* and *y* variable over an observable period of time in order to conduct a forward prediction. Additional methodology included taking the total average of entries and re-entries over 6 months (e.g., March-August) and subtracting these by the average number of monthly exits to get a net reduction per month. From August 2013, for example, if the census is maintained at its current pace, CFSA projects a net reduction of 1,144 children in foster care by FY15 (n=1194). This scenario includes practice considerations that define the number of projected beds that will be needed and also takes into consideration the changing demographics of the population of children being served.

Table 6: FY15 Placement Projections for FY15

CFSA	FY15 Practice + 6-month Average
Kinship	300
Traditional (DC CFSA)	200
Pre-Adoptive	22
Sub-Total	522
Contracted Private Agencies FAMILY-BASED	FY15 Practice + 6-month Average
Traditional	234
Therapeutic	206
Specialized DD/MF*	21
Teen Parents	17
Sub-Total	478
Contracted Private Agencies CONGREGATE CARE	FY15 Practice + 6-month Average
ILP Residential (18-21)[†]	20
ILP Main Facility (16-21)	12
Group Home – Traditional	40
Group Home – Therapeutic	5
Group Home – Specialized	7
Group Home – DDS[±]	8
Teen Parent	33
Psychiatric Residential Treatment Facility	4
Refugee	30
Other	65
Sub-Total	224
Total Contracted Placements	702
Total CFSA and CFSA-Contracted Placements	1224
Adjustment	-30
Grand Total	1194

Source: FACES.NET report PLC155MM
*Developmental Disability/Medically Fragile
[†]Independent Living Program [±]DC Department of Disability Services

Well-Being

CFSA believes that every child deserves an environment that is nurturing and promotes healthy comprehensive development. There are nonetheless particular areas that need improvement. For example, academic achievement among children in foster care continues to be an area in need of strengthening. Although CFSA met their FY13 target of over 60 percent of children in foster care graduating from high school (71 percent), improvement must be made to attain the target of 38 percent of children in the third grade performing at grade level. In FY 13, 30 out of 54 third graders (17 percent) were performing at grade level. In addition, CFSA must address and increase the number youth in foster care who graduate from college to 30 percent. Data from FY 13 reveals that only 9 out of 40 youth (18 percent) graduated from college.

Exits to Permanence

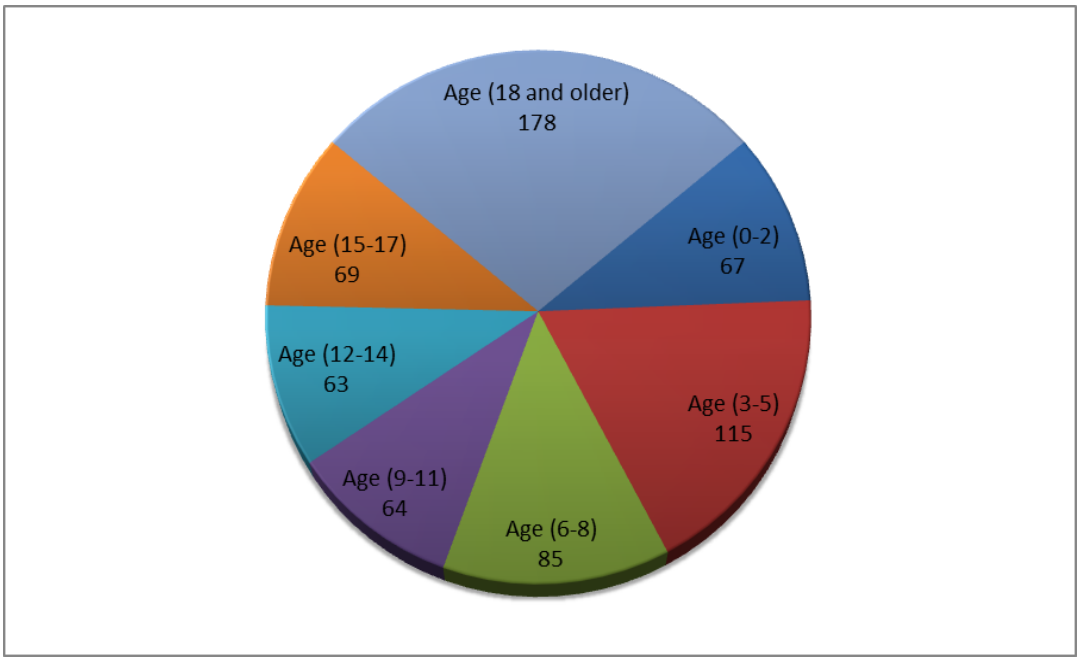
- Guardianship is the primary exit reason for youth ages 12-14 years old.
- Guardianships increased by 25 percent increase in FY13.
- Reunification is the primary exit reason for children 0-8 years old.
- Aging out of foster care is the primary exit reason for youth ages 18 and older.

Positive permanency outcomes refer to exiting for reasons of reunification, living with other relations, guardianship, or adoption. CFSA projects that the number of exits to permanence is expected to steadily increase due to the Agency's continuing efforts to place children with kin and to make the first placement the best and most family-like setting possible.

Data pulled as of October 15, 2013 reveal that a count of 641 clients exited foster care within the previous 12 months. Of these children, 78 percent (n=500) self-identified as Non-Hispanic Black/African American. Although 52 percent were females (n=331) and 48 percent were males (n=310), no significant trend in relation to exits and gender could be identified.

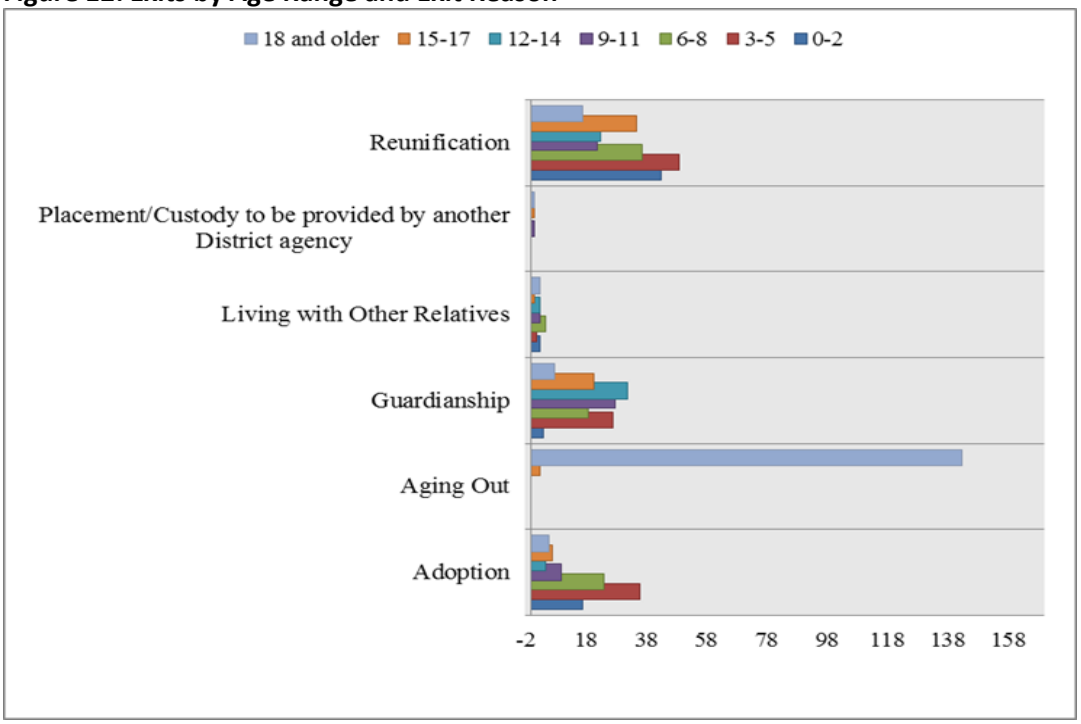
Figures 11 and 12 suggest that the 18 and older cohort followed by the 3-to-5 year olds exit at a higher rate than children in other age groups. Reunification is the most prominent reason for 3 to 5 year olds exiting foster care whereas aging out of the child welfare system is the most prominent exit reason for those who are 18 years and older. Comparatively, as the out-of-home population decreased over the past 2 fiscal years, the population exiting to permanence increased. Additionally, the proportion of clients exiting per "reason" has remained the same from FY 12 to FY 13 with reunification being the number one reason, followed by aging out of the system, legal guardianship, and adoption. Finally, in FY13 the client population decreased for all exit reasons except guardianship. A 25 percent increase in guardianship was observed from FY12 (n=111) to FY13 (n=139).

Figure 11: Exits by Age Range



Source: FACES.NET report CMT 367

Figure 12: Exits by Age Range and Exit Reason[28]

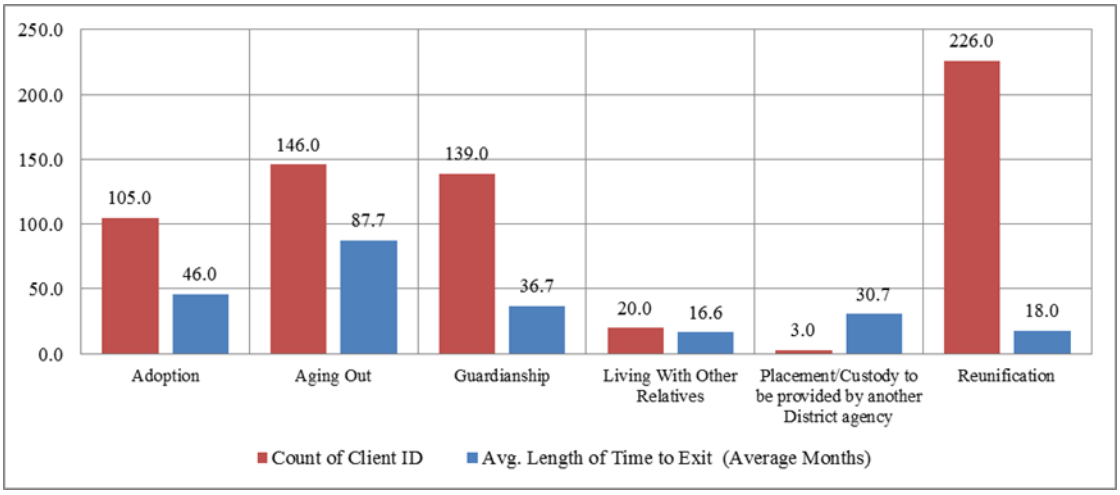


Source: FACES.NET source CMT 367

[28] Exit reason calculation excludes the reason "Death of a Child" with a count of n=2.

As indicated in figure 13 below, the average length of time from point of entry into foster care to aging out of foster care for youth ages 18 and older is approximately 7 years. Whereas the average length of time for children 3 to 5 years old who reunified with their families is approximately 1.5 years.

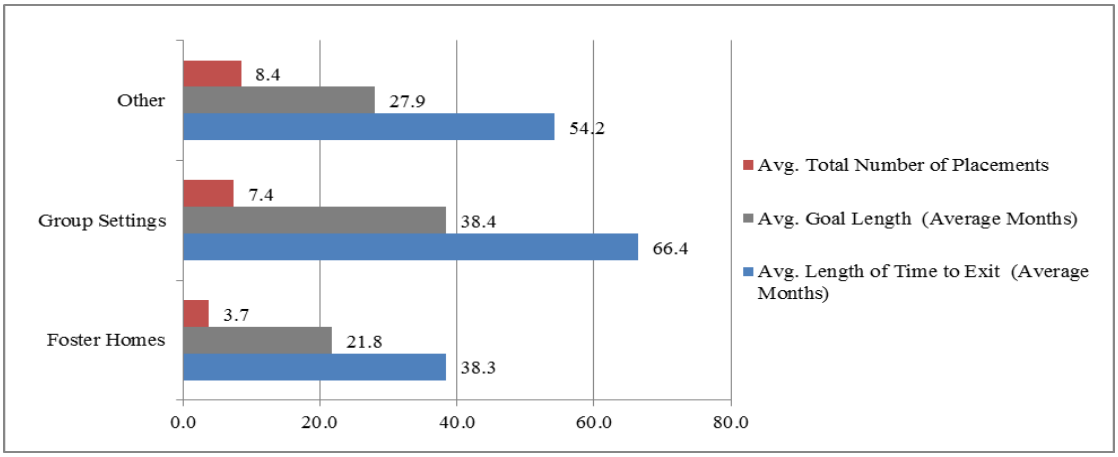
Figure 13: Exit Reason by Length of Time to Exit



Source: FACES.NET report CMT 367

Figure 14 portrays youth who are in congregate care versus a family-based setting or a setting classified as "other". As indicated, more youth exit from foster homes (n=504) than a group setting (n=53) or other type of setting (n=84). These youth have a higher number of placements, as well as a longer period of time to goal achievement. Resultantly, they also have a longer time to exit foster care. Additionally, the data suggests that placing a child with a relative means that they have a shorter length of stay in foster care. Further, children placed in a foster home setting are less likely than their group home counterparts to linger in care, have multiple placements, or have a longer time to achieving their permanency goal.

Figure 14: Exits by Setting and Average Number of Placements, Goal and Time of Exit



Source: FACES.NET report CMT 367

The Front Door of the Child Welfare System

Since completing the *2011 Needs Assessment*, CFSA has put additional services and resources in place to "narrow the front door"[29] to the child welfare system. With a purpose to mitigating risk and preventing the need for formal intervention in the child welfare system, additional resources include community-based prevention grants and a broadened network of neighborhood-based services and supports. In addition, CFSA has implemented the Differential Response[30] (DR) model which includes the Family Assessment (FA) unit. Social workers in the FA unit offer strength-based case management and supports for families with low-to-moderate abuse and neglect issues that do not require intervention by the Family Court. Finally, the internal decision-making structure has been redesigned to support and promote team-based assessment of family strengths and needs and development of safety plans for the families through RED teams.[31]

CFSA has implemented the above-cited resource and organizational enhancements to minimize the number of children and families who enter the District's child welfare system, thus reducing the need for placement in foster care. Nevertheless, analysis of quantitative and qualitative information gathered during development of this year's *Needs Assessment* reveals a number of recurring yet important needs obligating the Agency's attention:

- Mental health and substance abuse disorders often co-occur, and early identification and effective response to them is a key to child safety and well-being.
- Engagement of at-risk families should start immediately after the initial Hotline report and remain consistent until the case is safely closed.
- Domestic violence is prevalent and has varying impact on different family members; new and existing Agency interventions must account for these dynamics.

The paragraphs below provide further detail on the above-cited points.

[29] "Narrowing the front door" is the first of CFSA's recently established *Four Pillar Strategy Plan,* an agenda dedicated to improve outcomes for children and families at every step in their involvement with the District's child welfare system. The Four Pillars include (1) *narrowing the front door*, (2) *providing a temporary safe haven* (when removal is necessary), (3) *well-being* (throughout the life of a case, whether services are provided in-home or out-of-home), and (4) *exit to permanence* (i.e., reunification, permanent guardianship, or adoption). For more detailed information, see CFSA's website at http://cfsa.dc.gov/page/four-pillars.

[30] Differential response (DR) is an evidence-based practice that CFSA implemented in 2011. DR allows CPS to offer a full range of services without requiring a determination of maltreatment. Additional information is located on CFSA's website: http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPS%2520DR%2520Family%2520Assmnt%2520GUIDE.pdf

[31] The RED (**R**eview, **E**valuate, and **D**irect) team is comprised of 6-8 individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of case practice at key decision points in a case, such as home removal, placement changes, case assignment transfers, and permanency reviews.

The Front Door of the Child Welfare System

Scope and Overview

For optimal and healthy development, children need the opportunity to grow up in their own homes with their own families. For families with risk factors that have brought them to the attention of the Agency through in a Child Protective Services (CPS) Hotline report, CFSA makes every attempt to determine whether the risk levels are low enough to prevent their entry into the District's child welfare system. This is accomplished by introducing the family to early interventions and supports within their own community that can help mitigate risk and prevent removal. In this regard, the Agency is dedicated to furthering its role as an accessible and user-friendly resource to the community. In other words, contact with the Agency should be considered "supportive" but not threatening.

This section of the *2013 Needs Assessment* provides an overview of the practices, services, and interventions offered at the front door of the child welfare system that are necessary for children to remain safely in their own homes and reduce the need for out-of-home placements. The narrative continues with an examination of the qualitative feedback received through focus groups, stakeholder interviews, and surveys that the Agency conducted as part of the development of this assessment. Conjointly, the discussion integrates findings from CFSA's recent Quality Service Reviews (QSRs). Throughout, the narrative is punctuated with graphics and direct quotes for reinforcement.

The Neighborhood: community-based interventions that prevent contact with CFSA

Families who have not yet become involved with the system but are still at risk of Agency involvement are considered to be "out in the neighborhood" of the District's child welfare system. To prevent these families from entering the system, or the front door, the District annually allocates dedicated funding for competitive grants that support effective community-based prevention programs. These prevention services are critical to reducing the need for out of home placements, while providing families with the necessary tools to remain intact. These grants support an array of evidence-based services in various neighborhoods throughout the District. The following services are included:

- *Parent Education and Support Project (PESP)* – Four grantees throughout the District provide in-home visitation, classroom education, and support services specifically geared toward equipping parents with tools and strategies to keep children safe and to nurture and promote healthy development and academic achievement. The program also links families to clinical services, support groups, and direct assistance programs.
- *Father-Child Attachment Program* – One grantee provides home visitation and consultation services specifically geared toward helping fathers to forge lasting bonds with their children in those District wards that have disproportionate reports of abuse and neglect. Program goals include increasing protective factors by improving relationships and interactions between the father (who, in most cases, is non-custodial) and the child's mother.
- *Home Visitation* – CFSA awarded multi-year grants to two community-based organizations that provide home-visiting programs for up to 150 families. Families served may have histories of

trauma, intimate partner violence, and mental health or substance abuse issues. Services begin prenatally or shortly after the birth of a baby, and are offered voluntarily, intensively, and through until the child's 5th birthday.

The Front Porch: the Agency's response to allegations of abuse and neglect[32]

The aforementioned community-based services are administered without the direct involvement of CFSA and, as mentioned, are intended to prevent the entry of families into the child welfare system. Despite such interventions, there are often circumstances where a person in the community, be it a family member, educator, doctor, member of the clergy, or neighbor, makes a report to the CPS Hotline that the child may be a victim of abuse or neglect. The CPS Hotline is the first point of contact with the Agency, or the "front porch". In such cases, a Hotline worker elicits information from the person making the reports, including details about the circumstances that prompted the call.

Calls are either accepted as referrals or screened-out. A call may be screened-out under the following circumstances:

- The call does not meet the Agency's criteria for abuse and neglect.
- The report does not contain enough details.
- The alleged victim is 18 years of age or older.
- The report needs to be diverted to CPS in another jurisdiction.

The Hotline worker then refers the matter for appropriate follow-up through one of the following pathways under CFSA's DR model:

- *Information and Referrals* (I&Rs) result from reports that include allegations of abuse or neglect but require linkage to other District government or community agencies that can address topics that are not related to CFSA's function, or do not need CFSA intervention or involvement. In some cases, I&R calls may entail a brief safety check or assessment by CFSA staff to ensure the appropriateness of a service referral.
- *Family Assessment (FA)* referrals are specifically designed to address the needs of families who are the subject of a Hotline call alleging specific types of neglect that may cause concern and intervention but do not put the child's safety at imminent risk. The following types of allegations are included in an FA referral:
    - Educational neglect
    - Newborn with a positive toxicology report
    - Inadequate clothing
    - Inadequate or dangerous shelter
    - Inadequate physical care
    - Unwilling or unable to provide care
    - Inadequate Food

  FA referrals subsequently involve strength-based, family-centered engagement that leads to services the family finds useful, needs, and wants. Unlike the investigative process, participation

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

in the FA path is voluntary for the family. When a family agrees, the FA social worker utilizes clinical skills to partner with the family to develop a comprehensive understanding of the family's situation. From this perspective, the Agency can tailor services specific to the family's individualized needs. There is no finding or substantiation that leads to entry into the system, and the family name does not get entered into the Child Protection Register.[33]

- *CPS Investigations* originate when a Hotline worker identifies specific safety concerns for the child after considerable questioning of the person making the report. The assigned CPS investigative social worker will then contact the family and perform a comprehensive investigation of the reported allegations. In partnership with the family, the social worker will develop a safety plan to address the risk factors, and to provide linkage to necessary services within CFSA or in the community. In instances where risk factors remain prevalent but do not warrant a home removal, the CPS social worker will refer the family to ongoing in-home case management services through CFSA's contracted partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives).[34] Alternatively, a CPS investigation may also result in a disposition of substantiated allegations (i.e., the maltreatment actually occurred) that requires removal of a child and the opening of an out-of-home case. Depending on the risk level and needs of the family at the investigation's closing, a disposition of "inconclusive" may also result in a referral to a Collaborative for services.

The Front Door: Agency-sponsored interventions for preventing home removal

CFSA requires that clinical and legal determinations evidence a removal as unnecessary before linking families to a CFSA in-home social worker (co-located at one of the community-based Collaboratives. The in-home social worker then partners with the assigned Collaborative family support worker (FSW) to ensure that the most appropriate services and supports are offered to help families overcome the risk factors that precipitated the Hotline call. In addition, the case management team partners closely with the family to develop a tailored case plan with the intent to overcome or mitigate any risk factors.

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

Together with the above practices, the Agency is implementing program changes through its recently awarded title IV-E waiver demonstration project, which allows CFSA to redirect restricted federal

[33] Pursuant to District law, CFSA maintains a Child Protection Register (CPR). This database is the District's confidential index of perpetrators with substantiated or inconclusive findings of child abuse and neglect. These findings are the direct result of evidentiary disposition decisions made by investigative social workers under the purview of the Agency's CPS administration. Unless a name is expunged from the CPR database as the result of an appeal, it is maintained in the database for life.
[34] There are five Collaboratives located throughout the District. Collaborative staff partners with 10 CFSA In-Home Administration (IHA) units to provide families with community-based support, preventative services, and comprehensive responses to families' needs.

funding to enhance its available services and supports for families being served in their own homes. Among the planned enhancements are changes to the expansion of home visits and the Parent Education and Support Project (PESP). These programs offer a variety of family-focused services to expectant parents and families with new babies and young children. CFSA is using the waiver funding to expand these services to families involved with in-home services. Previously, these programs only provided services to non-CFSA involved families. CFSA is also implementing two new evidence-based models under the waiver:

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

Overview of Qualitative Feedback

In addition to quantitative data, CFSA also gathered qualitative information related to internal and external stakeholders' experiences with the child welfare system. With respect to practice, resources, and services specific to the in-home population, feedback revealed the following recurring themes:

Early identification of substance abuse and mental health needs as well as access to nearby quality substance abuse treatment and mental health services are integral to successful prevention efforts.
For those dealing with substance abuse issues, CFSA partners with the DC Department of Behavioral Health's (DBH) Addiction Prevention and Recovery Administration (APRA) to provide linkage and access to services. This move is expected to greatly reduce or remove bureaucratic obstacles to care coordination. For example, there are approximately 50 certified substance abuse providers for adults. During FY 2013, CFSA and its partners collaborated to reduce the average wait time for access to services from 14 days to 36 hours. On the other hand, at present, CFSA must contract with a Virginia-based provider to offer residential substance abuse treatment for women with children because there are currently no programs for women and children in the District. CFSA is pleased that two such providers are scheduled to open in 2014. In addition, for youth, currently, the Adolescent Substance Abuse Treatment Expansion Project (ASTEP) offers services by four District-based providers. APRA recently received a grant to expand services.

[35] An evidenced-based program, the *Homebuilders* model engages families by delivering services in their natural environment at times when families are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.
[36] http://www.institutefamily.org/programs_IFPS.asp

The Front Door of the Child Welfare System

While, as indicated above, District-based service capacity continues to expand for families with complex, often co-occurring issues, interviews with staff reveal that social workers often face the challenge of discerning which co-occurring issue came first. Since interventions and expected outcomes vary, early and accurate identification of needs is the first critical step to connecting families with the effective services needed to prevent or shorten experiences with the child welfare system.

Early Identification and Engagement

The District continues to build service capacity and streamline care but there are times when it still may fall on child welfare professionals to identify co-occurring disorders and to engage families to address them. Staff indicated there are challenges with identifying these issues early on in the case, as well as identifying which issue may be predominant and which is the complicating factor. Simultaneously, there are also existing challenges for successful engagement of clients to address those issues, in addition to challenges referring clients as needed, and following up with clients.

Current Interventions

With respect to youth and substance abuse, CFSA increased early identification efforts during FY13 by conducting universal substance abuse screening for 87 percent of youth entering foster care, ages 11 and older. By the same token, in calendar year 2014, CFSA's Child Welfare Training Academy will be enhancing supports for social workers who work with this population through a new series of intervention trainings called Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT features a model of motivational interviewing techniques that are geared toward initiating and facilitating the often-difficult discussion between social workers and clients about substance abuse issues. It is a valuable tool intended to increase social worker comfort level and client receptivity around such matters.

Regarding mental health, CFSA is in the midst of implementing the federal *Initiative to Improve Access to Needs-Driven, Evidence-Based/informed Mental and Behavioral Health Services in Child Welfare.* This grant-funded initiative, which has introduced the "Trauma Systems Therapy" (TST)[37] model to the Agency, is already attuning social workers to signs and symptoms of trauma among the families with whom they interact. CFSA is in the process of training every front line staff person on TST with all of the following objectives in mind:

- Social workers can move away from the role of "case manager" and return to that of an "interventionist".
- Licensed mental health staff personnel deepen their understanding of trauma in the context of child welfare.
- Each key person on a child's case management team has a basic understanding of trauma and shares the same language of trauma.

[37] As noted in footnote #3, the TST model focuses on addressing trauma in two ways (1) a traumatized child or youth who cannot regulate his/her emotional state and (2) a social environment/system of care that cannot help contain this dys-regulation. TST focuses on the child and on relationships and surroundings. CFSA incorporates both the clinical and organizational components of TST.

- Team members have the skills needed to understand behaviors, recognize triggers, and appropriately respond and intervene.

Because the current interventions have recently been implemented or are still in the implementation phase, further monitoring is required to determine how effective these innovative approaches will be in increasing the capacity of front line workers to make complex determinations about co-occurring disorders. Once a full assessment is made on the effectiveness of wide-spread efforts to train and equip staff, the Agency can then determine whether additional supports, such as specialized training for substance abuse specialists, would increase capacity in this area.

Key to prevention is early and continuous engagement of at-risk families.

During and since CFSA's successful completion of its 2010 federal *Child and Family Services Review Program Improvement Plan* (CFSR PIP), the Agency has made concrete strides toward improving family engagement throughout the life of a case. This has included development and publication of "program operations manuals" (or POMs). These POMs cover the most salient steps required for achieving quality practice standards and governance of key functions along the child welfare continuum, including but not limited to the following well-developed protocols related to CPS investigations and in-home and out-of-home case management:

- Early engagement of families
- Development of safety plans with families at the earliest stages of involvement
- Working with non-custodial parents (including those who are incarcerated)
- Finding and engaging kinship resources through Family Team Meetings (FTMs) and ongoing teaming activities
- Empowering families to develop strength-based case plans as roadmaps to case closure
- Teaming among co-workers and other stakeholders to identify and overcome barriers to child safety, well-being, and permanency

While publication of the various POMs has improved practice and documentation around family engagement, there still remain practice inconsistencies and communication lapses that can impede progress toward achieving family goals. Specifically, feedback from interviews, focus groups, and surveys indicated that the following practice areas are still in need of improvement:

- *Safety planning and documentation* –Safety plans work best when developed thoughtfully in concert with the families, and when they include understandable activities and action steps for all involved stakeholders. They are also an essential component of early engagement. There remain circumstances, however, where CFSA's safety plans are either undeveloped or impracticable for the families to implement. This is a barrier to progress and may result in safety risks for the children.
- *Case transfers between social workers* – It is imperative for the receiving social worker in a case transfer to have a comprehensive picture of the family. This should be based on all information and contact that the family has had with the Agency up until the point of transfer. This does not always happen, and the results can impede case planning progress and possibly put children at

risk. It also disrupts continuity for the family and its team by requiring earlier steps to be retraced.

Domestic Violence (DV) is prevalent and needs to be addressed through a holistic approach that engages every family member who is involved and impacted by its occurrence.

CFSA's Office of Well Being (OWB) reported that the following trends have emerged since the *2011 Needs Assessment*, particularly within FY13:

- *Increase in referrals*: OWB has experienced a 75 percent increase in referrals since FY12, especially with the 2013 introduction of the RED team decision making model, which promotes group discussion and deep evaluation of the domestic situations of families coming to CFSA's attention.
- *Increase in lethality*: OWB reports that the risks of lethality associated with DV cases appear higher than in the past, including more involvement of weapons and/or threats to harm victims.[38] The complexity of cases themselves has remained consistent.
- *Increase in dating violence among youth*: OWB received 18 referrals for youth aged 16-20 and 15 referrals for youth aged 21 during FY13.[39]

The fact that the District of Columbia does not currently have enough services for DV perpetrators who are not criminally involved has been echoed by numerous stakeholders through the *2013 Needs Assessment* surveys, interviews, and focus groups. Neither are there sufficient numbers of safe houses to assist with the increasing number of DV victims being brought to the District's attention. These are repeat findings from previous *Needs Assessments* over the past decade. Services for DV victims are primarily offered through three providers in the District: the House of Ruth, My Sister's Place, and the Wendt Center. Currently, the District's Court Services and Offenders' Supervision Agency (CSOSA) is the only provider for perpetrators but court involvement is necessary to access these services. Due to this lack of services within the District, perpetrators are often referred to the Prince George's County Family Crisis Center for services. One promising new provider of services for both victims and perpetrators (Circle of Care) has been in existence for too short a time to assess its viability as a resource in the District. Nonetheless, stakeholders are hopeful for successful outcomes.

Other feedback included concerns of direct service staff regarding their individual abilities to accurately assess DV cases, especially with respect to perpetrators. In particular, social workers continue to voice concerns when the DV perpetrator still resides in the home. Since CFSA social workers are primarily concerned with the safety of the children, they may elect to remove the children from a home with a residing DV perpetrator to ensure child safety. Social workers also express reluctance to refer potential

[38] Higher lethality rates speak to the risk of a fatal situation and not the actual occurrence of a DV-related fatality.
[39] While precise numbers for previous years were not provided, OWB staff indicates that these numbers are a notable increase from previous years. It should also be noted that the numbers reflected here may not represent all reported DV incidents from CFSA's Office of Youth Empowerment but only those numbers reported directly to OWB.

DV victims directly to DC SAFE.[40] Again, as a result of concerns regarding appropriate assessments, social workers may elect to refer the case to OWB's DV specialist. Even when referrals are made to the specialist, there is frequently little documented information regarding the DV allegation.
Also reported was a lack of uniform practice and communication regarding how to work with families impacted by domestic violence. For example, one respondent reported that at the onset of their involvement with CFSA, families are often told that children will be removed if the non-offending partner does not leave the offending partner. On the other hand, ongoing workers are encouraged to help non-offending partners find a way to safely stay in the home with the offending partner (if appropriate). To address these inconsistencies, CFSA anticipates that the *Domestic Violence Policy* and accompanying business process document will address practice and communication issues. Nonetheless, this area requires continued monitoring to ensure that the policy is fully implemented, that staff is properly trained in DV assessment, and that supervisory supports are in place wherever challenges remain. In addition, CFSA will be contracting for an additional DV specialist beginning in FY14 to help assist with the current workload of these referrals.

Summary of Needs

While strategies and interventions at the "front door" are not directly related to placement, their correlation to placement outcomes cannot be understated. As an illustration, the *2013 Needs Assessment* reveals a number of important strengths but also several challenges, specifically for the Agency to maintain its recent momentum towards reducing the foster care population. Further, there are lingering challenges towards promoting appropriate in-home interventions for families coming into contact with the child welfare system. In summary, the following practice areas are in need of the Agency's attention for FY14 and beyond:

- CFSA should continue to evaluate the effectiveness of competitive prevention grants that empower community-based organizations to make early contact with at-risk families, and to intervene and overcome those risks. CFSA also needs to identify local and federal resources, in addition to the title IV-E waiver demonstration project, to expand effective programs and fund promising new interventions in the District's neighborhoods to keep families from coming into contact with the child welfare system, to expedite reunification, and to reduce re-entries.
- Family risk factors such as co-occurring mental health, substance abuse disorders, or domestic violence issues are chronically prevalent among CFSA's client population. These complex issues impact each member of the family in different ways, and they invariably put child safety and well-being at risk. Despite recent investment in staffing and services to address these matters, practice gaps remain with effectively identifying co-occurring disorders. More importantly, resource gaps remain, particularly related to services for victims and perpetrators of domestic

[40] DC SAFE (Survivors and Advocates for Empowerment) ensures the safety and self-determination for survivors of domestic violence in the Washington, DC area through emergency services, court advocacy and system reform.

violence. CFSA must continue to build assessment capacity and differentiated services for families impacted by such issues.

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

Safe Haven and Exits to Permanence

Over the last 2 years, CFSA has put various initiatives into place to actuate the Agency's *Four Pillar Strategy Plan* for reducing entry into care and securing positive permanency outcomes for those children who must enter care. Two of these four pillars, "temporary safe haven" and "exits to permanence", specifically concentrate on foster care practice enhancements, placement resource modifications, and service expansions.

This section of the *2013 Needs Assessment* provides an overview of practices, services, and interventions that CFSA and its partners provide to children from the moment they enter foster care to the point of their departure to their identified permanency goals. In addition, this section contains an analysis of demographic and placement-related data that the Agency uses to inform practice enhancements that can address the needs of the foster care population. The section continues with an analysis of the qualitative feedback received from staff and stakeholders as a result of the following evaluative processes, all of which have been used to inform the *2013 Needs Assessment*:

- Quality Service Reviews
- Interviews
- Focus groups
- Online surveys

Every permanency goal (e.g., reunification, adoption, or legal guardianship) requires a cadre of services to meet varying needs of the foster care population. Successful achievement of a child's permanency goal also depends on the level of investment, commitment, and collaboration of social workers, attorneys, judges, parents, foster parents, relatives, therapists, mentors, teachers, and of course the children themselves. To supplement the efforts of these stakeholders, CFSA continually incorporates relevant data and qualitative feedback to inform practice improvements.

During development of the *2013 Needs Assessment,* the following data and qualitative feedback revealed six distinct areas of needs requiring the Agency's attention if CFSA is going to reap successful outcomes for children entering, re-entering, and exiting foster care:

- CFSA's case practice standards must continue to revolve around conscientious teaming among all of the individuals cited above (social workers, attorneys, parents, etc.). The Agency must also cultivate and prioritize a mutually-respectful teaming environment going forward.
- Youth need greater support for positive outcomes, e.g., placement stability, therapeutic supports in traditional family placements, multiple placements, and length of time in care.
- Clear communication and advance planning are practice tenets that improve placement stability and outcomes. All child welfare stakeholders need to commit to deliberate and thoughtful communication amongst peers, colleagues, and clients.
- The diversity of CFSA's populations requires a tailored array of placement resources.
- Social workers need comprehensive support (e.g., ready access to resources and services, input on practice improvements, specialized trainings, as well as managerial support). Social workers also need to be empowered to make their best clinical decisions, which are often the most difficult decisions to make in the face of mandates or legal requirements.
- There is a need for consistent and thoughtful planning and action around initial placements and placement changes.

Safe Haven and Exits to Permanence

Scope and Overview

Pursuant to Agency practice, children are only removed from a household due to a substantiated allegation of abuse or neglect, based on imminent risk to the child's safety or life. When removal does occur, CFSA begins work quickly to ensure that the child leaves care in a timely fashion for a permanent home. Indeed, planning for a safe exit must begin as soon as a child enters the District's child welfare system. While the child is temporarily and safely placed in foster care, (i.e., becoming a part of CFSA's out-of-home caseload), CFSA works directly with the family to assess risks towards safety, to develop safety plans, and to offer services that ensure family stabilization. As noted above, CFSA and its contracted private agency partners considers quantitative data related to out-of-home caseloads as part of their collective efforts to advance the best placement options for furthering positive permanency outcomes. Such data includes information related to initial entries and re-entries into foster care.

The Placement Process

The Agency's Placement Services Administration incorporates a dedicated placement matching strategy to ensure the best placement possible. In conformity with CFSA's *Practice Model*, this strategy includes placement with siblings, placement in the child's home community, and maintaining a child in his or her school of origin despite removal from the family home. As always, the goals of safety, permanency, and well-being are paramount to the placement process. Further, CFSA has developed a business process and policy guidelines to ensure consistency across practice standards for child placements.

Placement Resources

A primary mandate for each CFSA *Needs Assessment* over the past 10 years has been the analysis of existing placement resources vis-a-vis the needs of its out-of-home population. For children who must be removed from the home of a parent or caregiver, CFSA maintains the following types of placements to meet the wide-ranging needs of the out-of-home population:

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

Traditional Foster Family Care – If a child cannot be placed with kin, CFSA strives to place the child in the most family-like setting possible. Accordingly, CFSA maintains hundreds of licensed, District-based, family-based foster homes for children whenever a family-based setting is appropriate. Among these providers are eight Mockingbird Family Model (MFM) "constellations" that include five to ten resource homes or "satellites" that revolve around a "hub" home. Hub home parents then provide various

support services to the satellite parents caring for children in foster care. Serving as a peer-support network model, MFM facilitates access to quality supports and respite services for resource parents. In turn, the resource parents are better equipped and energized to promote the safety, well-being, and permanency of the children in the homes.

Therapeutic Foster Care – CFSA contracts with private child-placing agencies to provide specialized foster care services for children who present with an Axis 1 diagnosis[41] with CFSA-approved clinical justification. To ensure appropriate care, foster parents are trained as part of the treatment team to stabilize and address the behavioral and mental health needs of these children in anticipation of aiding the child to "step down" to a traditional level of care.

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

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

Stabilization and Respite (ST*A*R) Homes - The ST*A*R program provides short-term emergency placement in a family setting for children who come into placement after regular work hours, including youth returning from abscondence. During this time (the average stay being 7 days), services and resources are put into place to facilitate a smooth transition into an appropriate foster home.

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

Independent Living Programs (ILPs) – ILPs are available for older youth if recommended by the social worker with the input of the youth. These determinations are made through Listening to Youth and Families as Experts (LYFE) conferences, as well as planning meetings with the Office of Youth Empowerment.

Out-of-Home Support Services

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

Older Youth Supports – Because youth can remain District wards until the age of 21, CFSA utilizes

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

federal funding under the Chaffee Foster Care Independence Program to provide an array of educational, vocational, employment, and life skills supports that prepare youth to transition from care.

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

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

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

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

Overview of Supports along the Continuum

While there are still needs to be met, CFSA's commitment to supporting families with a child in out-of-home care, as well as social workers who case manage children in out-of-home care, includes the following existing best practices:

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

Safe Haven and Exits to Permanence

RED Team – The RED (**R**eview, **E**valuate, and **D**irect) team is comprised of 6-8 individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of case practice at key decision points in a case, such as home removal, placement changes, case assignment transfers, and permanency reviews. It occurs in a collaborative setting among multidisciplinary CFSA staff. This framework allows for open discussion among participants while also providing the structure and consistency to ensure productivity and effective decision-making. RED teams give voice to different perspectives, promote critical thinking and problem solving, and provide validation and support to assigned social workers, and enhance accountability with respect to case planning.

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

Utilization Management (UM) Review – UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources and services for children who currently reside in a restrictive level of care, or who are at risk of such a placement. It follows the CNA and involves a team meeting with the youth and family members to discuss holistic needs, appropriate services, and placement recommendations. Based on the results of the assessment and the consensus of the team, the child is then placed in a setting that best meets his or her unique needs.

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

Nurse Care Management – Children who are determined to have significant physical or mental health care needs receive nurse care manager (NCM) services. NCMs provide case management services and support services for these children, as well as consultative services for the social workers working with them and with their families.

Overview of Qualitative Feedback

While the *2013 Needs Assessment* addresses the entire child welfare spectrum, its particular emphasis is on practice and resources surrounding foster care placement. Resultantly, in gathering qualitative information about people's varied experiences with the Agency, placements were a central topic. This qualitative analysis first highlights the feedback specific to placement issues before widening in scope to

discuss various needs along the out-of-home continuum.

Practice must catch up to the infrastructure and supports that are in place to assist the matching and placement process.

The practice of matching a child with an appropriate placement resource is crucial to a child's safety and well-being, as well as to the child's potential for achieving permanency. Successful matching also effectively minimizes placement disruptions. Feedback from the *2013 Needs Assessment* revealed the ongoing need for improvement in the matching process. While processes and tools such as *Utilization Management Reviews* and *Comprehensive Child Needs Assessment* have been introduced into the placement process, their practical application remains inconsistent.

Multiple stakeholders discussed their frustration with the child placement process because of the inconsistent information-sharing related to children's needs, despite the inroads that front line workers have made in terms of early family engagement and information gathering. This can lead to confusion and anxiety both for the child and for the foster parent, precipitating unwanted disruptions.

One promising practice toward rectifying matching issues is the aforementioned *Family Link Model*, whereby foster parents and the birth parents of the children in their care have an opportunity to meet face-to-face and share information about the child to ease the transition into foster care. This initiative has helped build Agency credibility in addition to facilitating successful placements. Consensus among stakeholders indicates that CFSA must continue to find ways to involve and link birth parents and foster parents for the betterment of the children in care.

When placement transitions are effective, they buffer the child's experience into foster care and a new living environment.

Thoughtful strategies to ease children's fear and confusion during the transition into foster care are essential towards creating a more trauma-informed child welfare system. Social workers and foster parents must work together, and they must exercise great care in listening to and validating children's questions and feelings throughout the process. They must also help them understand what is happening through clear explanations, as well as help them to understand that they are not to blame for their removal from their home.

Stakeholder feedback reflected a wide range of experiences with respect to the way the Agency handles placement transitions, including examples of seamless and successful transitions. There were other examples, however, of foster parents who, in a child's presence, refused to allow the child to be placed in their home. There was also a 17 year old who did not know she was going to be moved from her previous placement until the social worker arrived to pick her up at school. The youth was scared and devastated. The social worker appeared to be less than empathetic and shared very little information with the youth. Stakeholders also lamented that "trash bag transitions" still occur (albeit occasionally), whereby a child's belongings are hastily gathered in a green trash bag and transported between living arrangements. The imagery associated with this practice is confusing and painful for the children being placed.

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In contrast, the common themes among the examples of successful transitions are transparency, thoughtfulness, and effective communication among all parties involved. During these successful transitions, the expectations of all involved were clearly established and managed. For the "poor transitions", common themes included haste, anxiety, confusion, and a lack of communication. Anecdotal evidence suggested that these placements were more likely to disrupt. All stakeholders agreed that whatever the Agency can do to enhance the former themes and mitigate the latter would be a welcome step forward toward increasing placement stability, and subsequent positive permanency outcomes.

Successful teams are built upon a foundation of trust.

Child welfare cases are complex and involve many participants. As noted earlier, there are assigned social workers, attorneys, judges, parents, foster parents, relatives, therapists, mentors, teachers, and of course the children and youth themselves. CFSA has made strides to improve communication among all participants and to encourage teaming, but focus groups and interviews revealed that there remain trust issues among case-involved stakeholders that undermine teaming efforts. The following themes surfaced during qualitative analyses of out-of-home cases:

- *Foster parents* do not feel that they are equal partners within the case management team. They have insight and information that could impact and improve a child's well-being but the other members of the case management team either don't solicit their input, or don't take it into account when it is offered.
- *Birth fathers* perceive that they are often undermined as parents, undervalued as potential permanency options, and prejudiced against within the case management team construct.
- *The Family Court* maintains some skepticism of Agency practice and reform as a result of turnover and a perceived lack of follow-through on past reform-oriented initiatives. This leads to second-guessing the clinical judgment of Agency professionals and delays in positive permanency outcomes for children.
- *Social workers themselves* don't always have a clear understanding of the availability of (and referral processes for) clinical services and community-based resources that can help the families on their caseloads.
- *Birth parents* indicated that there is a markedly different approach to teaming between Child Protective Services social workers and ongoing social workers. The former tends to be adversarial while the latter is more supportive, and the transition between the two is confusing and anxiety provoking. Moreover, birth parents are not consulted regularly for information about their children when such information could prove useful for the foster parents to ease the child's transition into out-of-home care.
- *Older youth* offer opinions and preferences regarding placement and permanency planning that are often disregarded by their case management team. These slights lead them to remove themselves from their own case planning process and can disrupt their progress toward self-sufficiency.
- *Relatives and kin* could be leveraged to provide support to families before a home removal

occurs and to help stabilize homes presenting with risk factors. In many instances, they are not brought into the case until only after the removal. Internal family dynamics often present barriers to this sort of family engagement, and CFSA must work on diffusing them for the sake of the well-being of the children involved.

While the scope and frequency of the aforementioned issues vary, when any trust issues arise among the case management team, positive outcomes are compromised. CFSA's challenge is to build this trust where it is lacking and to empower the case management team to operate to its full potential. To a great extent, team trust is (and will continue to be) built during the Family Team Meetings (FTMs) that occur at the earliest stages of the case. FTM coordinators and facilitators use the forum to create "space" for teaming by bringing various parties together and inviting insight and feedback from all participants. The intent is to acquaint the team, clarify roles, promote candor in communication, and assign responsibilities for tasks that will lead the child forward to a successful permanency outcome.

Furthermore, CFSA needs to ensure that Agency policy mirrors the team-oriented intent of the FTMs. It is imperative to provide formal direction to team members so that practice does not vary from team to team but rather that it remains consistent across all of them. In effect, there are no unilateral decisions made in a child's case-planning process. While the Agency's RED team is CFSA's main vehicle for support of case management and practice quality throughout the continuum of a child's involvement with the District's child welfare system, CFSA policy must also reinforce the importance of cross-administration teaming. In fact, teaming is a basic tenet of the Agency's *Practice Model*, and it is addressed through most every CFSA policy, including but not limited to the following examples:

- ***Healthy Horizons Assessment Center and Nurse Care Manager Program*** – Under the auspices of the Health Services Administration, these collaborative programs address the delivery of appropriate and timely physical, dental and mental health services for each child entering the District's child welfare system.
- ***In-Home Services*** – By its very design, the partnership between CFSA and the Healthy Families/Thriving Communities Collaboratives demonstrates a mutual commitment to the principles of teaming. The teaming principles support successful case planning and positive outcomes for children who are served and cared for at home.
- ***Investigations*** – CFSA is committed to a teaming relationship between front line workers and their supervisors and managers. This level of partnering secures the advantageous productivity and positive outcomes that are expected of every CPS investigation.
- ***Out-of-Home Services*** – Teaming is the overarching practice component through which CFSA, its contracted agency partners, and families themselves make decisions that protect and ensure safety, permanency, and well-being. A central principle of teaming for out-of-home care is the inclusion of family and children (when age appropriate) in case planning and decision-making.
- ***Placement and Matching*** – CFSA's Placement Services Administration teams with internal and external partners to determine appropriate placement settings for youth in foster care.
- ***Relationship with Resource Parents*** –This policy emphasizes positive teaming relationships among resource parents, birth parents, children in care, social workers, and other stakeholders.

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Again, while policy and governance reflect CFSA's system-wide commitment to teaming, practice needs to follow suit consistently.

CFSA has noted an emerging trend of needs for children on the autism spectrum.

Initial screenings and comprehensive assessment processes occur through CFSA's on-site clinic (the Healthy Horizons Assessment Center) as well as through its partnerships with the District's Office of the State Superintendent of Education's Strong Start programs (for children age 0 to 2), the District of Columbia Public Schools' Early Stages program (for children 3 to 5), and the District's Department of Mental Health. These resources provide CFSA with supports to identify and assess children in foster care presenting with special needs. For children with high-level needs and diagnoses, HSCSN[42] services, placements, and supports are available. Moreover, CFSA continues to build and maintain placement capacity for children who are medically fragile. Yet still, the *2013 Needs Assessment* identified challenges in specific regards to children with autism.

Although specific quantitative data is not currently maintained on this population, CFSA's clinical staff reported challenges to fully diagnosing and providing services for several autistic children who came to the Agency's attention since the last *Needs Assessment*. Specifically, there are many children whose needs do not rise to the level of a DSM[43] diagnosis or do not meet certain mental health criteria (i.e., intellectual disabilities), yet still present with other special needs related to autism. These children's needs can be so uniquely individual, depending on where the autism presents itself along the spectrum, that proper assessments and development of a tailored service plan is essential for successful well-being outcomes. In addition, foster caregivers require special training and support to understand the needs and behaviors of these children. The Agency must be readily able to identify, to properly diagnose, to appropriately place, and to provide services for children with autism. CFSA clinicians have recommended a full exploration of its population of children on the autism spectrum. This would include strengthening CFSA's partnerships with internal and external mental health professionals to ensure proper diagnoses and identification of services to address unique needs. It would also include an exploration of national best practices that evidence support for autistic children, providing the District with a blueprint for expanding supports for this population.

Openness to various means and methods of communication can enhance teaming, case planning, and stakeholder accountability.

Beyond the commitment and need for trust among the case management team, there need to be flexible methods of communication and tools to hold team members accountable for their responsibilities. CFSA's challenge is to clarify and enhance the teaming framework and process and to train staff and monitor practice to ensure that enhancements have staying power. The issues require the Agency's attention:

- Using *various forms of outreach and communication* optimizes efficiency during the placement

[42] Health Services for Children with Special Needs
[43] Diagnostic and Statistical Manual for Mental Disorders

process. In addition, the Agency's ability to customize its approach to the preferences of particular persons only furthers the cause. Many communiqués require expedience, and there are many ways to meet that need. Different individuals, however, have different preferences as to how they can best be reached. For example, email and text messaging works best for some, whereas telephone calls work best for others. The key is to team with these individuals, determine what works best for whom, work out a communication plan, and then stick to it.

- Case management works best with the benefit of *advance planning*. Many case management activities, such as home visits, assessments, and referrals, occur at the spur of the moment, which can result in missed appointments and provoke anxiety among affected stakeholders. These activities should most often occur on a regular schedule with plenty of advance planning.
- *Completed placement packets* are of great value in easing a child's transition into a new foster home, be it from a prior foster care placement or from an initial home removal. It is a common occurrence for children arrive to the placement without their Medicaid card or Passport Packet, or other important information. This oversight means that the foster parents are not prepared to appropriately understand and address behavioral issues of the child which could possibly lead to a placement disruption.

Stakeholders also expressed concern about the lack of planning and the frequent miscommunication that occurs during the placement process. They emphasized that any information that CFSA can provide the foster parent about the child, including the reason he or she is in foster care and the past traumas he or she has experienced, is extremely helpful. The more the foster parent knows about the kinds of behavior to expect during the transition period the less likely they will be to personalize the child's potential reactions or behaviors and the more likely the placement will be successful.

As noted, clear communication is a major key to establishing and managing expectations around placement. One foster parent, for example, offered that she has learned to expect a lack of information and communication during the placement process. She has adapted to this likelihood by developing a checklist of placement-related questions that she keeps by the phone. She knows that she'll likely need to speak with two or more people in order to get clear answers to them. "I usually have to end up talking to more than one person, and the information you get from one staff person to the next tends to be inconsistent if not outright conflicting".

Summary of Needs

The *2013 Needs Assessment* highlights various important strengths as well as known challenges with respect to placement and out-of-home services. Some reflect positive trends and momentum that CFSA would like to continue. The challenges, however, reflect deep-seated issues that require the Agency to redouble efforts and resources to overcome them. In the Agency's *Resource Development Plan* that emanates from the *Needs Assessment*, CFSA lays out its action steps for addressing the following strengths and challenges:

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

Conclusion

The biannual *Needs Assessment* has been an integral part of CFSA's ongoing system evaluation, design, and planning process since it was first published in 2003. From that time, the Agency has continued to capture and analyze the array of available quantitative and qualitative data to determine which aspects of practice and administration are working well and which require attention and improvement. During such analyses, CFSA leans on multiple sources of information. The Agency compares opinion to opinion, checks anecdotes against facts, juxtaposes assumptions against actual events, and compares statistics to the totality of information. Combining these efforts allows the Agency to discern the challenging and successful realities of the District of Columbia's child welfare system.

Analytical results from the *2013 Needs Assessment* has affirmed the Agency's work on narrowing the front door, particularly based on the newly-implemented Differential Response strategies that have evidenced promising outcomes for preventing unnecessary removals and entry into foster care. As a result, combined with the District's foster care population trending downward, CFSA and its community-based partners are becoming more adept at serving families in their own homes. For children who must be removed, practice changes prove that they are more likely to be placed with relatives than they have been during any other assessment year. For those youth with complex needs, recent Agency efforts at capacity building appear to have positioned CFSA to successfully provide a wide array of appropriate placement services into 2014 and beyond. As well, older youth still face challenges to achieving timely permanency. Lastly, the entire child welfare system in the District is on its way to becoming "trauma-informed", which means that social workers, foster parents, judges, attorneys, clinicians, and service providers will share a uniform understanding of how trauma impacts the children who come into contact with the system. Every trauma-informed stakeholder will subsequently be equipped to address trauma-related issues and behaviors as they arise.

In becoming a "trauma-informed" system, CFSA realizes that the home removal and foster care placement process can be itself traumatizing for children. Policies, practice guides, and professional tools are in place that will inform clinically appropriate placement decisions, but consistent practice remains an area of focus going forward. The *2013 Needs Assessment* therefore reaffirms challenges that the Agency has been working to address since publication of past *Needs Assessments*. For example, while CFSA and its community-based partners are working together to serve at-risk families in their own homes, the child welfare system still requires capacity building to better serve families affected by substance abuse, mental health, and domestic violence. Case management team members still need to prioritize and cultivate effective communication and mutual trust to work well together to help youth move toward positive permanency.

These aforementioned findings directly inform the Agency's *Resource Development Plan* (RDP), which coalesces the findings into a specific action plan to guide the Agency's focus and activity around system improvements. The RDP further provides senior leadership with the opportunity to address challenges, as well as to sustain and strengthen successes, throughout the implementation period. This allows the Agency to make adjustments as needed based on current fiscal and other constraints.

Appendices

Appendix A – Needs Assessment Methodology

Methods

The *2013 Needs Assessment* utilizes a mixed-methods design that includes both quantitative and qualitative data sources as described below. The quantitative methods provide the context for overall trends across and within the Agency's population, including stakeholder perceptions and observations. Qualitative methods provide more in-depth feedback and the experiential context for statistically-observable trends. This mixed-method approach provides both a macro- and micro-level understanding of the Agency's needs.

Quantitative Data Sources

To identify trends and patterns from FY13 to FY14, the *2013 Needs Assessment* combines archival and current administrative data on placement from management reports (FACES.NET).

Self-Administered Surveys

Four self-administered surveys were distributed through the internet-based survey software, *Survey Monkey*. Respondents included social workers from the In-Home and Out-of-Home Permanency Administrations, staff from the Family Assessment unit of the Child Protective Services Administration, staff from the Placement Services Administration, as well as Licensing staff. In addition, child welfare attorneys and judges participated. All respondents provided information on placement-related factors that lead to or hinder permanency. The surveys also gathered information on perceptions about the placement process and placement needs.

Qualitative Data Sources

Key Informant Interviews

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:

- Deputy Director, Community Partnerships
- Deputy Director, Program Operations
- Deputy Director, Entry Services
- Chief of Staff
- Administrator, Placement Services Administration
- Administrator, Community Partnerships
- Administrator, Clinical and Health Services Administration
- Supervisory Social Worker, Clinical and Health Services Administration
- Acting Administrator, Family Assessment
- Administrator, Office of Youth Empowerment

- Administrators, In-Home and Permanency Administrations I and II
- Ombudsman
- Youth Ombudsman
- Staff who work with FACES.NET

Focus Groups

The focus group protocols were developed by the Office of Planning, Policy, and Program Support. Although some questions were tailored to each group, the general content of the questions remained similar. A total of 19 focus groups were held with the following populations:

- Youth
- Birth Families receiving In-Home services
- Birth Families receiving Out-of-Home services
- Birth Families on the Family Assessment track
- Birth Fathers
- Assistant Attorneys General
- Healthy Families/Thriving Communities Collaboratives
- Foster Parents
- Kinship Caregivers
- Adoptive Parents
- Teen Parents
- Office of Well Being
- Child Information Systems Administration
- Agency Performance
- In-Home Social Workers
- Out-of-Home Social Workers, Supervisors and Program Administrators
- In-Home Supervisors
- Office of Youth Empowerment

Data Collection

The quantitative data was gathered between the Spring and Fall of 2013. As noted, data was collected through interviews, focus groups, surveys, and management reports.

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 Excel worksheets and management reports from FACES.NET.

Placement Projections Methodology

The statistical model employed to compute the projections of placement types was an exponential growth model,[44] utilizing point-in-time placement population data to compute the non-linear regression analysis.[45] The resulting new value identified the correlating relationship between the existing x "placement values" and y "placement values". The quality of each placement type was measured accordingly by the statistical value of r-squared.[46]

Qualitative Data Analysis

Focus group and interview notes and transcripts were coded using *NVivo 10,* a qualitative data analysis program. Six relevant categories were identified by the *2013 Needs Assessment* team. These categories were analyzed to identify major and supporting themes in and across groups.

Methodological Limitations

Although the *2013 Needs Assessment* was not a research project, several research methodologies were employed. As a result, the inherent limitations of certain methodologies impact the results. For example, quantitative methods are often not sensitive to the diversity of the human experience. Specific limitations may include design limitations in the development of interview, focus group, and survey questions. Data collection limitations may include sampling error, survey administration inconsistencies, or modest response rates. Further, the accuracy of quantitative data analysis strategies can be challenged by the statistical limitations of the procedures used. Finally, qualitative methods often cannot provide data that is representative of the entire population or consistent across responses.

While the *2013 Needs Assessment* team acknowledges these limitations, it believes that the findings presented herein, when taken into context, still provide useful and solid insight into the factors that contribute to or hinder permanency for children in CFSA's care.

[44] That is, the growth rate becomes ever more rapid in proportion to the growing total number or size of CFSA's population of placement types.
[45] Simple linear regression relates two variables (x and y) with a straight line (y = mx + b), while nonlinear regression must generate a line (typically a curve) as if every value of y was a random variable.
[46] The r-squared statistic helps to measure the accuracy of the projection.

Appendix B – Summary of Reports and Special Studies

- *Review of Children Placed in Non-Family Like Settings*
  This second review (conducted in as many years) determined the extent to which children are placed either in family-based homes (foster or kinship care) or in the most family-like setting appropriate to their needs. The review determined that 96 percent of all children in care are in the most family-like setting appropriate.

- *Family Team Meeting Removals- Report on Status of Recommendations*
  This review was conducted at the request of the Family Team Meeting (FTM) staff to determine the extent to which recommendations made at Family Team Meetings are followed up by subsequent caseworkers. The review looked at 17 cases and found that recommendations were followed in each case.

- *Report of Audit of Substantiation Letters*
  This audit was conducted on a sample of recently-closed investigations to determine if printed copies of the substantiation letters, which is mailed to all substantiated clients, is being saved and filed appropriately. The reviewers were only able to find 40 percent of the letters filed in the sampled cases.

- *Review of Safety Assessments and Social Worker Visits During the First Four Weeks of Placement*
  This review had a number of goals, including 1) determining the extent to which social workers were assessing for child safety at every visit, 2) determining if workers were visiting children in new placements weekly for at least four weeks, and 3) determining if "Welcome Calls" or similar contact with new foster parents was occurring immediately after placement. The review found that workers were either not assessing or not documenting assessments of safety as regularly as required, that most children were seen weekly during their first four weeks in a new placement, and that contact with the caregivers was occurring on most cases.

- *Second Case Review of Family Assessment (Differential Response)*
  This was an update on a review of cases in the Family Assessment (FA) program, the District's version of Differential Response. This review confirmed earlier reviews that showed the program fidelity is high. Additionally, interviews with families who had recently exited the FA program were universally positive, indicating that the program is meeting the needs of most families and is succeeding in proving an alternative experience of FA.

- *Review of Comprehensive Medical Evaluations*
  This review is part of an ongoing effort to monitor the extent to which children in care are receiving comprehensive medical evaluations within 30 days of their removal. The review identified several obstacles which have impacted the agency's performance, including

unclear communication between workers and clinic staff and difficulties with documentation from outside clinics. The review also indicated that while we are improving in this area, compliance remains below benchmarks.

- *Findings from Q1 2013 JumpStart Reviews of Pregnant and Parenting Youth*
  Beginning in January 2013, the Office of Youth Empowerment (OYE) implemented 21 JumpStart reviews for parenting youth with particular emphasis on those youth who were closest to aging out of foster care. The reviews were completed between January 1 and March 31, 2013 by the assigned social workers. Participation in the JumpStart review was designed to ensure that the youth are connected for needed services, e.g., housing, employment, health, aftercare, and the identification of life-long connections. The pregnant and parenting youth (n=75) ages ranged from 15 - 20. The top three unmet service needs identified were public assistance, mental health and family planning. The report findings, including a series of practice recommendations, have been incorporated into OYE's overall strategy to address the identified needs of the pregnant and parenting youth population and are helping to inform the work of the Generations Unit.

- *Findings from CFSA Racial Disproportionality in Child Welfare Study*
  There is an overrepresentation of African American children in the DC foster care system (89 percent) compared to the number of child residents in the District's general population (64 percent). As data reveals disparities in the rates of entry into foster care (e.g., measure of foster care utilization) there is a need to identify how unequal perceptions, practices, behaviors, etc. have contributed to an overrepresentation of African American children in the foster care system when compared to their Caucasian and Hispanic counterparts.

Appendix C – Youth Benchmarks – Expected Outcomes for Youth in Care

Domains	Ages 15-16	Ages 17-18	Ages 19 & Older
Life Skills			
Family/Permanent Connections			
Health/Mental Health			
Education •Outcome: Every youth completes high school diploma or GED and pursues post-secondary opportunities	•Explore post-secondary options •Develop a plan toward college or vocational training	•Stay on track towards graduation •Begin processes for post-secondary education such as applying for college, financial aid, vocational training, etc.	•Participate in post-secondary credentialing program and supportive services •Develop a plan to fund post-secondary program after transition from care
Employment/Vocation •Outcome: Every youth identified career goal and pathway to achieve that goal	•Participate in a volunteer program for community service hours in an area of interest	•Participate in part-time employment opportunities in areas of interest •Explore and prepare for enrollment in an industry-recognized license/certification program	•Obtain responsible and progressive work experience •Develop skills necessary to obtain and maintain employment
Financial Management •Outcome: Every youth completes the Financial Literacy curriculum and maintain checking and savings accounts	•Enroll in the Bank on DC curriculum	•Obtain credit report and check and review with the support of an adult •Develop a budget and savings plan	•Maintain a savings and checking account •Demonstrate how to obtain a credit report and review it with an adult
Housing •Outcome: Every youth has sustainable and stable housing upon exiting from care	•Learn household daily and living skills such as cleaning, laundry, and grocery shopping	•Understand housing costs, leasing responsibilities, and housing options	•Identify permanency and stable housing options