2015 Needs Assessment Report

Table of Contents

Executive Summary

The District of Columbia's 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 assessment examines current and projected out-of-home placements and support services in response to the varied placement needs of the child welfare population.While these assessments are placement-focused as mandated by the *LaShawn Modified Final Order* (MFO), each assessment also considers the necessary interplay among resources, services, and practice standards throughout the entire child welfare continuum.

In preparation for the *2015 Needs Assessment*, the Agency analyzed quantitative placement and performance data from the FACES.NET management information system.[2] Qualitative data was collected from internal and external stakeholders who participated in interviews, focus groups, and surveys. The result of both these sets of data is the blueprint for CFSA's *Resource Development Plan* (RDP), which serves as the Agency's action strategy for addressing the identified needs.

It is useful to briefly consider the *2013 Needs Assessment,* which focused on the reduction of entries into foster care, particularly resulting from several practice changes. The first practice change was implementation of the Differential Response strategies that have been in place for the past several years. A second change was the increased focus on evidence-based prevention supports and services funded by the Agency's successful application for a Title IV-E waiver. Combined, these strategies demonstrated promising outcomes for preventing unnecessary removals, and they have allowed CFSA to continue bolstering services that stabilize families and maintain children in their homes. For children who were removed, practice changes in 2013 proved that children were more likely to be placed with relatives than they had been during prior assessment years.

Another highlight of the 2013 assessment was implementation of training on Trauma Systems Therapy (TST), which provided a uniform understanding for social workers, foster parents, judges, attorneys, clinicians, and service providers on how trauma impacts the children who come into contact with the system. TST training will continue to be expanded and upgraded to equip social workers and foster parents to understand and address trauma-related issues and behaviors.

---

[1] The *2015 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."

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

Since 2013, the number of children CFSA placed into foster care has decreased from 1318 to 1112 in 2014 and finally, to 1031 as of December 30, 2015.[3] Based on this decrease, CFSA re-evaluated its placement continuum and decreased the number of contracted beds. For example, in fiscal year 2013 (FY13), there were 13 family-based providers with 24 contracts and 24 congregate care providers with 34 contracts. In FY14, this was reduced to 11 family-based providers with 20 contracts and 16 congregate care providers with 18 contracts. In FY15, this was further reduced. CFSA now has 7 family-based providers with 15 contracts, and 11 congregate care providers with 14 contracts for a total of 764 beds. This includes 10 emergency short-term shelter beds.

In FY15 one of the greatest challenges faced by the Agency was the identification and maintenance of a full array of placement options. CFSA made the decision to end its contractual arrangement with two of the larger service providers. Collectively these two agencies served 180 children and youth with placements or case management services. While this was an effort on CFSA's part to right size the placement continuum, the initiative, in conjunction with ongoing Child Protective Services (CPS) removals, taxed the Agency's placement resources and exposed gaps in the continuum of foster care placements, for example placements for sibling groups.

The barriers to immediate placement for these children were organizational inefficiencies, and the lacking number of temporary homes or other appropriate family-based foster care homes. An additional barrier to making effective timely placements was the fact that the contracted capacity of agencies did not reflect their actual capacity. In all cases the private agencies had fewer beds available than the number for which they were contracted. Throughout, there have been ongoing discussions with private agencies to gain a better view of their "ready now" capacity. The following factors impacted capacity:

- A number of private agencies indicated they did not have appropriate staffing resources to accommodate additional cases. This is related to the staff, child ratios, and the inability of agencies to fund a social worker to manage a partial caseload.
- There was significant difficulty finding placements for youth with complex behavioral or medical needs.
- CFSA placement staff experienced difficulty when contacting placement agencies after hours; staff responding often did not have enough information or authority to make complex decisions regarding placements.

Given these challenges CFSA took the opportunity to conduct an in-depth review of its placement continuum to identify areas of strength and need. The Agency held seven stakeholder forums alongside individual meetings with foster parents and advocates, and it reviewed internal

---

[3] Source: FACES.NET CMT 232

and external organizational support systems impacting placement.[4] This information is consistent with responses from the stakeholder interviews and surveys reported in this assessment. As a result, CFSA has made some immediate changes, discussed further in the document, and is developing longer-range strategies for a more robust sustainable placement continuum.

A second major shift for 2015 was implementation of new evidence-based tools that support successful matching of child and placement, e.g., the Child Needs Assessment (CNA), the Child and Adolescent Functional Assessment Scale (CAFAS), and the Preschool and Early Childhood Functional Assessment Scale (PECFAS). Feedback from stakeholders has indicated that an apparent decrease in placement disruptions has occurred since the implementation of these types of assessments, especially use of the CNA.[5] During 2016, however, the CAFAS and PECFAS assessment tools will replace the CNA to support the placement matching process by helping social workers to identify specific needs and functioning levels. Early training of social workers with discussions focused on the impact of trauma on children and families involved in the District's child welfare system, as well as the Caregiver Strengths and Barriers assessments, will continue to provide a more comprehensive picture of the child and family. These tools also help identify services for the foster parent to be able to fully support the child's stability in the placement. In conjunction with these efforts, CFSA will continue to develop longer-range strategies to ensure a strong sustainable placement continuum.

Principle Findings of the 2015 Needs Assessment

The principle findings of this year's assessment are based on the numerous surveys, focus groups, and individual interviews conducted by the *Needs Assessment* team. Respondents included internal and external stakeholders, as well as older youth. In total, there were 20 focus groups, 27 interviews, and 6 forums. Youth respondents (ages 17 to 20) totaled 23 for focus groups. Overall, the response rate to the surveys was 58 percent, i.e., 128 out of 220 respondents. Highlights are described below.

The permanency goals of reunification and legal custody now supersede all other goals.
Each fiscal year since the *2013 Needs Assessment*, CFSA has successfully reduced the number of youth with a goal of alternative planned permanent living arrangement (APPLA), starting from 228 (17 percent) in 2013 to 139 (13 percent) in 2015, while guardianship goals were reduced from 395 (30 percent) to 214 (20 percent).[6] While these decreases demonstrate the success of efforts to increase the preferred goal of reunification, they must still be understood within the

---

[4] During the summer of 2015, the Deputy for Program Operations held forums with internal and external stakeholders in addition to the Office of Program, Planning and Policy Support.

[5] This statement is the perception of some stakeholders who were interviewed and cannot be correlated with disruption outcomes.

[6] In 2013 the total out-of-home population was 1318; 2014 the population was 1112 and in 2015 the population reduced to 1061. Percentages are rounded to the nearest whole number.

context of the shifting demographic trends identified in *Chapter 2: Data*. The goals of reunification and adoption still account for almost 60 percent of the goals (38 and 21 percent, respectively). Further, almost 40 percent of children who exited care in FY15 (38) exited with a goal of reunification, in comparison to 35 in FY13 and 32 in FY14.

Re-entries into foster care have decreased since 2013.

Despite the increase of entries into care (383 in 2015 compared to 313 in 2013), re-entries have decreased almost a fifth from 96 in 2013 to 72 in 2015. The importance of decreasing re-entries cannot be overestimated. It demonstrates the Agency's success in achieving permanency for children and the necessary supports and resources in place to prevent re-occurrences of child maltreatment.

A majority of older youth still believes that placements are not always made according to a youth's needs.

Almost 26 percent of older youth indicated that placement according to needs "rarely happens" while 26 percent responded, "sometimes happens". On the extreme end of the spectrum, 13 percent believed that such placements never occur, and another 13 percent believed that such placements always occur. Just over 22 percent of youth believe that they are often placed according to their needs. Youth specified the following top three considerations for what is important in placement matching: (1) ensuring that they feel safe and comfortable in the home environment or group home setting; (2) consideration of the distance of resources, such as school, mental health services, etc.; and (3) ensuring that the foster parent and youth are best matched, which includes the foster parent's financial stability, capacity for being supportive and understanding of the needs of the youth, and being equipped to manage the needs of the youth.

Placement Stability

Multiple placements continue to be a challenge for the Agency. Just over 80 percent of older youth respondents indicated they had more than five or more placements since entering care. Nine percent reported two-to-four placements, and an equal nine percent reported only one placement since entering. For youth in family-based placements, they reported that the following four priorities support their stability in placements: (1) transportation services; (2) services to address material needs (e.g., clothes, cell phones, and allowances); (3) mentoring and other support services; and (4) educational services, such as tutoring. For youth in congregate care, the same priorities were identified with the exception of the fourth priority being switched out from educational services to health-related services (e.g., medical and dental). Many of the youth responding in the congregate care setting were parenting or pregnant youth so health services were not isolated to their personal needs but the needs of their own children as well.

Communication among a child's team members continues to be a challenge.

The Agency still requires a strong communication strategy that maintains a consistent flow of information-sharing among individuals invested in a child's case. Major concerns are related to a lack of information on children and foster parents prior to placement, in addition to general

information on the placement process itself. Other areas of concern included a thorough understanding of contractual obligations for private agencies.

Preferences of older youth, foster parents, and congregate care providers need greater consideration during the placement process.

For the first time in the assessment process, all three types of stakeholders stated concerns over their preferences for placement not being integrated into the placement matching process. If the placement process could be modified to take greater consideration of preferences into account, stability would naturally follow. Recommendations for considering children and youth preferences, however, were provided by stakeholders and included possible computer-matching data and pre-placement interviews.

Foster parents continue to need a stronger array of supportive services to fully support the child's stability in the placement.

CFSA and the private agency foster parents stated during interviews that the community-based programs are a resource but they still feel a need for more supportive services to help them provide care for the children in their homes. Among the services cited were transportation, childcare, and respite services that are easily accessible and readily available. Frequently mentioned were longer-term and more in-depth mental health services as well as immediate stabilization for crises for older youth (in addition to the current provider, ChAMPS).[7] Current mental health crisis providers were seen as "not timely and "not readily available" for youth. Another challenge identified was the need for more in-the-foster-home counseling services that accommodate a foster parent and youth's busy school and work balance.

Foster parents also stated they needed more timely support from social workers or from family support workers to help them problem-solve through difficult situations and to ensure that they know all the resources available to the foster youth.

Training for social workers, foster parents, and birth parents still need to be strengthened.

Although the strengths of training are reported (e.g., cross-training among social workers and foster parents), equally reported were indicators that training is not sufficient for practical application. For example, foster parents still report a need for assistance handling trauma-based behaviors, understanding the seriousness of the fostering job, responding to Agency expectations for the fostering role, etc. Foster parents indicated that training in a classroom setting or training online does not necessarily translate to the immediacy of supporting a child in crisis. Rather, they would benefit from training that specifically provides skill sets for de-escalating behaviors and identifying symptoms of trauma and strategies for ameliorating the effects of trauma. There were also considerations for including birth parents in some of the training opportunities, e.g., helping

---

[7] ChAMPS stands for Child and Adolescent Mobile Psychiatric Services offered through the DC Department of Behavioral Health.

them to understand trauma so that they have the same information as foster parents to maintain consistency in the caring of the children.

Placement matching process needs improvement

Interview and survey respondents suggested having a strong database with expanded variables and substantive criteria for both the foster parent and the child to choose the best match, and not a checklist that merely match threshold factors. Agency staff recommended that the database also include real-time resources and service information for mental health, housing, and alternative education.

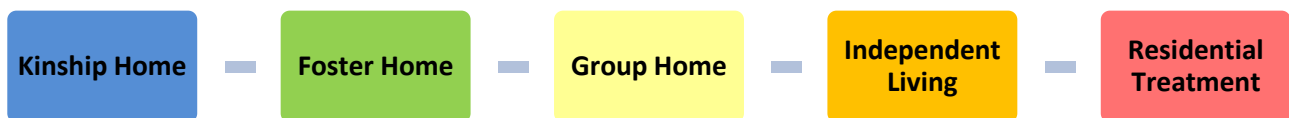## Recommendations and Placement Strategy

As noted above, CFSA conducted an in-depth review of its placement continuum in FY15. As a result, the Agency developed a comprehensive placement strategy that includes short-term and long-term strategies, both of which are discussed in Chapter 7.

CFSA's Vision for the Placement Continuum

CFSA recognizes that a large body of evidence links multiple placements with behavioral and emotional problems, education difficulties, and juvenile delinquency. Studies also make clear that as the number of placement changes increases, there is a decreased likelihood of children and youth achieving reunification or adoption.

Accordingly, the child welfare system in DC needs a placement continuum that offers an easily accessible and flexible array of providers to support placement stability and to meet the changing needs of children and families. As the "state agency" in this system CFSA needs to take the lead in partnering with private agencies to develop and support this continuum.

Although kin are the first priority for placement, each foster home must serve as a temporary safe haven, reduce the negative impact of the foster care experience on children, and help children to thrive and fulfill their potential. Further, CFSA must adapt processes to ensure that foster parents are well prepared and equipped with the necessary skills to serve the foster care population. Services and supports will be provided to optimize the unique dynamics between the child and foster parent in order to address the well-being needs of children as well as foster parents.

| Kinship Home | — | Foster Home | — | Group Home | — | Independent Living | — | Residential Treatment |

CFSA Placement Values

- Children and youth develop best when connected to loving and stable families. CFSA will seek kinship resources as the first and best placement whenever possible.
- Highly trained and actively involved foster parents are more likely to provide effective support to children with challenging behaviors in family-based settings.
- Readily available and accessible support for foster parents will increase placement stability.
- Shared parenting between foster parents and birth parents is important to maintain connections for children and directly helps to expedite permanence.
- The well-being of social workers, foster parents, and other supportive helpers is paramount to the successful permanency outcomes of children.

In the current system, CFSA has three distinct types of placements – traditional, therapeutic, and specialized. The majority of children require traditional and/or therapeutic settings and, to a much lesser extent, specialized placement and residential settings. To take advantage of its placement resources, CFSA needs to use the most current and effective practices for making placement-matching decisions. This can be most readily achieved with an appropriate array of placement options from both family-based and congregate care environments.

CFSA believes that the most effective placement model is to ensure that all foster parents and providers have a basis to understand and respond to grief, loss, and trauma - and that children receive the supports and services they need wherever they are placed, but particularly in family-based settings. When these services are wrapped around children and families, they provide families with the chance to successfully increase stability alongside well-being and safety for children. CFSA believes that incorporating some of these key elements into the District's foster care continuum will strengthen the Agency's ability to provide appropriate placement stability – even for youth with complex needs.

This means providing better training in conjunction with immediate and ongoing support to foster parents. It also means ensuring that services are in place as soon as a child is placed, including mental and behavioral health care, medical services, and transportation. It means supporting foster parents through training that is child-specific and delivered on time in a way that is convenient for the foster parent. It means matching foster parents with a staff person at CFSA who will be their main point of contact for any issues. It means teaming in a way that respects the unique strengths and perspectives each member brings to the team. Each of these efforts will further support productive dynamics between the team members: birth parent, foster parent, and Agency staff.

There also needs to be a consistent approach across the continuum of care so that private agency foster parents and CFSA foster parents receive the same training, support and information. CFSA cannot afford to have a two-tier training system if the Agency is to move best practices forward.

Pursuing the Vision and Acting on the Values: Five Primary Placement Goals

To realize CFSA's vision and to incorporate the Agency's placement values, CFSA identified five primary goals as part of the *Placement Strategy Plan*. Although the goals and strategies are not listed in priority order nor were they designed to be implemented consecutively, many actions under each goal and objective will nonetheless happen simultaneously. The following five goals will be addressed through

strategies and actions that work to strengthen the placement infrastructure, policies, practices, and ultimately, outcomes.

| Recruitment | Licensing | Training/Support | Placement | CQI |

1. **Recruitment**	**Develop a robust cadre of foster parents for children and youth in foster care.**
2. **Licensing**	**An efficient, effective licensing process which ensures that homes are safe and meet regulatory standards.**
3. **Training/Support**	**Foster parents have access to high quality training and support.**
4. **Placement**	**A robust placement continuum is available at all times.**
5. **Continuous Quality Improvement (CQI)**	**CQI methods will be consistently used to inform practice and drive towards outcomes**

Chapter 1 – Methodology

According to the *LaShawn* Modified Final Order (MFO), CFSA is required to complete a needs assessment every 2 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.

To gather data and complete the assessment of placement resources presented in the *2015 Needs Assessment,* staff utilized a mixed-methods design that includes both quantitative and qualitative data. NVivo was used to analyze qualitative data and provide insight into trends and patterns.[8] Similar methods were used for past assessments, resulting in feedback that is helpful to compare in order to gauge the Agency's progress in addressing identified needs.

---

[8] NVivo is a qualitative data analysis computer software package produced by QSR International. It has been designed for qualitative researchers working with very rich text-based and/or multimedia information where deep levels of analysis on small or large volumes of data are required. For the 2015 Needs Assessment, NVivo version 10 was used.

2013 Needs Assessment highlighted the following themes:

1. Positive Permanency outcomes for youth ages 15-21 remain a challenge.
2. Survey results revealed the need for more of the following home types: therapeutic, LGBTQ-friendly, independent living programs (ILPs), homes for children with special needs and traditional foster homes.
3. Need for more robust services are required to help families work through their complex issues.
4. Case management teaming requires greater consistency in practice and conscientious, intentional communication among team members.
5. In instances where kinship placements are unavailable, there is a need for consistent and thoughtful planning around the placement process.
6. The array of CFSA's diverse foster care populations requires appropriate placement resources.

Administrative Data

The data used to identify trends and patterns since the *2013 Needs Assessment* combine archival and current placement data from management reports generated by the Agency's statewide automated child welfare information system (SACWIS, or as known to staff, FACES.NET).

Placement Projections Methodology

The method to compute the fiscal year 2016 (FY16) projections incorporated an approach that examines beds utilized by the placement service line over the last 12 months. The values projected were based on bed utilization totals at the end of each month.

Self-Administered Surveys

Stakeholders that were either difficult to schedule a focus group with due to their schedules and/or location were offered a survey to complete. Over the course of 4 months (July 2015-November 2015), two self-administered surveys (non-youth and youth survey) were distributed to a random sample of external and internal stakeholders. Using the online internet-based survey software data collection tool, *Survey Monkey*, the *Needs Assessment* team developed customized surveys with questions focused on the procedures and effectiveness of the placement process that would speak to federal and local requirements regarding permanency and how stakeholder feedback is integrated into the strategies that the Agency undertakes when creating new initiatives.

The non-youth survey for the *2013 Needs Assessment* captured internal stakeholders only and the response rate was 54 percent, 67 out of 125 respondents who accessed the survey completed the survey. For the *2015 Needs Assessment* the response rate, respondents who accessed the survey and respondents who completed the survey exceeded the number of respondents in the *2013 Needs Assessment*, which was a result of outreach efforts to additional external and internal stakeholders. The response rate was 58 percent, 128 out of 220 respondents who accessed and completed the survey.

The following types and numbers of non-youth stakeholders are identified alongside their individual rates of response to surveys:

- Attorneys from the Office of the General Counsel (n=15, 11.72 percent)
- Social workers from the Healthy Families/Thriving Communities Collaboratives (Collaboratives) (n=11, 8.59 percent)
- Congregate care and residential providers (n=19, 14.84 percent)
- Family-based and private agency providers (n=23, 17.97 percent)
- Judges (n=1, .78 percent)
- Placement Services Administration (PSA) resource development specialists (n=8, 6.25 percent)
- Out-of-Home Permanency Administration social workers (n=6, 4.69 percent)
- Other internal and external stakeholders (e.g., management staff from out-of-home and other administrations, management staff from community services organizations, nonprofit staff, CFSA licensing and placement staff, mental health social workers, birth parents, and adoptive and foster parents) (n=45, 35.16 percent)
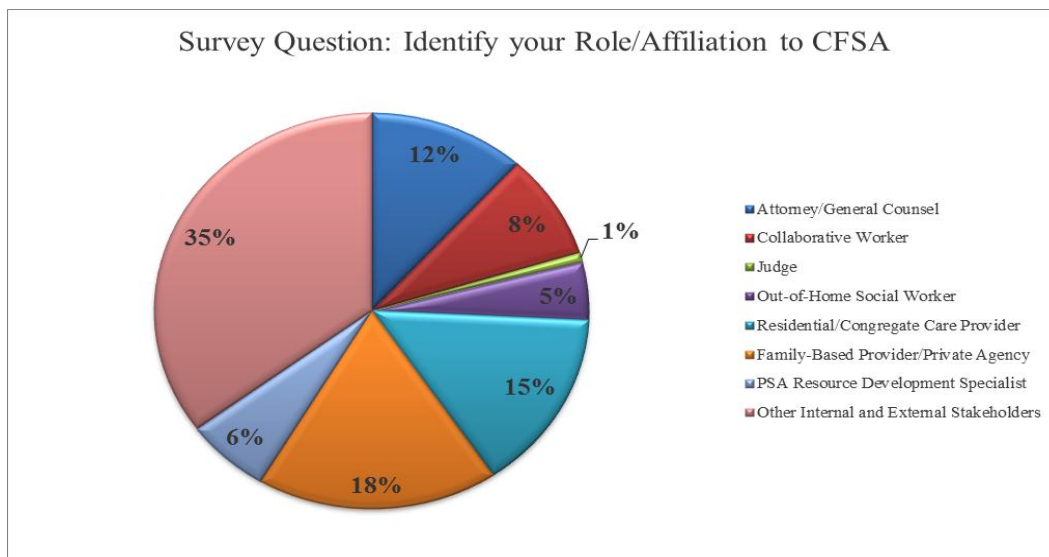
Stakeholders were identified based their role in the placement and permanency process. The team worked with key CFSA contacts in Community Partnerships, the Office of the Attorney General, Foster Care Resource Administration, the Foster and Adoptive Parent Advocacy Center, and the Children's Law Center in order to retrieve list-serves and to collect qualitative feedback that would also be quantifiable from the following *external* staff and management level stakeholders:

- Collaborative workers
- Judges
- Foster parents (foster and adoptive parents)
- GALs and advocates
- Community service providers

External stakeholders comprised 40 percent (n=51) of the completed survey sample; internal stakeholders comprised 60 percent (n=77) of the completed survey sample. The *Needs Assessment* team specifically identified internal stakeholders, i.e., staff and management, as individuals whose roles were essential to the quality, efficiency, and effectiveness of the placement process, and whose feedback would therefore be integral to a comprehensive assessment. The following *internal* staff was included:

- Attorneys in the Office of the General Counsel
- Out-of-Home Social Workers
- Residential and Congregate Care Providers
- Family-based Providers and Private Agencies
- Resource Development Specialists (Placement Division)
- Licensing Staff
- Placement Coordinator

The goal to have 8-10 respondents per cohort completing the survey was accomplished for three out of four groups, excepting the judges (n=1), out-of-home social workers (n=6), nonprofit/community providers (e.g., mental health) (n=3), and guardians *ad litem* (GALs) and advocates (n=6).[9]

Between September and October 2015, the *Needs Assessment* team (with the assistance of the youth ombudsman and program managers from family-based and congregate care providers) distributed an additional survey to youth aged 17 to 20 years old in order to gather feedback on the efficiency and effectiveness of the placement matching process. Twenty-three out of 30 youth completed the entire survey. This survey was also distributed to pregnant and parenting teens in family-based foster care and congregate care placements. All respondents provided information on placement-related factors that led to or hindered permanency. The surveys also gathered information on perceptions about the placement process and placement needs.

Respondents accessed the survey through an emailed link; those who were unable to complete the survey online were provided with a hard copy of the survey. An Agency data specialist manually entered their feedback into the survey monkey tool.[10]

---

[9] Statistically, the average focus group size is 8-10 participants, which was used as the baseline for respondents per cohort. Although, a lower number of judges, community partners, and advocates completed the survey (versus initially starting but not completing the survey), their input was still included in the final results.
[10] Respondents who needed a hard copy of the survey were only for the youth survey; those results are reported separate of the internal and external stakeholder survey due to the different types of questions inquired.

Key Informant Interviews

Interviews across 13 stakeholder categories were conducted in-person or by phone, which often allowed for longer, more in-depth conversation (versus a focus group).[11] In some instances, both methods of surveying and interviewing were used for one category of stakeholder, but without duplicating staff input. In the case of family-based and congregate care facilities, interviews were held with managers while a survey was sent to the staff to prevent duplication of congregate providers. Additional data were gathered stakeholder testimonies at the FY14 CFSA Performance Oversight hearing before the Council Committee on Health and Human Services, as well as internal CFSA quality service reviews.

Twenty-six individual interviews were held across the following 12 population categories:

- Acting Administrator, Placement Services Administration
- Administrator, Office of Youth Empowerment
- Agency Chief Contracting Officer
- Congregate Care Managers
- Deputy Director, Community Partnerships
- Deputy Director, Entry Services
- Deputy, General Counsel
- Deputy Director, Program Operations
- Executive Director and Staff Member for the Consortium for Child Welfare
- Family-Based Private Agency Managers
- Program Manager, Foster Care Resource Administration
- Youth Ombudsman

Focus Groups and Forums

Staff from the Office of Planning, Policy, and Program Support (OPPPS) developed the focus group protocols, which were conducted (as noted) with approximately 8-10 key stakeholders. Although some questions were tailored to each group, the general content of the questions remained similar. Twenty focus groups were held across the following 16 population categories:

- Birth Fathers
- Birth Mothers
- CPS Day and Evening Staff
- Diligent Search Staff
- Director, Deputies, Administrators, Program Managers and Staff from Agency Performance, Program Operations, Office of Well-being, Entry Services and OPPPS
- Family Assessment Staff
- Foster and Adoptive Parent Advocacy Center (FAPAC)
- Foster Care Resource Administration (FCRA) Management
- Guardians Ad Litem

---

[11] A phone call was made in two instances to foster parents who are unable to attend the foster parent focus group.

- Office of Attorney General Staff
- Office of Facility Licensing Management and Staff
- Office of Well-Being Management and Staff
- Parent Advisory Council
- Placement Staff
- Foster parents (particularly those who experienced disruptions with older youth and those who had successful placement stability with older youth)
- Respite Providers
- Youth

Focus group and interview notes and transcripts were coded using NVivo, eight relevant topic categories were identified, as stated previously based on the *2013 Needs Assessment* themes, the placement process structure and a preliminary review of the focus group and interview findings. These areas were analyzed to identify major and supporting themes in and across the following groups:

- Methodology
- Placement Data
- Placement and Matching
- Placement Stability
- Recruitment and Licensing
- Recommendations and Emerging Strategies

Written notes from 46 resources were imported into NVivo to be coded. The themes were identified based on the prescribed *Needs Assessment* outline. The distribution of sources and references per theme were as follows:

Theme	Number of Imported Sources related to Theme	Number of In-text References related to Theme
Analysis of Data	11	22
Placement Process	40	236
Placement Stability	25	59
Family-based foster homes and the Placement Process	27	101
Congregate Care and the Placement Process	16	73
Recruitment and Licensing	24	65
Case Planning, Supports and Policies	44	324

Methodological Limitations

The first limitation concerns the interviewing process. Although facilitators were trained and sessions were recorded to provide accurate dictation of notes, some facilitators asked important follow-up questions during interviews that were not asked in other groups. Thus, in-depth feedback on certain aspects of the placement process may not have been captured from some focus group participants. Additionally, when all respondents were asked whether or not the placement process is "working well," the *Needs Assessment* team provided the definition of "working well" to the interviewees but the same definition was not included in the survey[12]. The high numbers of "unsure" survey responses could have been the result of not having the definition. Lastly, there is always a limitation in establishing causality of system-wide issues and effectiveness of systems when utilizing the perception of stakeholders as a data source. Perception cannot be interpreted as factual, unless informed by structured data and statistical significance. While these limitations are acknowledged, the findings still provide useful insight into the factors impacting permanency for children in CFSA's care, especially when contextualized.

Chapter 2 - Data

To assess the needs of the District's child welfare population, CFSA examined age, gender, race, and ethnicity among the descriptive statistics. Additional variables included placement type, entries and exits, ward origin, and goal distribution. This chapter focuses on the population served by the end of the fiscal year (September 30, 2015).
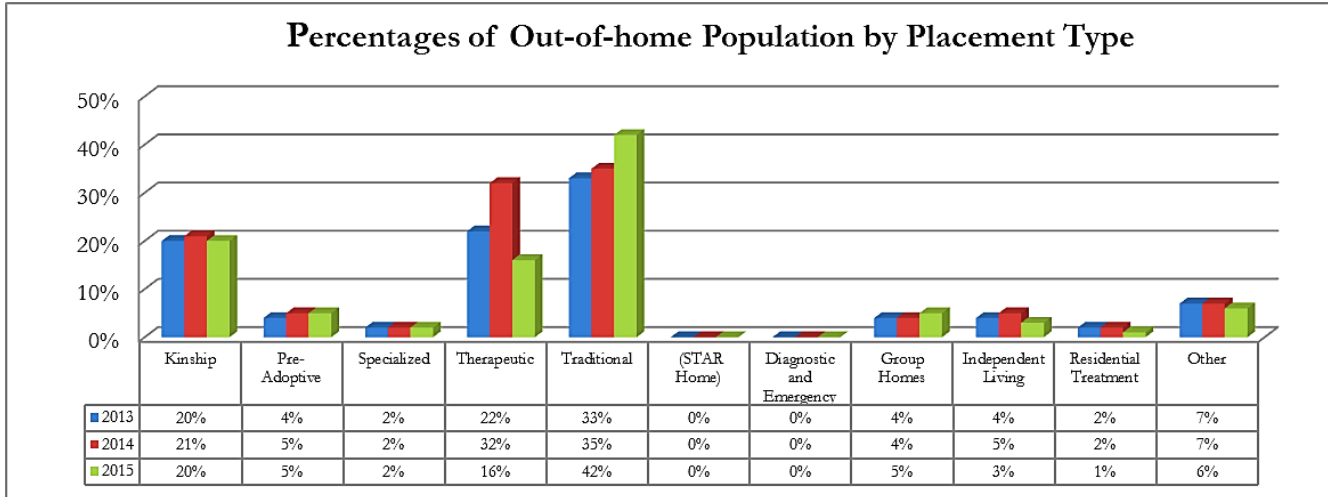
As of September 30, the CFSA client-served population numbered 2641 children. Of these children, 1061 were receiving out-of-home services and 1566 were receiving in-home services.[13] For children in out-of-home care, 85 percent were placed in family-based foster homes. The following placements were reported at the end of the fiscal year: 42 percent of children were placed in traditional foster homes, 20 percent were placed with kin, 16 percent were placed in therapeutic foster homes, 5 percent in pre-adoptive homes, and 2 percent in specialized homes.

---

[12] "Working well" was defined as the placement process being reliable under consistent conditions and having an end-result of the most appropriate placement for each child entering foster care.

[13] The 2641 count includes an additional 14 children who are placed with a third party. "Third-party placements" refer to a child's placement with responsible neighbors, relatives, or other individuals whom the Family Court finds to be qualified to receive and care for the child, but who are not formally licensed as foster parents and who receive no board payment from CFSA. This type of placement arrangement has been largely discontinued in the District but still occurs infrequently by order of the Family Court. When in a third-party placement, a child is not in foster care.

Nine percent were placed in congregate care facilities, and 6 percent were in the category of "other".[14]

Demographic Snapshot of the Out-of-Home Population

Percentages of Out-of-home Population by Placement Type

|	Kinship	Pre-Adoptive	Specialized	Therapeutic	Traditional	(STAR Home)	Diagnostic and Emergency	Group Homes	Independent Living	Residential Treatment	Other
2013	20%	4%	2%	22%	33%	0%	0%	4%	4%	2%	7%
2014	21%	5%	2%	32%	35%	0%	0%	4%	5%	2%	7%
2015	20%	5%	2%	16%	42%	0%	0%	5%	3%	1%	6%

Source: FACES report CMT232

Of the children receiving out-of-home services, 51 percent were male and 49 percent were female. In regards to race and ethnicity, African Americans comprised 94 percent of the population, Hispanic children 8 percent, Caucasian children 3 percent, and Asian children 4 percent.

As of the end of FY15, Ward 8 housed the highest ward origin of clients (56 percent), which was an increase since the last assessment (see graph following). Conversely, children with origins in Ward 4 (just under 5 percent), Ward 5 (7 percent), and Ward 7 (19 percent) have decreased between 2013 and 2015.

In regards to reasons for removal from these wards, a preliminary removal analysis took place for the first and second quarters in both FY14 and FY15. The three primary removal reasons were the same for each fiscal period and quarter reviewed: (1) alleged/reported neglect, (2) drug abuse (parent), and (3) alleged/reported physical abuse.[15] Another removal comparative analysis will be conducted for the 2016 *Resource Development Plan*, covering FY15 and previous years.

---

[14] "Other" includes abscondence, youth enrolled in college or a vocational program, youth residing in a correctional facility, hospital stays, residential substance abuse treatment facilities, and residential facilities for children diagnosed with developmental disabilities.
[15] *Analysis of Removals Fy14 and FY15*, CFSA's Office of Agency Performance (April 2015)

Percentage of Children in Out-of-Home Care by Ward Origin 2013-2015
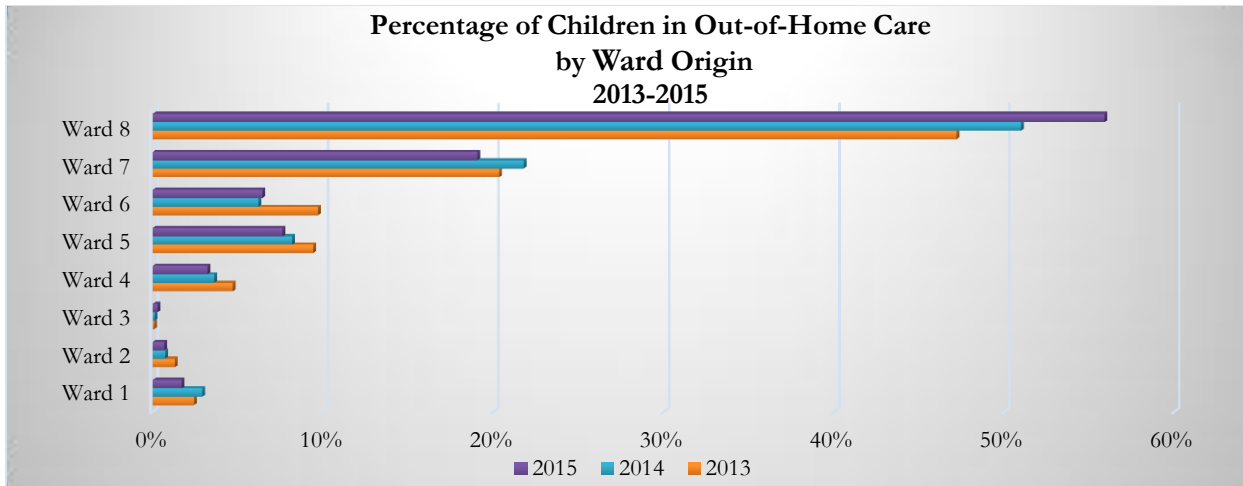
Source: FACES report PLC156

With regard to ages of the children in out-of-home care, as of the end of the fiscal year report, the highest concentration was youth ages 15 to 20 (comprising 38 percent). Comparatively, children ages birth to 3 comprised 19 percent of children in out-of-home care.


Age Distribution: Children in Out-of-Home Care (as of September 30, 2015)
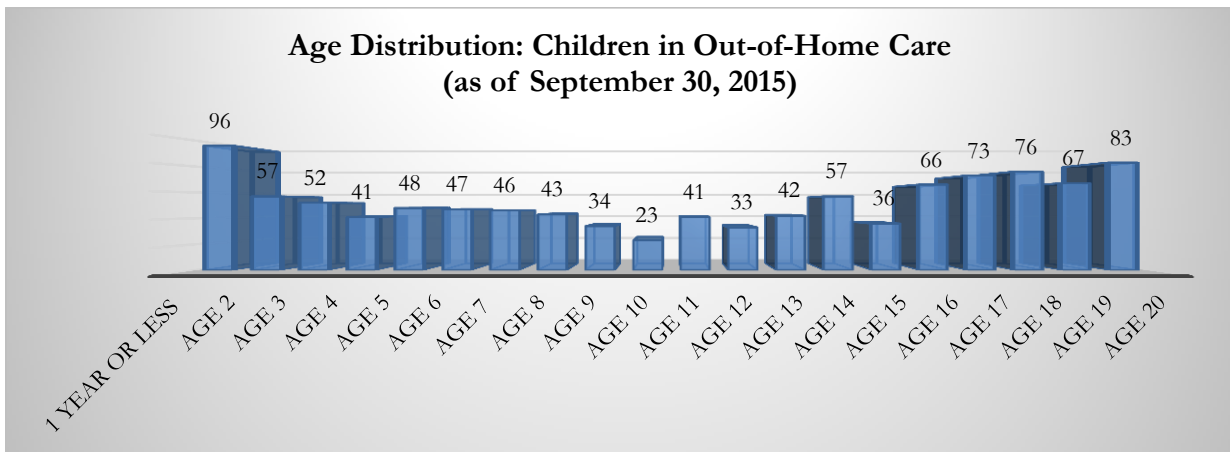
Source: FACES report PLC156

Goal Distribution[16]

Of the children in foster care at the end of FY15, 250 had a court-ordered goal of reunification, 238 had a court-ordered goal of adoption, 214 had a court-ordered goal of guardianship, 7 children had a court-ordered goal of legal custody, and 129 had a court-ordered goal of alternative planned living arrangement.

---

[16] There were 213 children with either a non-court-ordered goal or no goal as of the time of the report run date.

Court Ordered Goals

- Reunification 30%
- Adoption 28%
- Guardianship 25%
- APPLA 16%
- Legal Custody 1%
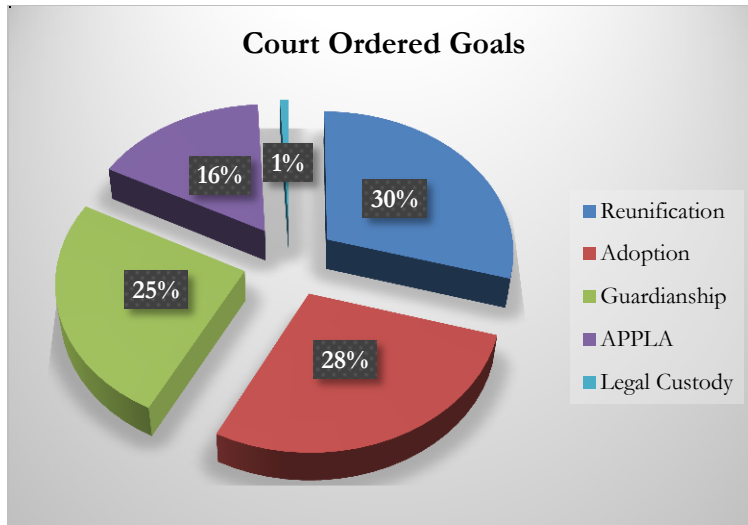
Source: FACES report PLC155

Trending goal distribution as of the end of FY13 through FY15 finds that all goals have consistently decreased each year with the exception of the goal of reunification and legal custody.[17]

Goal Distribution 2013-2015

|	Reunification	Adoption	Guardianship	APPLA	Legal Custody
2015	250	238	214	139	7
2014	286	271	270	178	2
2013	243	290	395	228	3
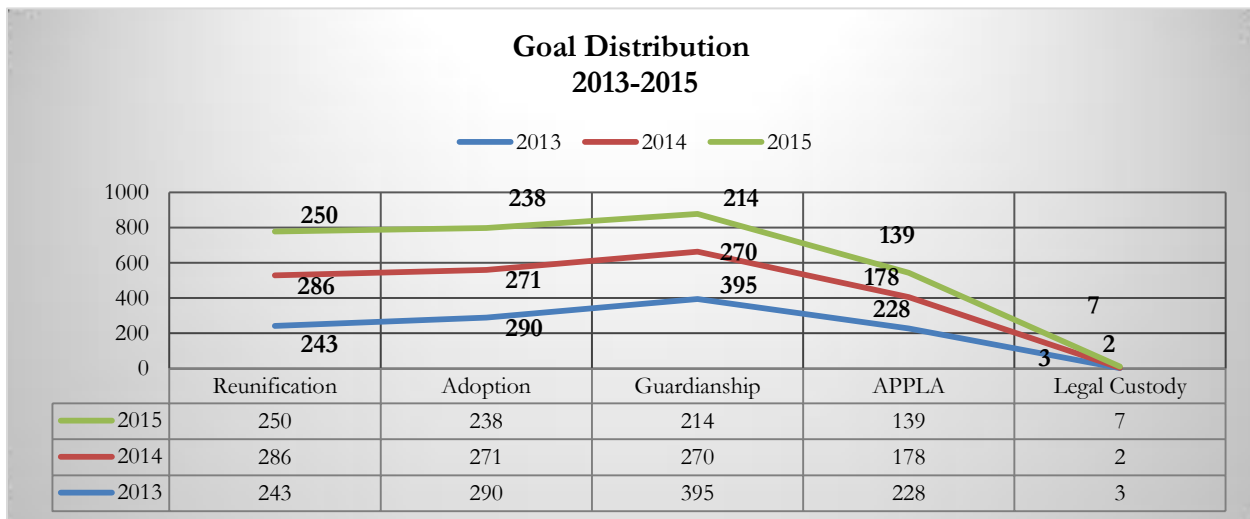
Source: FACES report PLC155

---

[17] In 2013 there were 159 children with either a non-court-ordered goal or no goal as of the time of the report run date. In 2014 there were 129 children with either a non-court-ordered goal or no goal as of the time of the report run date.

Entries and Re-Entries

There were 383 entries into foster care and 72 re-entries as of the end of FY15. Entries have consistently increased between 2013-2015. Conversely, re-entries have decreased. Of the children entering and re-entering care in 2013, the largest concentration was for children less than 1 year old, followed by children aged 1 year and children age 2 years. In 2014 the highest concentration of youth entering and re-entering foster care was children less than 1 year old, age 1, and age 17. In 2015, the ages of children entering and re-entering foster care with the highest concentration were children less than 1 year old, age 1 year, and age 2 years. Additionally, between 2013 and 2015 there have been increases in the number of youth entering care who are ages 16 and 17.
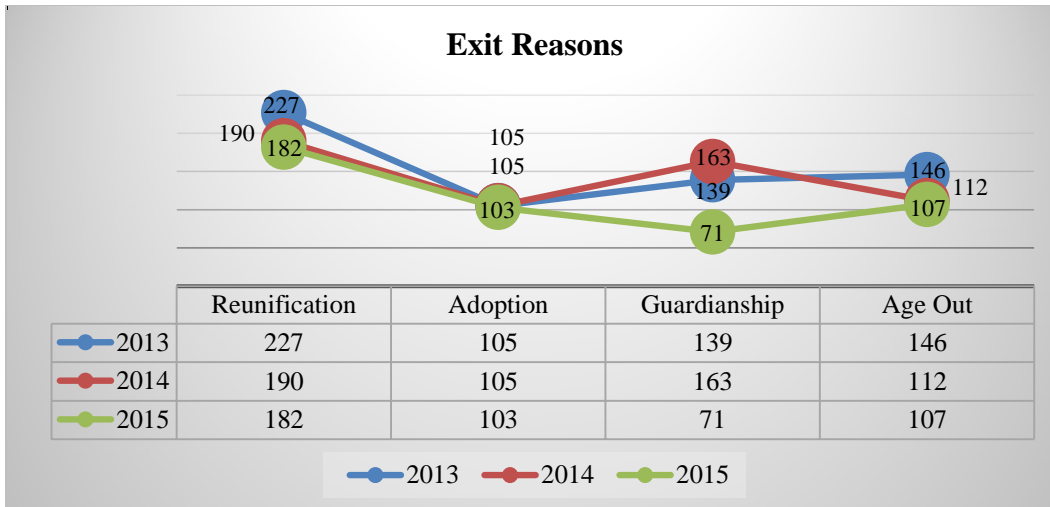

ENTRIES AND RE-ENTRIES
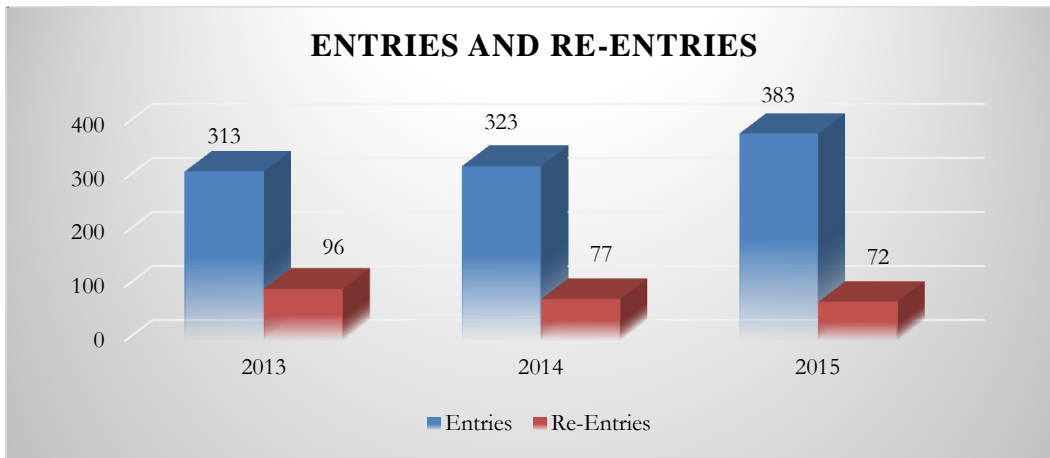
Source: FACES report PLC208

Exits

Of the 642 total exits reported at the end of FY13, 35 percent of the exits were due to reunification, 16 percent of the children were adopted, and 22 percent of exits led to guardianship. In addition, 22 percent of older youth aged out of foster care. Comparatively in FY14, of the 601 exits, 32 percent were due to reunification, 17 percent of the children were adopted, 27 percent of the exits led to guardianship and 18 percent of the exits were youth who aged out of foster care. In FY15, of the 484 exits, 38 percent were due to reunification, 21 percent of the exits were children who were adopted, 15 percent of the exits were due to guardianship, and 22 percent were youth who aged out.[18] Trending exit reasons between 2013 and 2015 found that exits to adoption alone remained flat, while reunification and adoption together reported a small decrease. Guardianship, however, had a significant decrease.

---

[18] In FY15, there is an additional 4 percent (21 youth) not represented, which includes living with other relatives, death of a child and placement by another agency.

Exit Reasons

	Reunification	Adoption	Guardianship	Age Out
2013	227	105	139	146
2014	190	105	163	112
2015	182	103	71	107

Source: FACES report PLC155

Projected Foster Care Population Values and the Projections Methodology

The method to compute the FY16 projections incorporated an approach that examines beds utilized by the placement service line over the last 12 months. The values projected were based on bed utilization totals at the end of the month.

The projected values indicate an increase in the out-of-home population for FY16. The method to compute these projections examines beds utilized by placement service lines over the last 12 months and removal trends for both Entry Services and for families receiving in-homes services. There is a particular focus on the in-home population that experiences chronic neglect. CFSA projects an increase in entries and shorter stays in foster care with this population.

Projections also reflect a small increase in the need for therapeutic foster care services by family-based care. Simultaneously, a projected decrease occurred for the need of specialized foster care placements. Teen parent foster care and group home placements are projected to increase slightly, as well as group homes providing services for youth diagnosed as developmentally disabled. Congregate care projections also indicate increases for independent living programs (main facilities) as well as traditional group homes. In contrast, FY17 congregate care projections reflect a decrease in traditional group home and teen parent placements.[19] Between FY16 and FY17 the population is projected to decrease by 4 percent (n= 46). This projection is driven by an anticipated decrease in the overall population, based on trends toward successful reunification efforts.

---

[19] A "main facility" is the central ILP edifice with more than one resident, and providing on-site supervision of youth.

While there is a projected increase using this methodology, CFSA is also employing strategies to decrease projected entries and re-entries into foster care. For example, CFSA's increased focus on prevention and further use of evidenced-based programming are strategies to decrease the number of youth entering foster care from the in-home population. The Agency is also continuing to use strategies for increasing the number of kinship placements for children first entering foster care. In addition, CFSA is using targeted reviews to address barriers and increase the number of positive permanency outcomes for children exiting foster care. Strategies include a strong focus on clinical supervision using the *Consultation and Information Sharing Framework*.[20]

---

[20] The *Consultation and Information Sharing Framework* is designed for use during a RED team meeting and other forums, including one-on-one and group supervision.

	Contract Purchase Capacity (FY14)	FY2015 Projections	Population as of June 30, 2015	FY16 Projections
CFSA				
Kinship	300	300	216	260
Traditional (DC CFSA)	200	200	168	200
Pre-Adoptive	45	22	59	n/a[21]
Sub-Total	**545**	**522**	**443**	**460**
Contracted Family-Based				
Traditional	340	234	213	200
Therapeutic	426	206	173	230
Specialized (DD/MF)[22]	35	21	17	20
Teen Parents (Therapeutic)	n/a	n/a	17	25
Teen Parents (Foster Care)	0	17	17	0
Sub-Total	**801**	**478**	**437**	**475**
CONGREGATE CARE				
Emergency and Diagnostic	0	0	0	0
Independent Living Programs (ILP) Residential (18-21)	27	20	14	0
*ILP Main (16-21)	15	12	7	18
Group Home - Traditional	31	36	12	36
Group Home - Therapeutic	14	10	4	10
Group Home - Specialized	0	0	7	0
Group Home (DD)	4	14	1	14
Teen Parent (Congregate)	33	33	26	33
Teen Bridge	8	0	0	0
Transitional Living	0	0	23	0
Residential Treatment	4	4	0	4
Refugee	3	30	19	30
*Other	80	65	87	0
Sub-Total	**219**	**224**	**200**	**145**[23]
Grand Total	**1565**[24]	**1224**[25]	**1080**[26]	**1080**

Source: Program Operations (budget meeting projections table)

---

[21] For the FY16 projections, traditional and pre-adoptive homes are collapsed to reflect one projected value.
[22] Developmentally disabled and medically fragile
[23] The 145 count does not include "other" (n=87).
[24] The total reflects an adjustment for unaccompanied minors (n=3).
[25] The total reflects an adjustment for unaccompanied minors (n=30).
[26] The 1080 is provided by the placement administration reporting some children with placements that had not yet been entered into FACES.NET at the time of the report run date.

Chapter 3 - Placement and Matching

Although the CFSA placement process has remained generally the same since the *2013 Needs Assessment*, organizational changes and population demographics have impacted how the Agency is currently addressing the placement needs of its foster care population. This chapter covers the basic tenets of the Agency's *Placement Strategy Plan*, as well as a description of stakeholder survey responses on the placement process. The chapter also covers placement trends, and the specific strengths and challenges identified by stakeholders for family-based and congregate care placements.

To ensure an appropriate number of family-based and congregate care beds, CFSA reviewed utilization rate data and performance-based quality scores for the *2013 Needs Assessment*. Determining that there was a reduced need for beds, the Agency decided not to exercise option years for four family-based and 16 congregate care contracts. At the time, there were 13 family-based providers with 24 contracts and 24 congregate care providers with 34 contracts. In FY14, these contracts were reduced to 11 family-based providers with 20 contracts and 16 congregate care providers with 18 contracts.

CFSA's foster care population continued to steadily decline over the following 18 months with a corresponding decline in the need for contracted bed slots. The Agency subsequently decided to discontinue contracts with two further agencies. Collectively, these two agencies served 180 children and youth with placements and/or case management services.

Prior experience in decreasing provider capacity had resulted in foster parents moving to other agencies in the continuum of care, thus minimizing impact on placement stability. This was not the case during this last transition and CFSA had to find alternate placements for 46 youth. This was further complicated by the fact that a significant number of older youth with challenging behaviors had been placed with another provider. This effort, in conjunction with ongoing CPS removals, taxed the Agency's placement resources.

Between October 1, 2014 and August 20, 2015, CFSA placed 407 youth into foster care placements. Of those, eight were not immediately placed in a foster home either because no home was available, or due to organizational inefficiencies which delayed placement. This atypical occurrence resulted in six children remaining in the building for an extended period, and seven children staying in a hotel overnight with CFSA staff until a placement was located.

Given this need to increase bed capacity, CFSA took the opportunity to conduct an in-depth review of its placement continuum to identify areas of strength and need. The Agency held seven stakeholder forums in addition to individual meetings with foster parents and advocates. The Agency also reviewed internal and external organization support systems impacting placement. As a result, the Agency made some immediate changes and is developing longer range strategies to develop a more suitable placement continuum.

Placement and Matching Policy

CFSA reviews and revises policies on an annual basis, unless there is a specific change in practice or legislation that requires immediate revision. The current *Placement and Matching* policy was last revised in 2014. Placement and practice changes since this most recent revision have necessitated that the policy be again revised to reflect the newly drafted *Placement Strategy Plan*, as well as the implementation of new assessments integral to the success of placement matching, e.g., the Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS).

Placement Process

When a CPS investigative social worker determines that a child's safety is at imminent risk, or an ongoing social worker determines that a child's current placement is clinically unsuitable for the child's best interests, a request is submitted to PSA. Whenever possible, a Family Team Meeting (FTM) is held prior to a final placement determination. Every effort is made to include birth parents and family members in the FTM so they can participate directly in case planning and decision-making for the. Other participants in such meetings include non-family members who are invested in the child's future (e.g., an assigned GAL).

Prior to placement, each child receives a pre-placement medical screening. In addition, as much information as possible is gathered on the child to provide to the prospective placement resource. This information is compiled into a "Placement Passport Packet" that travels with the child moving through the system of care. The packet remains in the possession of the person charged with the child's care, and all information is treated in such a manner as to protect and maintains the child's privacy. CFSA recently provided foster parents with a smart phone "app" that captures the placement packet information electronically; the information is immediately accessible and updated routinely based on information entered into the FACES.NET system.

The Placement Services Administration (PSA) staff will partner with the requesting social worker until the placement is identified and authorized. Although PSA makes all final placement decisions based on the assessments and recommendations of social workers, the true decision-making process does include the child's entire team, whenever possible.

Placement Matching

The practice of matching a child with an appropriate placement resource is crucial to a child's safety and well-being, and to achieving permanency. Successful matching also effectively minimizes placement disruptions. Matching includes identification of the most appropriate, least restrictive, family-based setting available. PSA's matching process adheres to the following guidelines:

- Information is provided by key parties to inform the Child Needs Assessment (CNA), which leads to matching with a placement resource.
- The CNA, which measures the needs of children in several domains of daily functioning, is timely and regularly completed for every placement, including placement disruptions.

- Whenever possible, children are placed with kin who are licensed by CFSA for an emergency placement, which is initiated and completed by the placement resource development specialist. If kin are not immediately identified when a first removal with limited information occurs, the placement team identifies the best placement based on known information.
- Siblings are placed together unless precluded by a court order or a particular health, safety, or behavioral need of one or more of the siblings. Such needs must be clearly documented in FACES.NET.
- Children remain in close proximity to their family home, current school, and the community in which they resided before entering CFSA's care. Continuity of school placement is a priority.
- When placement with non-kin is necessary, the following guidelines apply:
  - A family-based placement setting is the first placement option and can best serve a child's needs.
  - Resource providers are to be involved in permanency planning and are expected to actively assist in the steps needed to achieve a child's primary and concurrent permanency goals.
  - A congregate care placement is determined according to the circumstances and needs of eligible youth.
  - When possible, children are placed in the District of Columbia.
  - Any placement in another jurisdiction is approved through the Interstate Compact on the Placement of Children.
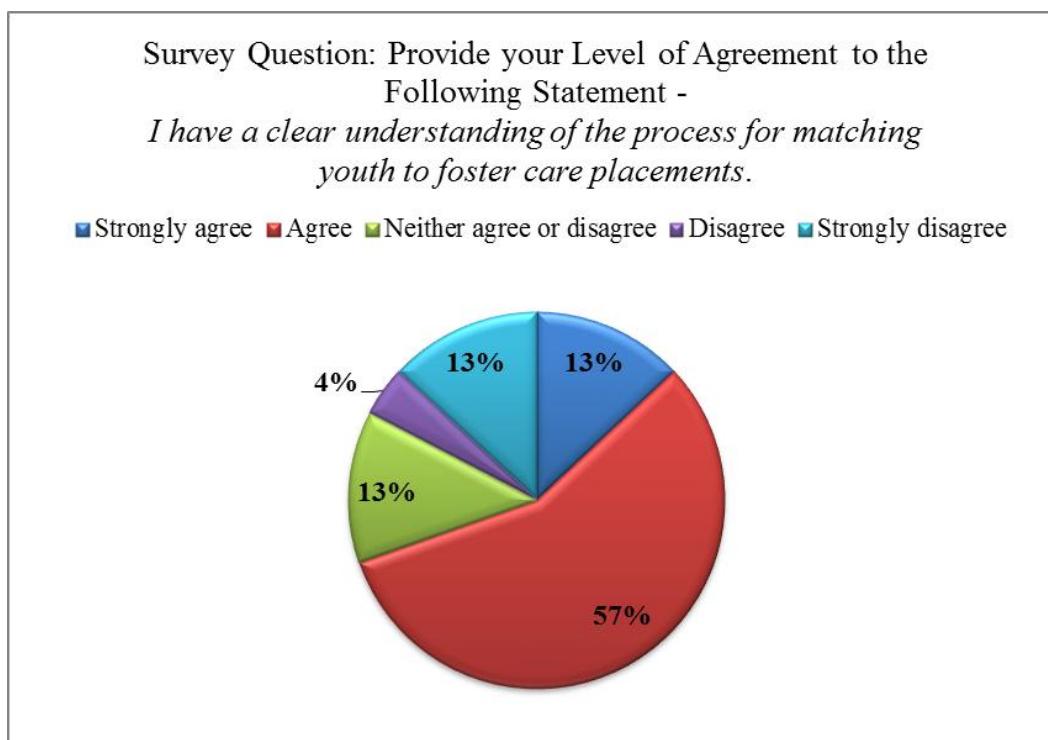
Stakeholder Input on the Placement Matching Process

As part of the *2015 Needs Assessment*, CFSA staff drafted surveys for youth and other stakeholders (both internal and external). Survey questions asked respondents to provide feedback on the efficiency and effectiveness of the placement matching process.

Youth Respondents

The survey sample included 23 youth currently residing in family-based settings (39.1 percent, n=9), group home settings (4.3 percent, n=1) and independent living facilities (56.5 percent, n=13). Respondents placed in a congregate care setting were 60.8 percent of the sample. Three placements (13 percent) included independent living, therapeutic services, and pregnant or parenting youth. Another three placements (13 percent) specialized in therapeutic services only while 10 placements (43.5 percent) focused on pregnant and parenting youth only. Seven respondents (30.4 percent) indicated that their placement did not specialize in any special need populations or services outside of traditional foster care. Yet, this information does not conclude that the seven respondents did not need additional services.

Based on survey results from youth, when asked if the youth had a clear understanding of the process for placement matching, a sum of 70 percent (n=16) responded in agreement while a sum of 17 percent (n=4) responded with disagreement, and 13 percent (n=3) responded that they neither agreed nor disagreed.

Survey Question: Provide your Level of Agreement to the Following Statement -
I have a clear understanding of the process for matching youth to foster care placements.

■ Strongly agree ■ Agree ■ Neither agree or disagree ■ Disagree ■ Strongly disagree

Although the majority of youth stated they had a good understanding of the placement matching process, a count of 11 youth offered that they nonetheless encountered the following issues during their placement process:

- Lack of communication between social worker and placement
- Youth not liking the foster parent, placement location, or placement environment, especially if placed in a setting with another youth with whom he or she has a personality conflict
- Lack of age-appropriate foster homes (e.g., a foster parent wanted a child but had a teenager placed in the home, or a teen is placed with a senior citizen who may not have the energy to support the teen's energy)
- Transportation issues
- Location of placement in proximity to relatives and school
- Unrealistic expectations for youth
- Feeling unwanted by the foster parent
- Need of resources (e.g., clothing and money)

When asked if the placement matching process was working well, 30.4 percent (n=7) said "Yes", 34.8 percent (n=8) said "Unsure" and 34.8 percent (n=8) said "No". Those who responded "No" indicated that their placements were not "quality" and the foster parents were more focused on stipends for providing care than actually caring for the youth. Youth respondents also expressed concern with the lack of time provided to meet with a potential foster parent prior to placement,

versus merely being placed somewhere because it is an available licensed home. Youth respondents also felt that the location of placements and the length of time that a youth might stay in a foster home are not considered when identifying a placement.

Youth identified the following top three issues that they feel are important to address when placing someone in foster care:

1) Ensuring that youth feel safe and comfortable in the home environment or group home setting.
2) Considering the distance of resources that address the needs of the youth, such as school, mental health services, etc.
3) Ensuring that the foster parent and youth are best matched, which is inclusive of being financially stable, supportive and understanding of the needs of the youth, and being equipped to manage the needs of the youth.

When asked if children or youth are placed according to their needs, 26 percent (n=6) of youth surveyed each responded "Rarely" or "Sometimes". Thirteen percent (n=3) responded to both extremes of "Never" and "Always", while 22 percent (n=5) responded "Often".
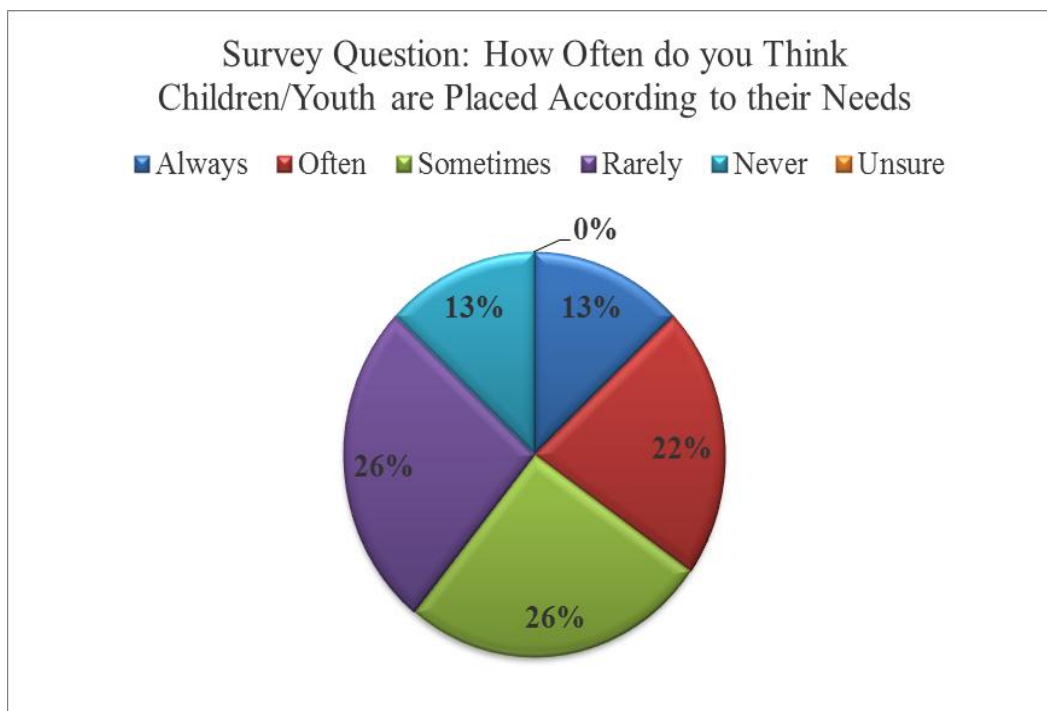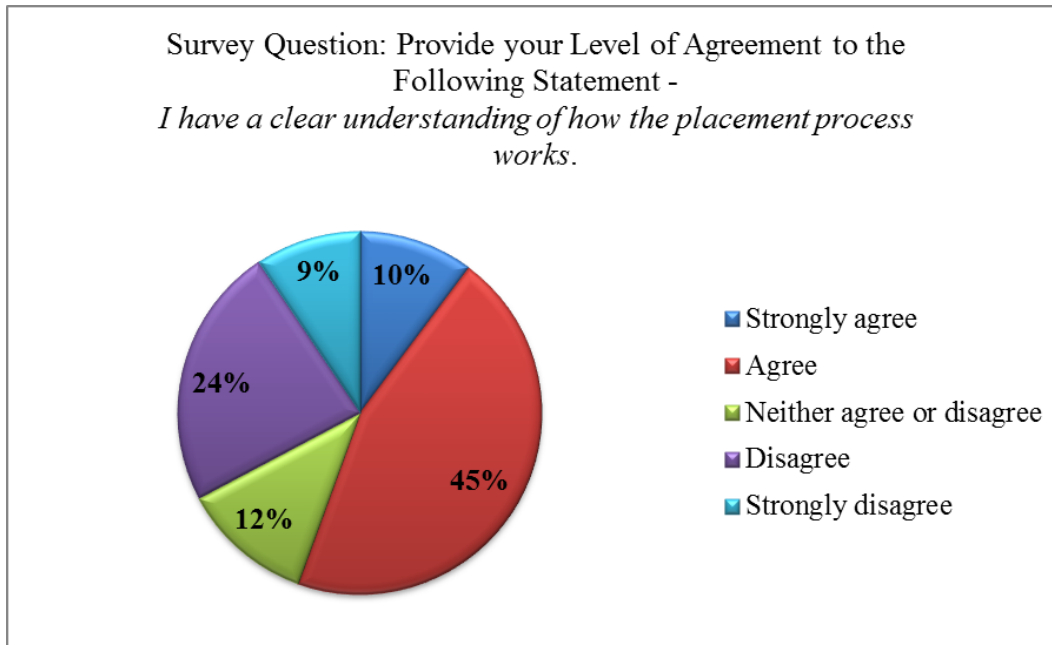

Youth also indicated that if the following gaps in the placement process were resolved, it would facilitate a smoother transition from one's birth home to a temporary foster placement:

- Long wait times to find an appropriate placement
- Need for more homes
- Not meeting foster parents beforehand to establish a level of comfort for both parties

- Considering needs for youth when looking at placements (includes proximity to family and transportation needs)
- Better screenings of foster parents, their intentions, and their physical surroundings

Non-Youth Respondents

When the non-youth respondents were asked if they had a clear understanding of the process for matching youth in foster care, a sum of 33 percent (n=42) responded in disagreement, while a sum of 55 percent (n=71) responded in agreement, and 12 percent (n=15) stated they neither agreed nor disagreed that they had a clear understanding of the placement matching process.

Survey Question: Provide your Level of Agreement to the Following Statement -
*I have a clear understanding of how the placement process works.*

A count of 28 non-youth respondents offered the following themes, in order of frequency, that explain why they don't feel that they have a comprehensive understanding of the placement process:[27]

- The placement matching process has not been explained well through training or any other means of communication. When the process is communicated it is different from a previous explanation.
- The placement matching process feels fluid; what is written in policy is not what occurs in practice.
- The placement matching process appears to be more focused on availability than on a matching process.

---

[27] Respondents offering feedback comprises attorneys, resource development specialists, Collaborative workers, family-based providers, and resource parents.

When asked if the placement matching process was working well, 12 percent (n=16) said "Yes", 55 percent (n=70) said "Unsure" and 33 percent (n=42) said "No". The only category of respondents who did not respond "Yes" to the placement process working well was that of the collaborative workers. All other category of respondents answered either "No" or "Unsure" to the placement process working well. Only 10 of the respondents who suggested that the placement process is only working well under the following circumstances:

- Safety in the placement is established.
- Resource parents are willing to maintain a youth in their home despite not having all medical or historical information.
- A youth is matched appropriately with a placement.
- Resource parents have necessary information and history on the youth.

Survey Question: In your Opinion and Experience, is the Placement Matching Process Working Well?
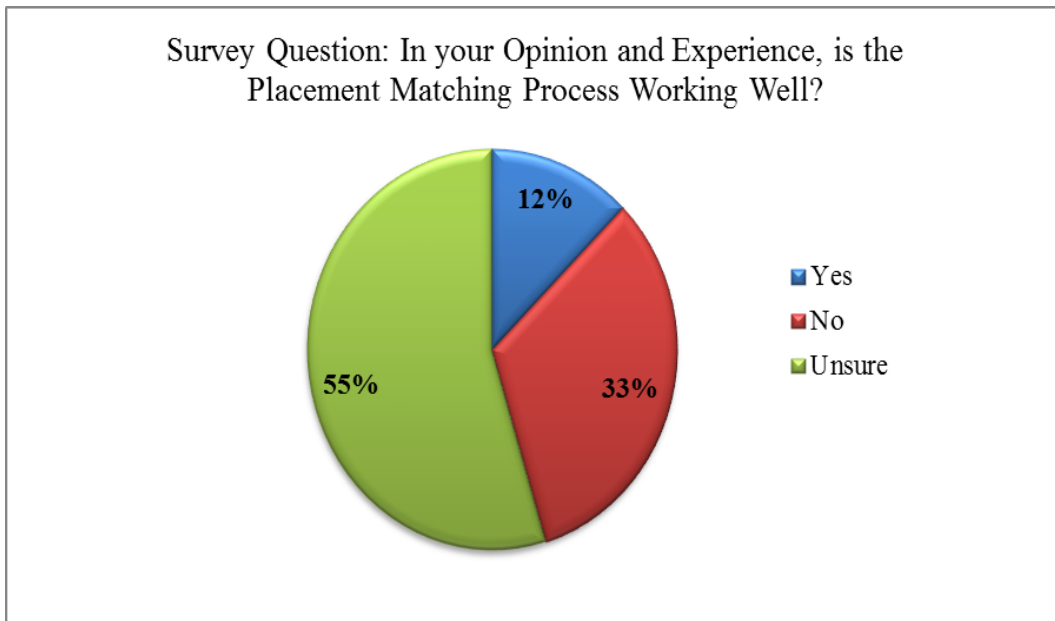
The following justifications were offered by 43 of the non-youth respondents who felt the placement process is not working well or who felt they were unsure whether or not it is working well:

- The placement process is focused more on availability rather than the needs of the child and the best matched provider.
- There seems to be no official process in place.
- There is a lack of information provided to resource parents upon placing a youth.
- There is a need for more placements.
- Resource parents feel challenged in parenting teens.
- Locations of placements may be too far from youth's school and community.
- Needs for additional resources (e.g., mental health, transportation, resource parent training) to address needs of youth.

- Some resource families are not being utilized as often as others without a clear justification.

When asked if children are placed according to their needs, 49 percent (n=63) of stakeholders surveyed responded sometimes, 24 percent (n=31) rarely, 21 percent (n=27) often, 5 percent (n=6) never and 1 percent (n=1) always.
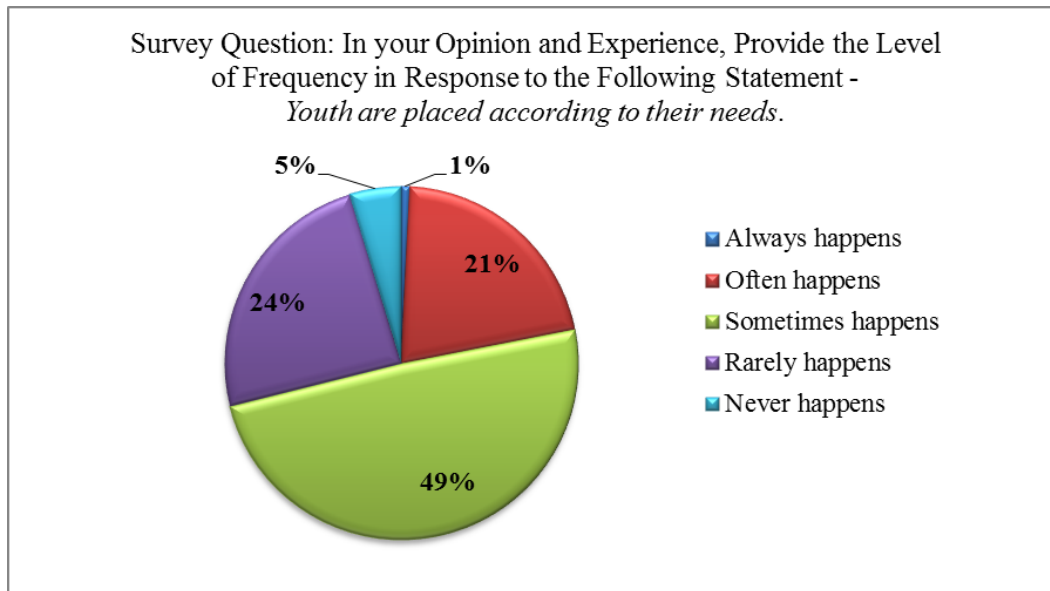
The graph below provides a comparison of the youth stakeholder results and the non-youth stakeholder results on the question of whether stakeholders believe youth are being placed according to their needs. Although the sample sizes are different for both surveys, youth perceptions are normally distributed across the graph while staff perceptions trend more towards the process "Sometimes" to "Never" placing children according to their needs.
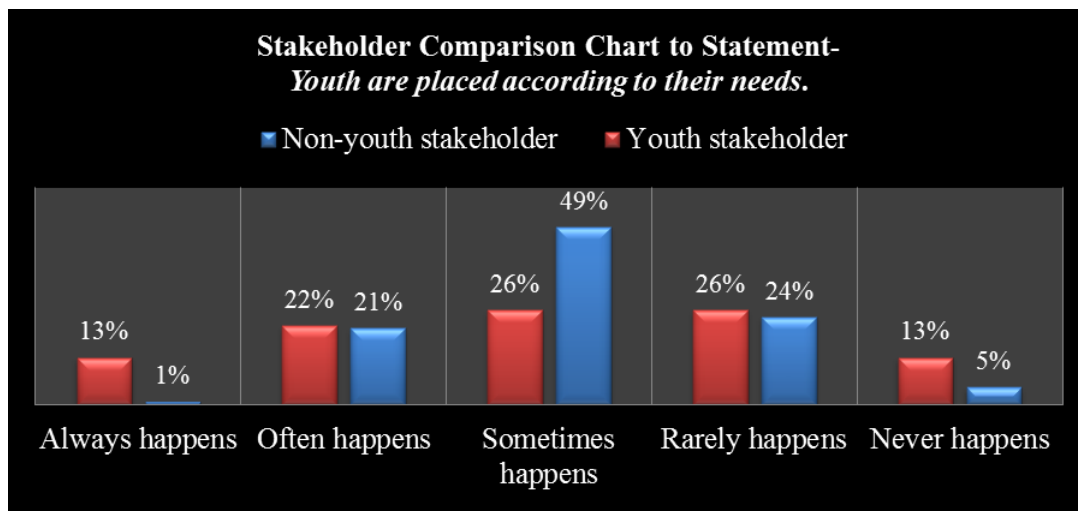
The following graph provides a comparison of the family-based and congregate care provider stakeholder results on the question of whether stakeholders believe youth are being placed according to their needs. Again, the sample sizes are different for both types of provider respondents but perceptions among congregate care providers are more positive when compared to family-based providers on the question of whether children are being placed based on needs.

Comparison Chart of Family-based and Congregate Care Providers Feelings on Statement - *Youth are placed according to their needs.*
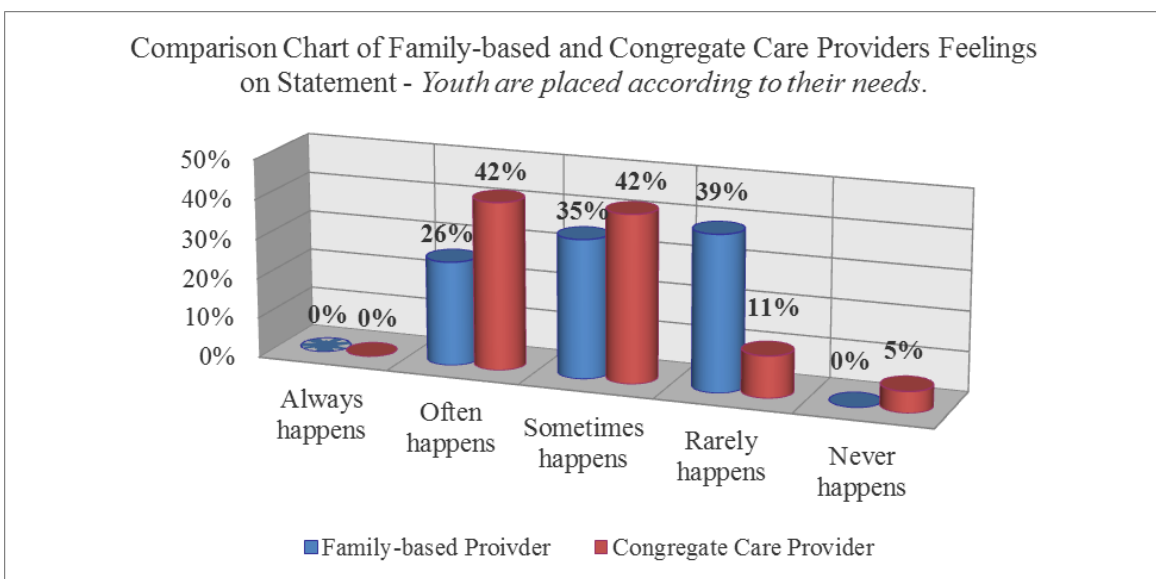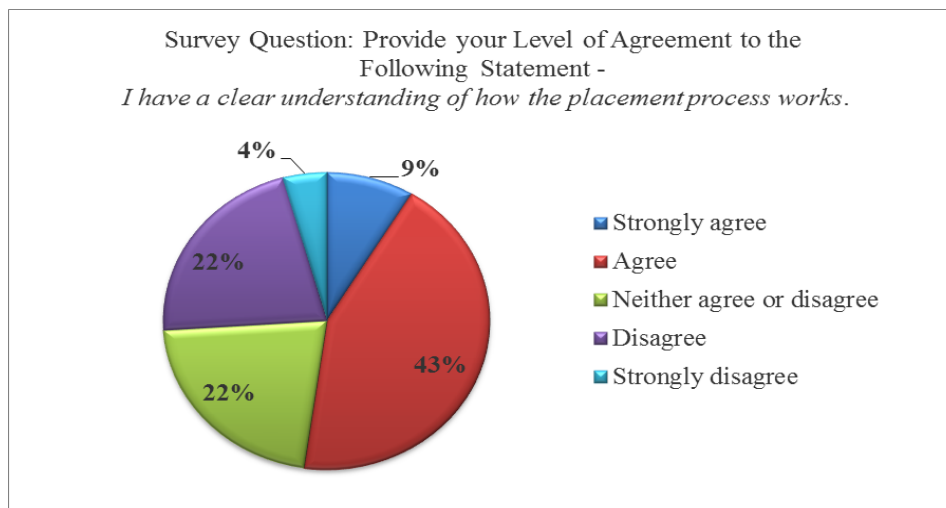
Family-Based Placements and Matching

The current family-based placement settings for children include two-parent families, single parent households, same-sex parents, and kinship placements, which are the priority placement. In order to support such kinship placements, CFSA continues to implement the *KinFirst* program. This program incorporates the expertise of multiple inter-agency resources to place children with their relatives, balancing the need for recruiting additional foster homes. To find these relatives, the early involvement of birth parents in the placement process is especially helpful.

CFSA's temporary, emergency licensing process for kinship providers both supports kinship placements and expedites placement by shortening the timeframes for the licensing of these kin. There is sometimes, however, a delay to kinship placements due to limitations with processing emergency Maryland background checks for family members or other residents in the home. As for locating relatives, CFSA is putting forth more diligent efforts to identify kin and place siblings together. Part of the reason for this, Child Protective Services (CPS) investigators suggested, is the helpful teaming between CPS and the Agency's Diligent Search Unit, which facilitates this process of locating family members.

Survey Results
In order to identify the concerns among family-based providers about the placement process, a sample of 23 respondents who completed the survey and identified themselves as family-based providers were extracted from the survey results. When asked if the family-based provider had a clear understanding of the process for matching youth in foster care a sum of 26 percent (n=6) responded in disagreement, a sum of 52 percent (n=12) responded in agreement and 22 percent (n=5) each neither agreed or disagreed.


Comments from family-based providers as to why they felt the process was not working were similar to those identified previously for the overall survey outcomes:

- The placement matching process has not been explained well through training or any other means of communication. When the process is communicated it is different from a previous explanation.
- The placement matching process feels fluid; what is written in policy is not what occurs in practice.
- The placement matching process appears to be more focused on availability than on a matching process.

When family-based providers were asked if the placement matching process was working well, 17 percent (n=4) said "Yes", 44 percent (n=10) said "Unsure" and 39 percent (n=9) said "No".[28] The "No" respondents indicated that more placements are needed, the process seems more rushed, more placements that address severe needs are necessary, and resource parents do not receive sufficient details on a youth at the time of placement.

---

[28] As noted in *Chapter 1: Methodology*, "working well" was defined as whether the placement process is reliable under consistent conditions and has an end-result of the most appropriate placement for each child entering foster care. This level of definition was provided during interviews and focus groups but not surveys.

Survey Question: In your Opinion and Experience, is the Placement Matching Process Working Well?
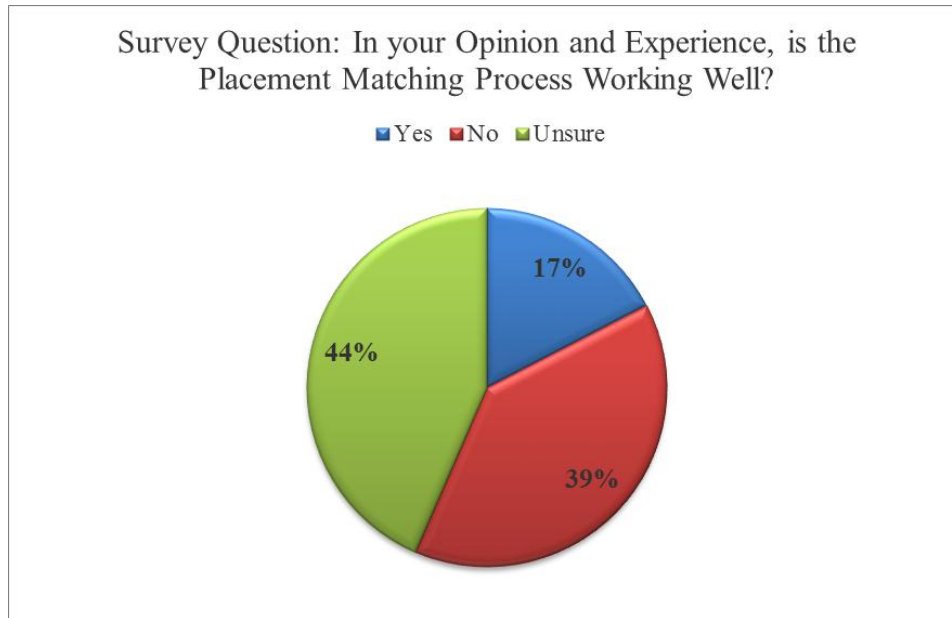
When asked to identify the top priorities for finding an appropriate placement for a child, family-based providers identified a number of priorities that have been consolidated into five categories below:

1) Ensure accessible and appropriate services are in place for child.
2) Ensure resource parents are equipped with adequate skills and resources to meet the needs of children.
3) Ensure the placement is a safe and caring environment.
4) Ensure quality communication between team members (e.g., social worker, birth parents, resource parents, and child or youth).
5) Ensure that the Agency has a sufficient number of placement options.

When asked if children are placed according to their needs, 39 percent (n=9) of providers surveyed responded rarely, 35 percent (n=8) responded sometimes, 26 percent (n=6) responded often.

Survey Question: In your Opinion and Experience, Provide the Level of Frequency in Response to the Following Statement -
Children are placed according to their needs.
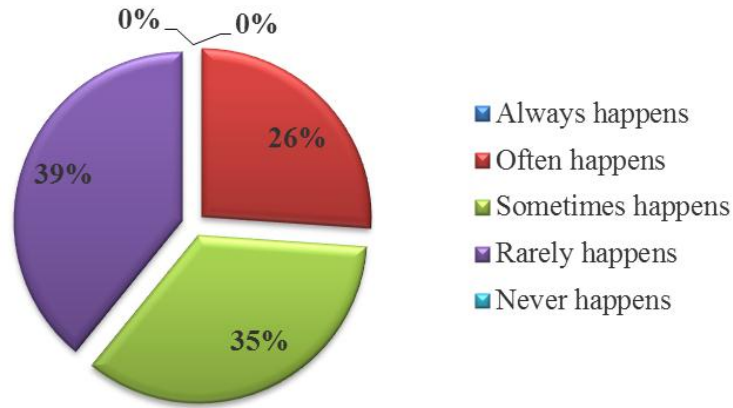
STRENGTHS AND CHALLENGES

Based on stakeholder interviews, surveys, and focus groups, there are several distinct strengths and challenges related both to family-based placements and to congregate care placements. The next two sections describe additional areas of family-based strengths, as well as challenges for the family-based placement and matching process. It is clear from a comparison of the two sections that many areas of practice fall into both strengths and challenges, according to the complexities or the dynamics of the issue.

Family-Based Placements - Strengths

30, 60, and 90-Day Check-Ins

During conversations with birth mothers, they indicated that the 30, 60, and 90-day check-ins by the social worker have helped to keep them informed of case progress, as well as foster parents, and other team members. If necessary, a meeting can be called at any time outside of the parameters of those check-in timeframes. This provides an avenue for birth mothers to have their voices heard.

Placement Inventory Database

Reinforcing feedback from the *2013 Needs Assessment*, stakeholders suggested that one way to manage the flow of information regarding available resource parents paired quickly with the needs of children is to implement a placement-matching database. CFSA continues to work on this with the goal of developing a tool that will compare child's history, circumstances,

personality, routines, and needs with factors relating to the potential resource provider, including location, family dynamics, household environment, and foster parent preferences. The objective is to identify the optimal placement by matching the child with the foster parent for whom the database reveals the most common criteria.

Planned Placements

Improvements have also been noted in the "warm handoff" process whereby placement social workers deliberately, purposefully, and meaningfully escort children into a new placement. It is reported that some social workers provide all relevant information and answer any questions that the resource parents may have.

Child and Caregiver Assessments

Both internal and external stakeholders have indicated that CFSA's emphasis on assessment tools has helped to improve the placement process. In addition to recognizing the value of the CNA described above, stakeholders report that early training of social workers on the Child & Adolescent Functional Assessment Scale (CAFAS) and the Preschool & Early Childhood Functional Assessment Scale (PECFAS), as well as trauma discussions and Caregiver Strengths and Barriers assessments have helped with placement by providing a more comprehensive picture of the child and family. These tools also help identify services for the foster parent to be able to fully support the child's stability in the placement.

Case Planning

Stakeholders have identified the participation of birth parents and family members in case planning (whenever possible) as an important asset to the success of the placement process. Through the joint case planning process, CFSA is more readily able to preserve those relationships in a child's life that are most vital to the child's future, including any relationships connected to a child's extracurricular activities, hobbies, etc. and the child's community of origin.

Regular case planning team meetings has been cited as a strength. When the social worker regularly develops, reviews and modifies case plans with a child's team, including family members, the child's placement and capacity for maintaining stability of family and community connections is increased.

RED Teams[29]

Of the stakeholders who responded to a survey question regarding the efficacy of these placement RED teams, 24.2 percent indicated that RED teams were very effective for successful placements (i.e., placements that lead to positive permanency), 45.5 percent indicated that they were somewhat effective, 18.2 percent indicated they were not effective, and the remainder were unsure. Some family-based stakeholders indicated awareness that Agency is demonstrating efforts towards creating a more structured and effective placement teaming process, especially through participation of PSA staff during placement-related RED teams. Many stakeholders specifically referenced the use of placement RED team meetings as a helpful strategy in bringing partners together, leveraging the authority of high-level Agency staff, providing a more comprehensive picture of the child, and appropriately identifying next steps.

Services

Stakeholders who provided feedback on the *DC Family Link* and "icebreaker" programs indicated that these programs remain an effective way to connect the birth and foster families within 1-2 days of the child's placement.[30] Based on the recognition that permanency and stability outcomes are more successful when foster parents and birth parents are teaming together, the model specifically seeks to improve positive outcomes for children in foster care by embracing shared parenting practices between the two sets of parents. The model is also designed to help alleviate any sense of conflict for children who may feel they have to "choose" between caregivers. The model is used both by CFSA and private agency resource parents. As of FY15, just under 20 resource parents were enrolled. Outcomes are being jointly evaluated by CFSA and FAPAC.

The facilitated icebreaker meetings were initiated to provide 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 on how to help the child through this period of separation and transition. The program 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. Birth mothers who were interviewed regarded this experience as very positive. The process enables them to have a voice and say what their child likes or dislikes. It allows them to offer suggestions of what would be in the child's best interest in hopes of making the transition better for all involved. Birth mothers also acknowledged that there are no guarantees that the

---

[29] RED (review, evaluate, direct) teams are comprised of six to eight individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of case practice at key decision points in a case, such as home removal, placement changes, case assignment transfers, and permanency reviews. Since 2014, this *Consultation and Information Sharing Framework* has occurred in a collaborative setting among multidisciplinary CFSA staff. The framework allows for open discussion among participants while also providing the structure and consistency to ensure productivity and effective decision-making.

[30] DC Family Link is a co-parenting model developed and implemented through the longstanding partnership between CFSA and FAPAC.

resource parents will abide by the information, but it is comforting to them that they are provided with an opportunity to have the conversations. Also noted were collaborative team meetings, and the provision of childcare services as attributing to positive placement experiences.

Resources parents have identified the availability of crisis mobilization services as very helpful. The ChAMPS program, which is funded by the District's Department of Behavioral Health (DBH), helps to maintain family stability by helping families and children manage extreme or dangerously volatile emotional behaviors and subsequently preventing removals as a result.[31] Providing 24/7 intervention services, ChAMPS is free to any child residing in Washington, DC, including children receiving CFSA in-home services, or DC wards residing in Maryland foster homes. CFSA also developed the *Mobile Crisis Stabilization Services* (MCS) in response to feedback regarding the needs of foster families experiencing challenges that may put a child's placement at risk of disruption. MCS assesses, treats, and stabilizes situations to reduce immediate risk of placement disruption. Services are exclusively for CFSA's family-based foster families in the District and Maryland. MCS also provides comprehensive services that help to relieve acute symptoms of family stress, and – ideally - to help restore the family to optimal pre-crisis levels of functioning. CFSA evaluates the effectiveness of MCS services by tracking placement stability. In FY14, 72 percent of the 151 referrals for MCS services remained stable in their placement. In FY15, 91 percent of the 35 referrals received remained stable.

Stakeholders frequently made reference to the successes of home-based mental health counseling services. Individual and family (sibling) counseling in-home is convenient for resource families and helps to ensure critical mental health services are delivered by alleviating significant transportation issues and making services more amenable to older youth, who are often unwilling to participate in counseling in traditional settings. Several stakeholders cited a need for increased home-based counseling services as a critical need for older youth in family-based care.

Family-based providers also listed the availability of respite services. In particular, the *Mockingbird Family Model* and the *Family Connections* program have been cited. For each Mockingbird home, there is an experienced foster parent who serves as the "hub" home for eight to ten "satellite" foster homes within a 10-mile radius. In addition to receiving respite care from the hub home, constellation families meet regularly for business, educational, and social activities, encouraging relationships to develop into a supportive mini network for the foster families and children. In a complementary fashion, the *Family Connections* program is an organized support system designed to provide licensed CFSA foster and adoptive resource families the opportunity to develop peer relationships with other families in close proximity. The program utilizes the extended family approach to address day-to-day needs that can sometimes make family-based fostering a challenge. It also provides resource parents with additional support services to enhance their experience as foster parents and to increase placement stability.

---

[31] ChAMPS stands for Child and Adolescent Mobile Psychiatric Services.

Older Youth Services

For transitioning youth, CFSA has partnered with DBH and the five Healthy Families/Thriving Communities Collaboratives to address the critical housing needs of many youth who have been involved with both the child welfare and the mental health systems. Many of these youth need extra support while transitioning out of foster care, regardless of placement type. The *Wayne Place Project*, which is an 18-month program that provides youth with supervised housing, case management, life skills training, and opportunities to perform community service. Stakeholders also noted the expansion of mental health providers' community support workers (CSWs) as helpful for engaging youth, especially young males. Generally speaking, CSWs are younger and the youth more readily relate to the CSW. There have been some reports of improved behavior based on the CSWs serving as mentors. Most frequently mentioned was the importance of financial literacy and the success of the E$crow program offered by the Office of Youth Empowerment (OYE) which offers financial education and fund-matching savings accounts. In FY15, there were 47 total participants in the E$crow program. In addition, OYE's expansion of college, employment, and vocational services to youth has been cited as a strength. Youth who are fully engaged in their preparation for adulthood appear to be more focused and less likely to experience placement disruptions.[32]

Training
Interviewees provided positive feedback on the shared parenting training connected to *DC Family Link*, as well as training on how to build positive working relationships between the various parties who share responsibility for the child with the child's family members. Some stakeholders interviewed believed that placements as well as permanency efforts are positively impacted by such trainings. Other positive feedback included CFSA's efforts to have seasoned resource parents help to train and provide support for new resource parents. The new resource parents directly benefit from the experience, which helps them to build confidence as well as personal strategies for supporting the prospective children in their care, specifically older youth. Similarly, CFSA's initiative to provide social worker and resource parent cross-training opportunities on the same topics, especially training on the symptoms of trauma, is reported to be helpful for both parties efforts to support successful placements.

Some social workers noted the benefits of training they received for working with foster youth who self-identify as LGBTQ. Although the total number of LGBTQ-welcoming resource homes in the District and in Maryland has spanned from between 40 and 50 homes over the past three fiscal periods, this remains an area where the Agency wants to maintain progress, based on feedback from youth who self-identify as LGBTQ. At the end of FY15, there were 32 LGBTQ-welcoming homes, with six new homes licensed.

---

[32] More detailed information on youth services is available from CFSA's *Older Youth Services policy* and *OYE Procedural Operations Manual*.

Family-Based Placements - Challenges

Communication

Several resource parents stated that both CFSA and the private agencies needed to do a better job communicating if the placement process is to become more seamless. Communication needs include "the system" listening to resource parents when they share details about their home, providing updates (especially to new or anxious resource parents) on the status of a pending referral, and providing vital information in the period immediately following a new placement.

Stakeholders overwhelming suggested more contact and communication with the birth family, including the child, prior to placement to get the most possible input concerning foster care choices. Direct communication between the birth family and PSA staff, alongside potential foster parents (when appropriate) was frequently mentioned as a potential strategy to make placement disruption less likely and more preventable. Both professional and birth family stakeholders identified this direct communication as a way for birth families to "buy into" the placement process and therefore, increase the possibility of supportive co-parenting between birth and foster parents, a strategy that was also frequently suggested by birth family and professional stakeholders. CFSA staff reported their belief that this was an important step for supporting birth parents that sometimes disapprove of a foster parent. Staff indicated that this is an infrequent concern but nonetheless one that needed consideration.

Among stakeholders throughout the child welfare system, there is a sense that not enough information on a child can be readily obtained. Although some stakeholders acknowledged improvements, others also highlighted ongoing challenges with limited, inaccurate, or outdated information about a child. Family-based providers find this to be a particular problem for receiving information on children who are newly entering the system. Similarly, CFSA placement specialists indicated that they often know only the name and date of birth of the child but they have no other information. As a result, the information packages that accompany children to new placements are, at times, nearly empty.[33] Resource parents noted the challenge with not having information on medical needs, allergies, potential triggers, etc. is subsequently not knowing how best to accommodate a child's needs. Some resource parents described feeling that the Agency's desperation to find an immediate placement might cause social workers to overlook or even "sugar coat" certain details, in fear of scaring off a potential resource. As a consequence, willing foster parents may find they are not sufficiently prepared to care for a child placed in their home.

---

[33] Per the *Placement and Matching* policy, all resource parents and providers are to receive a "Passport Packet" that contains information specific to the individual child. The packet is expected to contain the child's birth certificate, court orders, medical history, other personal information (like food preferences), etc. This packet of information should be in the possession of the child's current resource provider and – when applicable – will follow the child to any subsequent placements.

CFSA placement specialists have also described occasions where communication between social workers and foster parents is stifled by such factors as a resource parent's wrong telephone number or address, or when the placement specialist has no alternative means of reaching out to a potential resource who may not return a phone call. If this occurs with a potential kinship resource, particularly in the context of time limits for keeping children in the CFSA building, placement specialists frequently have no viable choice but to forsake attempts at a kinship placement and place the child instead in a traditional but non-relative foster home. Other concerns voiced by placement specialists included some foster parents not fully understanding CFSA's expectations for fostering responsibilities, e.g., receiving emergency placements at a moment's notice or performing certain daily duties like providing school transportation at a distance that might inconvenient to the foster home but important to the child's well-being because the Agency is keeping the child in his or her school of origin.

Red Teams

Feedback from family-based providers included the need for an increase in RED team participation by attorneys and service providers. Also noted was the very short preparation time for coordinating a meaningful meeting. Additional feedback included the need for social workers to participate, and for all participants to have an equal voice.

Resource Parents' Preferences for Placements

Family-based providers shared during interviews that there has been a perceived increase over the past several years in referrals for older youth with behavioral challenges and therapeutic needs. One provider believes that the closing of some group homes has forced foster home placements for youth with behavioral needs that are beyond the capacity of foster parents to handle, even those foster parents who are classified as "therapeutic." In effect, some family-based providers have felt pressured to take in youth who do not match the providers' preferences or comfort level for care. One family-based program director indicated that services alone may not be sufficient to support foster parents in the care of youth with therapeutic needs. In many cases, such youth need to be placed in a group home setting where increased supervision and other resources or services are more appropriate to the youth's circumstances.

The most commonly raised concern with placement matching preferences involves the observed discrepancy between the average age of a child that most resource parents prefer to accommodate, and the average age of a child that needs a home. As a result, many resource parents state that despite indicating a preference for a younger child, they get repeated referrals for teenagers. In addition, some resource parents expressed concern that their preferences were intentionally or repeatedly disregarded. Other resource parents reported feeling that their only chance to foster in the foreseeable future would be by taking in an older youth even if such a placement were not their preference or comfort level. Most family-based providers agreed that unsuccessful outcomes often come from a referral that disregards a resource parent's preferences.

After-Hour Placements

Placement through private agencies, especially after 4:00 pm or on weekends, can be a challenge. Even though the private agencies have social workers on call, the response time is not as fast as it should be, this means that CPS staff have to continue to monitor the child and or placement to ensure safety.

Other Timing Considerations

CFSA placement specialists noted that a restriction on the amount of time that a child can be in the Agency building increases the pressure to find a suitable placement. Social workers reported that it is sometimes difficult to get necessary information in short timeframes, particularly when seeking placement resources familiar to the child. Birth parents may be unavailable to assist or sometimes understandably uncooperative.

Stakeholders also described the nature of placement as a crisis-oriented situation where limitations in time and resource availability deprive parties of the opportunity to truly assess the child and the foster care resource. Most providers acknowledge that CFSA social workers seem to try and place children appropriately, where possible, but that the emphasis remains on quickly finding beds.

Many resource parents indicated that they need a day or two to prepare their home for the arrival of a child. Several recalled experiences where they were asked to take in children on just a few hours' notice and they felt unprepared. When placements are rushed, inadequately informed, or based on the mere existence of an open bed, skill sets and personal dynamics often do not match. Stakeholders reported that the interests of the children, providers, and fellow residents are not served, and disruptions are likely to occur. Even when immediate accommodation is possible, several resource parents also noted that they needed more time than is given in order to put necessary services into place, such as arranging for a child's transportation to school if they are not able to provide the transportation directly.

Other stakeholders expressed concern that foster parents may not be able to accommodate a child on a specific day, or may not be able to make immediate adjustments to their schedule or home environment. This problem is observed to be particularly acute when trying to engage a resource parent at an inconvenient time, such as the middle of the night or during the summer, when school is out and supervision is required for the whole day.

Private Agency Contracts

The most frequently noted challenge to making and maintaining successful child placement was what some stakeholders called the "no eject, no reject" contractual obligations. Resource families and private agency staff stated that the Placement unit's strict adherence to this contractual clause meant that they could not reject a child's placement in their home, even when it seemed obvious to them that the placement was not a good fit or it did not meet their particular placement criteria.

Placement providers suggested that the financial structure of the contracts creates challenges as a result of foster parents only receiving payment for the children currently on hand makes it hard to be prepared for additional children, and to be prepared for future needs (e.g., in terms of staffing). Agency staff concur that this is a barrier to placements. They further suggested that some of the private agencies point to staffing shortages when asked to accept additional children on their caseloads. Agency personnel also cited the occasional challenge of being able to provide foster homes for large sibling groups.

Licensing Issues

Stakeholders specifically cited barriers to placement related to the difference between DC licensing requirements, and the requirements of the Code of Maryland (COMAR). COMAR restricts the placement of children diagnosed with "therapeutic" needs in the same homes with children needing traditional foster home care. There is a natural concern for potential disruption by placing children with varying levels of needs in one home but there is also a practical concern for available capacity. CFSA social workers can inadvertently complicate the matter when they apply District protocols to a home that is licensed under Maryland protocols.

Services

According to survey results, the most important needs specified by family-based providers to maintain successful placements were mental health services for youth (52.2 percent) and respite for providers (47.8 percent). Also expressed was the need for social support services for providers (e.g., family counseling, support groups, and parenting life skills) along with childcare, both of which were expressed by 30.4 percent of the respondents. Services to address the material/immediate needs of youth and health services for youth (i.e., medical, dental, vision) received responses from 26.1 percent of survey participants.

In general, interview responses from internal and external stakeholders revealed the desire for more funding and easier access to the following services:

- Transportation
- Childcare or daycare
- Immediate stabilization for crises (in addition to the current provider, ChAMPS)
- Longer-term and more in-depth mental health services
- Respite services that are easily accessible and readily available
- Additional supportive services to help resource parents to better stabilize the children
- More services tailored to the unique needs of older youth
- "Customized service packages" for each child (or youth)

Stakeholders specifically noted that the number of children with severe mental health issues seem to be on the rise, and many resource families, even those trained to provide therapeutic foster care, are unequipped to successfully handle these challenges. The diagnosis and treatment of attachment issues was specifically perceived as an essential mental health service that is not currently readily available to resource families. Stakeholders also indicated the need for timely

community-based mental health interventions. For example, one youth who verbalized suicidal ideations did not receive mental health services for several days. The circumstances were not described in detail however, so it is undetermined as to whether or not it would have been appropriate to take the youth to an emergency room or psychiatric facility.

As noted, mental health resources are also needed for resource families themselves. Foster parents specifically requested grief and loss counseling to help them process feelings related to children leaving their homes due to reunification or a move to another provider.

Older Youth Placements
Meeting the needs of youth ages13-21 in placement was identified as being generally more difficult than younger children. Pre-placement communication was especially mentioned in relation to older youth, who can be more vocal about their preferences and who may potentially disrupt unwanted placements by absconding or other behavioral responses. Examples include youth being placed with a foster parent, who has several dogs, even though the youth was terrified of animals, or youth being placed with a family that did not respect religious or sexual preference differences. Other examples include a youth with a vegetarian diet who was served a hamburger his first night in a home and told that his diet would need to change because the foster mother would not accommodate every individual taste that came through her home.

Also noted was the need for better older youth-focused mental health services for crisis intervention. Current mental health crisis providers such as ChAMPS (described earlier as a strength by some stakeholders) were seen as "not timely" and "not readily available" for youth. Another challenge identified was the need for more in-the-foster-home counseling services that accommodate a foster parent and a youth's busy work and school balance.

Training
Some foster parents indicated they felt their training was inadequate for dealing with some of the behavioral issues they have encountered with foster children. They reported finding themselves just "winging it" with little knowledge for how to deal with disruptive behavior. Along these lines, there were many foster parent requests for training on how to de-escalate youth who are in crisis mode, and how to prevent or lessen the need for crisis mental health services such as ChAMPS. Stakeholders also stated interest in having one-on-one trainings with behavioral experts who come to the foster home.

Some social workers indicated that resource parents do not truly understand the challenges that certain foster children are experiencing, a circumstance that can be improved with more professional training, especially for identifying symptoms of trauma and strategies for ameliorating the effects of trauma. Other interviewees indicated that resource parents need access to services that more accurately mirror the needs of the changing demographics within the District's foster care system (e.g., adolescent development). One resource parent explained that it is simply not enough to provide information about the types of needs and challenges that certain children have. Training needs to include an experiential component to help prepare the foster

parent. Otherwise, the eagerness of such parents to help a child can cause them either to overlook or to refuse to believe in the existence of mental health or behavioral issues. Consequently, these parents take in children that they really cannot accommodate. One PSA specialist expressed these situations can frequently result in good foster parents "burning out".

Foster parents also shared that they experience an inconsistency of information and that the training varies based on their agency (whether it's CFSA or provider agencies). Some foster parents are aware of services and available supports but others are not provided that same information. The pre-service and in-service training requires revamping to ensure the curricular content meets the needs of foster parents in a consistent manner.

Congregate Care Placements and Matching[34]

Stakeholders throughout the District's child welfare system point out that, despite the District's overarching emphasis on placing children in the least restrictive and most family-like setting available, there is a sub-set of the population of older youth in foster care have needs that are too complex to be addressed in family-based settings.[35] In such cases, CFSA's network of congregate care facilities may represent the most appropriate option.[36] Congregate care facilities provide the infrastructure, supervision, and clinical supports that youth residents need to address complex issues and, eventually, to help the youth "step down" to a less restrictive more family-like placement setting when it is safe and appropriate.

Similar to the family-based providers, almost all congregate care stakeholders responded positively to the current development of a real-time placement-matching database. In addition, stakeholders acknowledged the work accomplished by PSA and CPS personnel, and the prompt action steps that follow RED team meetings. Equally, various stakeholders also reported the same concerns expressed by family-based providers with regards to gaps in communications and specifically with the transfer of information on youth.

Congregate Care Survey Results

A sample of 19 congregate care providers completed the survey. When asked if the congregate care provider had a clear understanding of the process for matching youth in foster care, a sum of 74 percent (n=14) responded in agreement while a sum of 21 percent (n=4) responded in disagreement and 5 percent (n=1) neither agreed nor disagreed. Respondents did not offer additional feedback to justify their responses.

---

[34] Unless specifically attributed to a particular source, feedback in this section includes interview, focus group, and survey responses from CFSA personnel, private agency supervisors and direct service workers, congregate care program directors and staff, and older youth, who have, at some point, lived in a congregate care facility.

[35] No child under the age of 12 is placed in a congregate care setting for more than 30 days without appropriate managerial justification that the child has special treatment needs that cannot be met in a family-based setting, and the congregate care setting has a program to meet the child's specific needs.

[36] The District's congregate care facilities programs include independent living facilities, traditional group homes, therapeutic group homes, specialized group homes, group homes managed by the District's Department on Disability Services, teen parent group homes, and psychiatric residential treatment facilities.

Survey Question: Provide your Level of Agreement to the Following Statement -
I have a clear understanding of how the placement process works.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
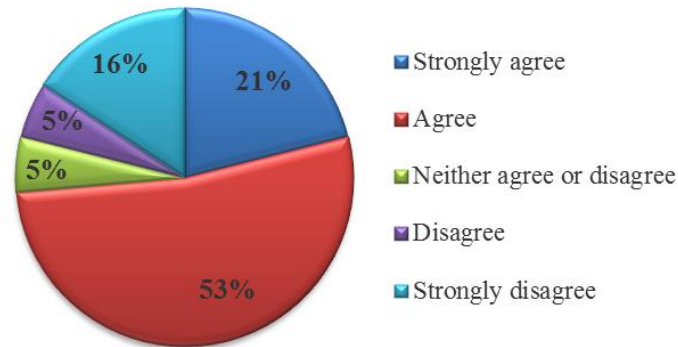
When congregate providers were asked if the placement matching process was working well, 16 percent (n=3) said "Yes", 53 percent (n=10) said "Unsure" and 31 percent (n=6) said "No". The "No" respondents indicated that the process is unclear and children are mostly placed based on availability rather than taking the time to match a child with the most appropriate provider.

Survey Question: In your Opinion and Experience, is the Placement Matching Process Working Well?

- Yes
- No
- Unsure
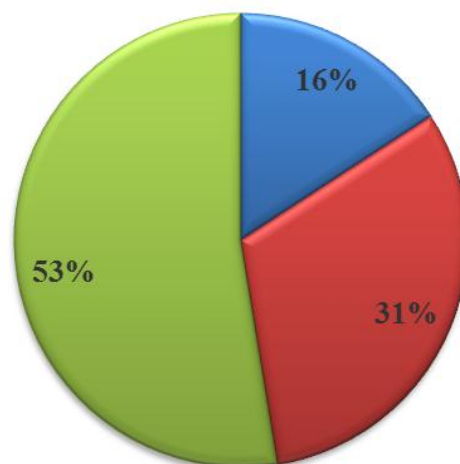
When asked to identify the top priorities for finding an appropriate placement, congregate care providers identified a number of priorities that have been consolidated into the four following categories:

1) Ensure placements are appropriate based on the needs of the child.
2) Provide sufficient information on children at the time of placement.
3) Ensure accessible and appropriate services are in place for children (e.g., education, substance abuse, housing, therapy, etc.).
4) Ensure the placement is a safe and caring environment.

Providers noted that the main barriers to a successful placement process are when priority needs are identified but not met, in addition to ensuring a sufficient number of placement options and better communication between team members.

When asked if youth are placed in congregate care according to their needs, 5 percent (n=1) of providers surveyed responded "Never", while 11 (n=2) percent responded "Rarely", and 42 percent (n=8) responded "Sometimes" and "Often".

Survey Question: In your Opinion and Experience, Provide the Level of Frequency in Response to the Following Statement - *Youth are placed according to their needs.*

- Always happens
- Often happens
- Sometimes happens
- Rarely happens
- Never happens

0%
5%
11%
42%
42%
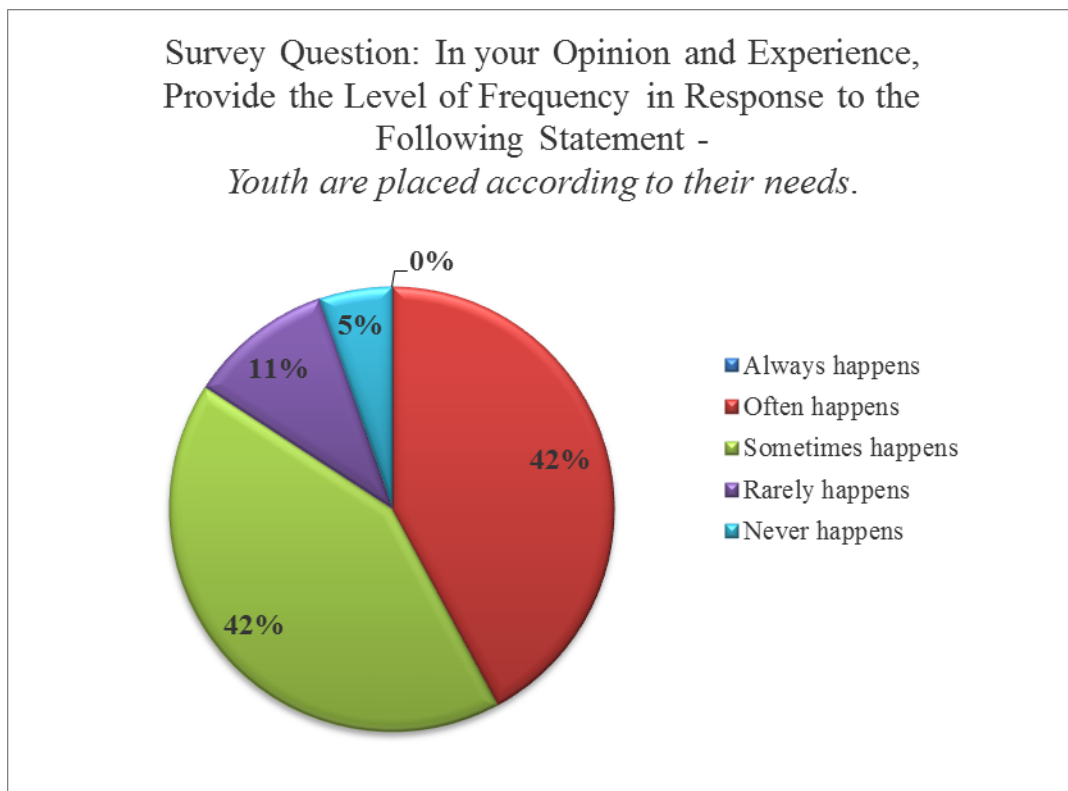
General Placement Matching Considerations for a Congregate Care Setting

Therapeutic Needs
All program directors interviewed emphasized that the placement matching process must consider whether mental health conditions cause behaviors that can endanger the youth or fellow residents in a group living situation. Several directors expressly stated that youth with untreated aggressive or violent behavior should not be placed into a traditional group home setting, especially if security considerations are not in place. Directors advise, for example, that therapy should be proposed, monitoring should be consistent, and interpersonal dynamics, such as roommate selection, should be carefully managed.

Social and Emotional Needs
One congregate care provider described the importance of understanding the level of a youth's emotional stability. For those with attachment issues, a congregate care facility can, at times, be preferable to a family-based environment. There is a certain comfort level for such youth to not feel pressure to bond with a parental figure. The same provider suggests that for youth with anxiety issues, it is essential that a congregate care facility be evaluated for potential triggers and a plan made to address minimizing and responding to them.

Structural Needs
Two program directors from different teen mother programs stated that placement specialists must consider the extent to which a youth needs structure. This is based not only on the added responsibilities and pressures of teen parenthood but also on the physical composition of the facilities wherein youth manage their own apartment-style residences.

Although CFSA is continually reviewing strategies and policies to remedy actual gaps and to address perceived ones, the Agency remains mindful of the importance of balancing the need for a successful long-term placement with the need to promptly alleviate the trauma that can affect a newly-committed youth who needs a place to call home.

Strengths – Congregate Care Placements

Services
Congregate care providers have observed that when a youth's goal is reunification, CFSA makes concerted efforts to support the future stability of the youth's parent by providing much-needed services, e.g., looking into housing vouchers and rental assistance on their behalf. For youth aging out of care, the Agency likewise investigates housing opportunities, and also provides material supports, including a transitional care package and matched savings contributions.[37]

Youth living in congregate care facilities indicated that they have benefited from the array of supportive services available to help them prepare for the transition to independence. Among the supports receiving numerous mentions were transportation support and educational/vocational support. Other such supports include rental assistance, financial management programs, furniture assistance, and transitional care packages (e.g., gift cards for home-related purchases). One congregate care provider observes that it has been helpful to have therapists come to the group home when youth refuse to go to therapy.

Pregnant and parenting teens in congregate care facilities also acknowledged receiving the supports they need for their own advancement. In particular, one program manager cited the onsite childcare as a service definitely benefitting the parenting youth. Youth corroborated this point of view through their survey responses. The convenience of bringing their children to the onsite facility has permitted many teen moms to pursue academic and vocational interests that may have otherwise appeared impractical or overwhelming.

Youth Ombudsman
Stakeholders indicated that the CFSA youth ombudsman, in partnership with congregate care management teams, effectively addresses concerns brought by youth in care. In addition to showing empathy, the youth ombudsman has a personal understanding of the child welfare system, which allows this ombudsman to serve as an "experienced" resource for youth. This is very helpful to youth who feel that their social worker, placement provider, or team members are not adequately addressing their issues or concerns. The ombudsman also visits the placement, convenes appropriate parties, obtains information, and makes recommendations to all parties involved, including CFSA management. Additionally, the youth ombudsman conducts surveys and prepares annual reports on issues relevant to the well-being of youth in foster care. At various times, CFSA management also charges the youth ombudsman with carrying out needed action steps.

---

[37] Most recently, the transitional care package a gift card up to $1,000 (contingent upon need) for household purchases from a local retailer. Matched savings are available to youth who successfully complete a financial literacy program. More information on youth services is available on the CFSA website via the Older Youth Services policy.

In addition to the above feedback, surveys administered to older youth who reside in a congregate care setting consider the youth ombudsman as modeling positive advocacy behavior for the youth. He empowers youth to effectively communicate their needs and concerns directly with the congregate care provider, and to work together with providers to put strategies in place to prevent the recurrence of issues.

Challenges – Congregate Care Placements

Communication
Several congregate care providers indicated that at times, they have felt insufficiently informed and supported to facilitate a child's well-being needs, i.e., having resources and the appropriate knowledge to response to youth with untreated mental health conditions. Several of the congregate care providers also indicated that limited information creates greater potential for conflict among youth in a group home, which can lead to crises and disruptions. One provider observed particular challenges for youth who are new to the group home environment. They are frequently ill prepared for the "culture shock" and may arrive without having had any communication from their social worker about certain group home expectations. For example, they need to learn to lock up their valuables, and they need to be mindful of those who may target them simply for having a lifelong connection.

Congregate care stakeholders mentioned that inconsistent communication has introduced barriers to positive outcomes for case-specific matters. With respect to the placement process, some providers report that incomplete intake packages cause significant gaps in service provision, especially when a youth has complex needs that require staff attention from the moment placement begins. After-hour referrals are particularly susceptible to gaps and delays in information transfer. Another provider observed that even when the Agency is in a position to consider placement needs, sometimes a youth might not be exactly honest during the intake process. Several providers indicated that more time is needed to assess the youth prior to placement to ensure a good match.

More systemically, there is frequently confusion among the congregate care provider community as to how case management responsibility between themselves and CFSA is delineated. On occasion, this causes duplicative work, or conversely, may cause youth to experience gaps in service.

Congregate Care Provider Preferences for Placement
All interviewed congregate care providers indicated that a limited continuum of resources is forcing youth into inappropriate placements, which leads to unsuccessful living arrangements and often to placement disruption. Some providers are of the understanding that therapeutic and specialized placements are at capacity. They feel that the closure of residential facilities and the cutting of provider contracts forced youth into foster homes that could not meet the needs and handle the behavioral challenges of certain youth, who were then referred to traditional group

homes. As a result, providers have observed challenges surrounding the placement of youth with mental health needs that exceed what traditional congregate care programming can accommodate. [38]

One teen mothers' program director noted that certain applicants, who could be ideal for their program, may lose out to youth who need to be placed under urgent circumstances. Even if a youth is a good fit, some providers observe that the very appearance of dropping off a youth without regard to the appropriateness of the placement can impact the experience. The providers stated that the being allowed to conduct initial interviews would go beyond considerations of appropriateness and actually give providers an opportunity to explain program expectations, and to convey to the youth how their interests are being considered.

Congregate Care Provider Contracts
All interviewed congregate care directors contend that the standard language in their CFSA contracts limits their latitude in assessing and approving youth for placement. As is the case with family-based contracts, there is a "no-eject, no-reject" contractual clause that precludes vetting a youth but rather mandates acceptance of any CFSA referral, provided the youth meets the program requirements (e.g., gender specific or pregnant and parenting teens). Specifically they expressed concern over the protocols by which youth are placed in their programs, and indicated a desire to be more directly involved in the placement of youth at their facilities. Contractual restrictions limit their ability to turn away youth whom they may believe may not or cannot thrive in their programs. This concern is exacerbated when it is foreseeable that such youth may negatively impact the experiences of current residents.

Providers indicated similar restrictions with regard to moving youth out of their programs when a youth is causing disruption to other residents, or it is clear that the youth requires a greater intensity of services than the facility can provide. As well, providers expressed concerns over inconsistencies between contracting and licensing requirements.

Services
Several providers and stakeholders indicate that services are available in all areas but what is needed is more regular engagement, reinforced by teaming and case management. One provider observed a need for services where youth engagement can be consistently monitored. For example, in the case of certain job-readiness programs that take place offsite, youth tend to go from program to program, and it is very easy for them to "fly under the radar". Without the ability for placement staff to monitor progress, these services are only beneficial to internally motivated youth.

---

[38] In the District, "traditional" care most commonly refers to placements that are not designated to meet the needs of children or youth who have been diagnosed with mental health issues or who need tailored, therapeutic or "specialized" care, e.g., youth who are coming from both the foster care and juvenile justice systems (dual-jacketed youth).

Several youth expressed a need for greater independent living services prior to aging out of the system or prior to entering college, through life skills. One provider stated that issues arise when such a desire is expressed by a youth who demonstrates a need for more supervision and support than an independent facility is designed to offer.
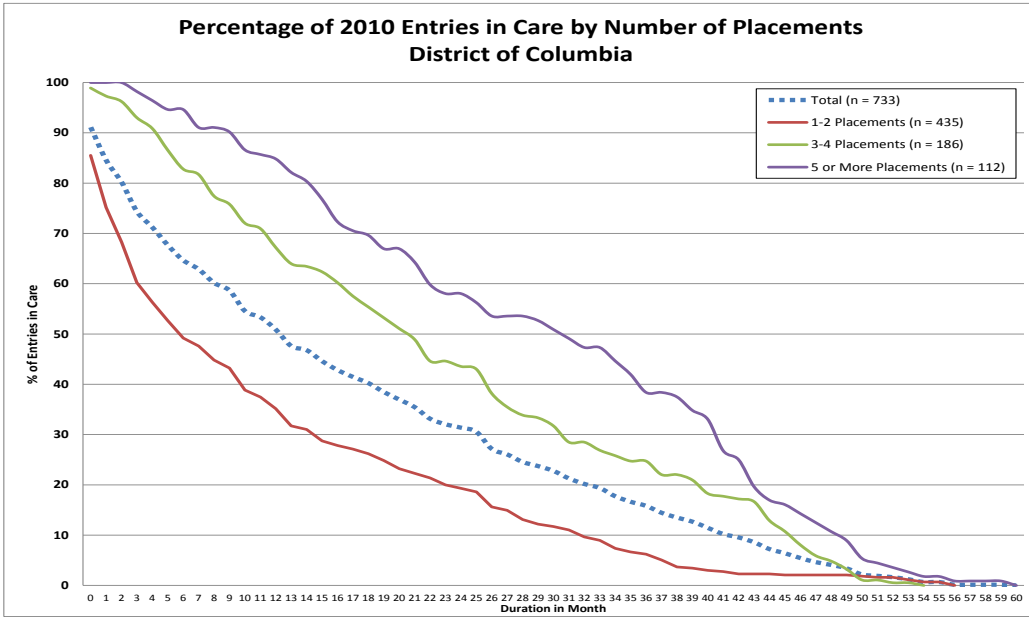
Other providers expressed that a comprehensive and accessible list of available resources in the various service domains would be helpful, as well as a breakdown of who (CFSA or provider) is responsible for accessing a program and assisting the youth toward successful completion. Several providers described a need for tutors and mentors. One provider, in a home for teen males, observed that young men seem to respond more positively to male mentors. Lastly, several youth reported a need for more timely responses from congregate care staff with regard to various communicated concerns, as well as expenses for clothing, high school graduation, personal spending, and travel.

Chapter 4 - Placement Stability

One of the primary factors that define "placement stability" is the number of placements that a child has experienced since entering care. Placement stability correlates to the length of time in foster care. The less placement moves, the less time children and youth spend in foster care.

Utilizing cohort data, CFSA teamed with Chapin hall to analyze the correlation between placement stability and length of time in care. The following findings were reported:

- Placement instability as a risk factor for longer lengths of stay
- Each additional placement significantly extends the length of stay for the child
- For those cases that entered between 2010-2012, an additional placement extends the length of stay by the following approximations:
    - 86.6 days for those entered in 2010
    - 71.4 days for 2011
    - 47.3 days in 2012
- Those who entered in 2010 or 2011 but have not exited as of 12/31/2014 include large proportion of 5 or more placements.

**Percentage of 2010 Entries in Care by Number of Placements
District of Columbia**

**Percentage of 2011 Entries in Care by Number of Placements
District of Columbia**

Percentage of 2012 Entries in Care by Number of Placements
District of Columbia

Legend:
- Total (n = 350)
- 1-2 Placements (n = 232)
- 3-4 Placements (n = 72)
- 5 or More Placements (n = 46)

ChapinHall

Number of Placements by Exit Status for 2010 Entries
District of Columbia

Those who Exited (n = 733):
- 5 or More Placements: 15.3%
- Fewer than 5 Placements: 84.7%

Those who have not Exited as of 12/31/2014 (n = 63):
- 5 or More Placements: 63.5%
- Fewer than 5 Placements: 36.5%

ChapinHall

Number of Placements by Exit Status for 2011 Entries
District of Columbia

Those who Exited (n = 511):
- 5 or More Placements: 11.0%
- Fewer than 5 Placements: 89.0%

Those who have not Exited as of 12/31/2014 (n = 88):
- 5 or More Placements: 54.5%
- Fewer than 5 Placements: 45.5%

ChapinHall

Number of Placements by Exit Status for 2012 Entries
District of Columbia

Those who Exited (n = 350):
- 5 or More Placements: 13.1%
- Fewer than 5 Placements: 86.9%

Those who have not Exited as of 12/31/2014 (n = 123):
- 5 or More Placements: 33.3%
- Fewer than 5 Placements: 66.7%
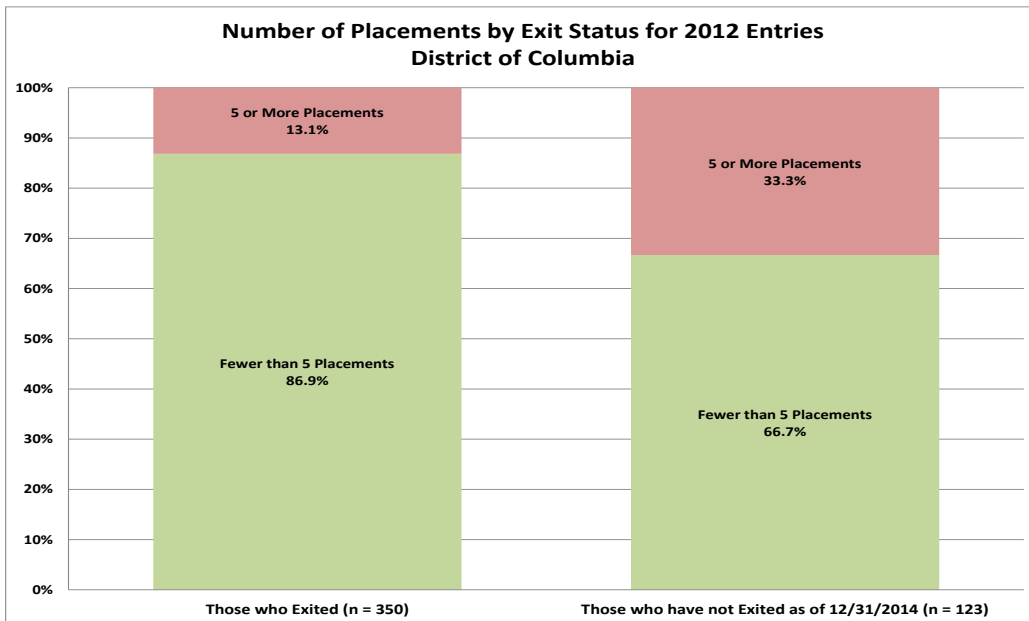
ChapinHall

Ideally, every first placement is the best placement but the reality of first-and-best placements is not always so simple, especially during emergency placements. Nevertheless, PSA and social workers' efforts to reduce multiple placements have resulted in a measurable success. In FY14, the percentage of children who were in CFSA's care who experienced two or fewer placements

in less than 12 months was 76 percent In addition, as of September 30,, 2015, 78 percent of children in care for the past 12 months had two or fewer placements. Despite the progress, CFSA continues to be challenged with placement stability across age groups and, in particular, for the Agency's older youth.

CFSA determines stability using several measurement indicators, one of which is identified through the Agency's Quality Service Review (QSR) process.[39] The *Stability* indicator used by the Agency's QSR team measures the degree to which a child's daily living, learning, and work arrangements (as applicable) are stable and free from risk of disruptions. This particular indicator also measures the number of changes in settings within the past year and the probability of an unplanned move within the next year.

Quality Service Reviews (QSRs) are conducted annually on a representative sample of cases throughout the District. For the last 2 years the total number of cases reviewed annually has been 125. This number is more than 4 percent of the out-of-home population for the District. Cases are selected from more than 75 percent of the individual case-carrying social workers. One of the items measured is the status indicator Stability-Home, which broadly looks at the stability of the child's home setting over the past 12 months. This indicator also looks at the likelihood of future unplanned moves (such as a foster home disruption).[40] Cases are rated "acceptable" for stability when there has been no more than one disruption in the last 12 months, and little likelihood of a disruption in the next 6 months. Of the cases reviewed in 2015, 70 percent were rated "acceptable" for the Stability-Home indicator. When looking only at the children in out-of-home placements (75/105), this figure rises slightly, to 71 percent. This reflects an increase for the out-of-home population from 2014, when 68 percent of children (69/101) were rated acceptable for this indicator.

Survey Results
Questions on placement stability were given to youth, family-based providers, and congregate care providers. Although length of time in care was not a question on the youth survey, respondents were asked how many placements they have had during their time in care. Of the youth surveyed, 19 (82 percent) of the 23 reported to have had five or more placement episodes since entering foster care. The age range of the youth with 5 or more placements was 17-20. There was one 17 year old, one 18 year old, nine that were 19 year olds and eight 20 year olds.

---

[39] Professionally trained in-house and contracted QSR reviewers conduct annual reviews on randomly selected in-home and out-of-home cases. In 2015, 125 reviews were completed. Each review examines case practice, system performance, and permanency outcomes. A close partner in this effort is the District's Department of Behavioral Health, which has reviewers who team with CFSA to examine the status and quality of mental health services for children and families. Results of QSR reviews are compiled, analyzed, and published in an annual QSR report.
[40] Reunification or moves to less-restrictive environments are not considered disruptions.

Survey Question: How many Placements have you had while in Care?

9% — 0-1
9% — 2-4
82% — 5+
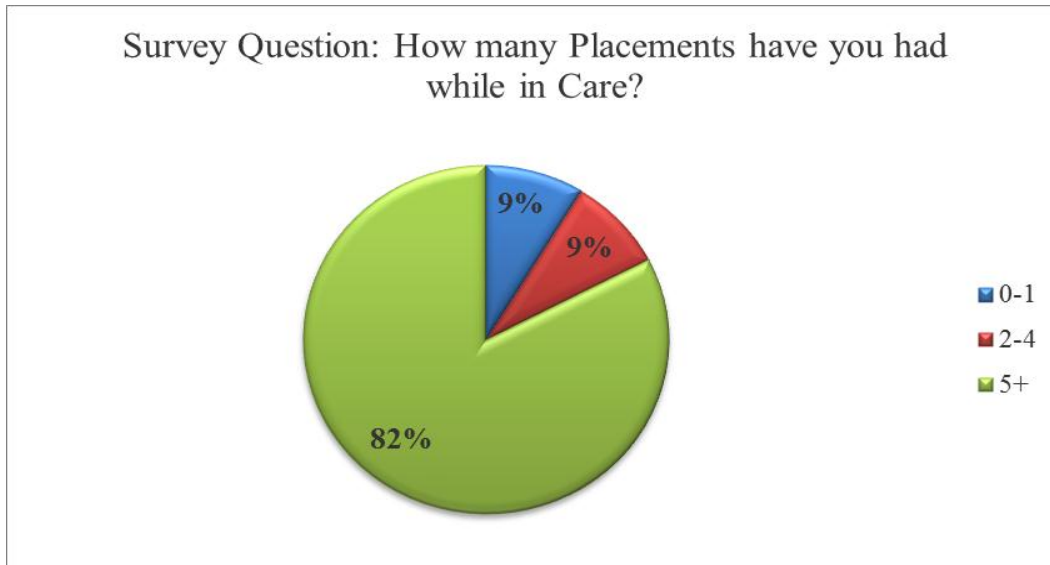
Youth in family-based care also provided the following top four most important resources (in order of importance) needed to successfully maintain placement stability:

1) Transportation services
2) Services to address material and immediate needs
3) Mentoring, support services or access to alternative activities
4) Educational services (e.g. tutoring)

In regards to transportation services, youth commented that they are being placed far from relatives without adequate transportation services. In addition, they described feeling that there is a lack of follow-up or communication from team members, which has not been useful in promoting stability.

For youth placed in congregate care settings, the first three of the above priorities remained the same but the fourth important resource was listed as health services (e.g., medical, dental, and vision) instead of educational services which was ranked fifth. The change in ranking for the respondents in a congregate care facility was correlated to the fact that a significant portion of the youth surveyed (n=12) were pregnant or parenting youth. For these youth, health services are needed for themselves and for their children.

One aspect of ensuring the stability of a placement is to know the capabilities of the provider and how those capabilities can or cannot support the needs of a youth. Non-youth respondents were asked if provider contracts (capacity) and abilities (skill sets) are taken into account prior to matching a youth with a family or facility. Sixty percent (n=77) of respondents were unsure, followed by 20 percent of respondents equally responding "Yes" (n=26) and "No" (n=25). When individually extracted from the sample, both family-based and congregate care providers followed the same outcome pattern for this question.

Survey Question: Are Provider Contracts and Abilities taken into account prior to Matching a Child with a Family/Facility (e.g., Capacity and Skill sets)?

- Yes — 20%
- No — 20%
- Unsure — 60%
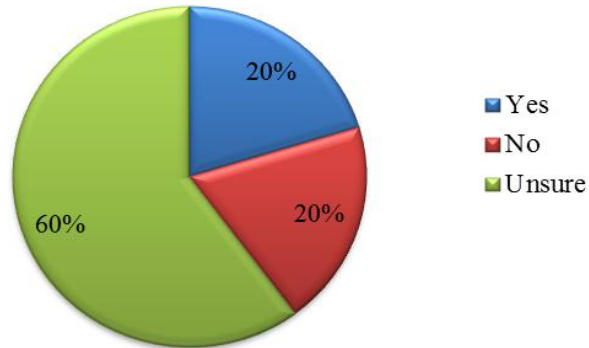
In addition, both family-based and congregate care providers identified the same services that were considered useful to maintaining the stability of a youth in a placement. Such services included mental health, educational services, teaming in case management, and resources for youth and foster parents.

Family-based providers were asked to select from several resources and to list their top three for ensuring placement stability. The following top three most important resources are listed in order of response frequency:

1) Mental Health services
2) Respite for providers
3) Child Care

Close to child care were educational services and social support services for foster parents (e.g., parenting and life skills, support groups, and marital or family counseling).

Survey Question: In your Opinion, What Top 3 Resources do Providers Need to Support Children and Families to Maintain Placements?
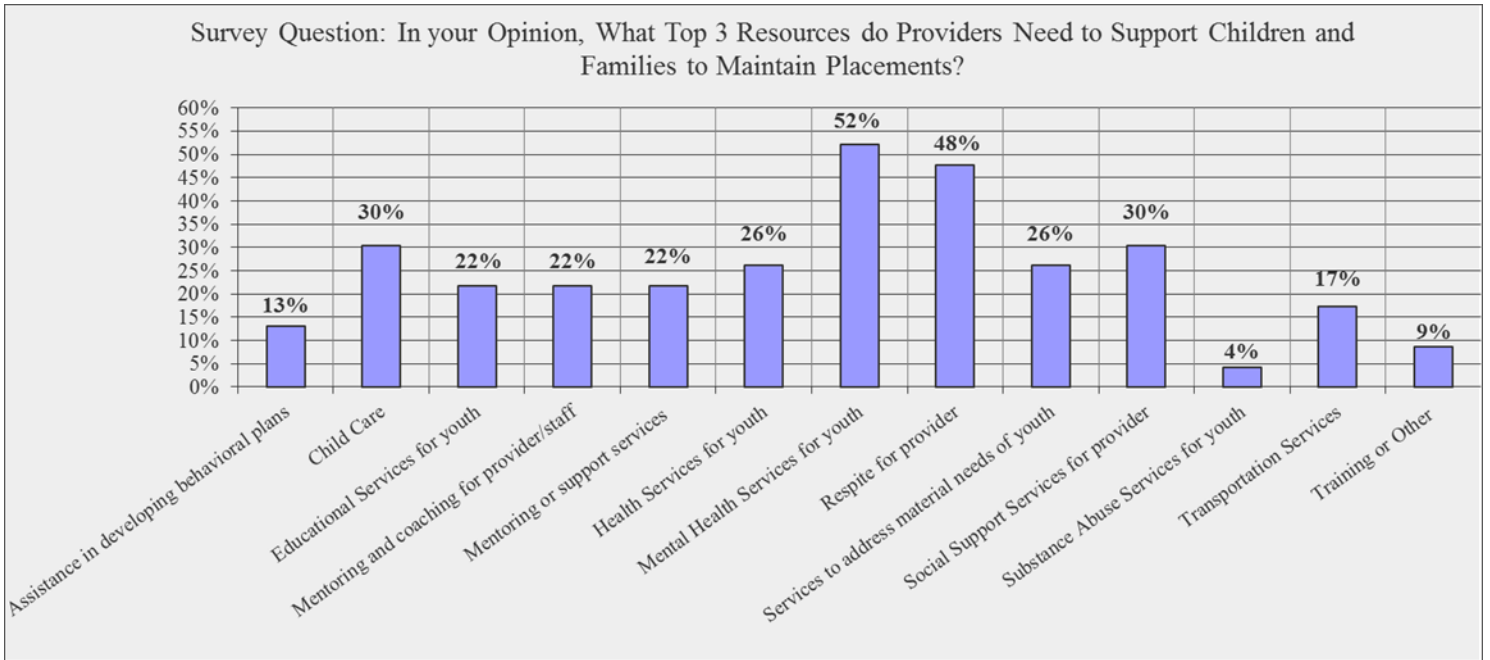
When asked the same question, congregate care providers responded with their selection of the top three most important resources for maintaining placement stability:

1) Mental Health services
2) Mentoring or support services
3) Assistance in developing behavioral plans

Transportation services were also close to "assistance in developing behavioral plans".

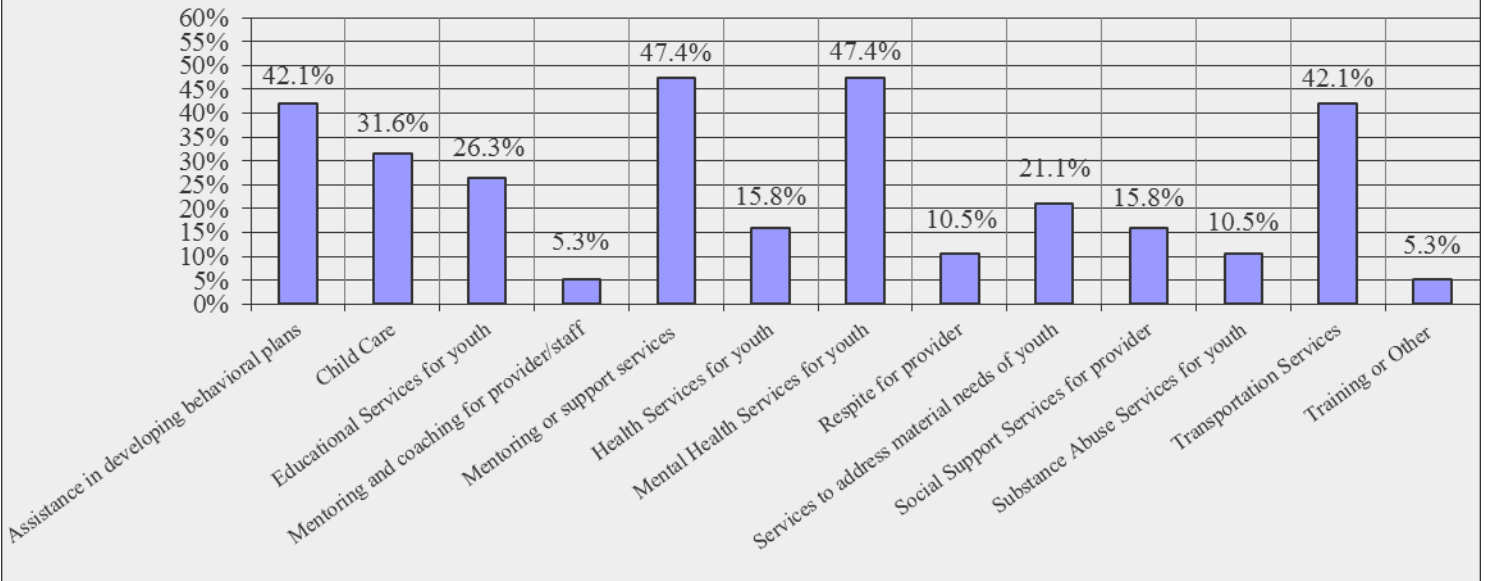**Survey Question: In your Opinion, What Top 3 Resources do Providers Need to Support Children and Families to Maintain Placements?**

Category	Percentage
Assistance in developing behavioral plans	42.1%
Child Care	31.6%
Educational Services for youth	26.3%
Mentoring and coaching for provider/staff	5.3%
Mentoring or support services	47.4%
Health Services for youth	15.8%
Mental Health Services for youth	47.4%
Respite for provider	10.5%
Services to address material needs of youth	21.1%
Social Support Services for provider	15.8%
Substance Abuse Services for youth	10.5%
Transportation Services	42.1%
Training or Other	5.3%

Placement Stability - Strengths

Child Needs Assessments (CNAs)
Again, CNAs are designed to identify the needs of children so that each child entering foster care can be matched with the right placement. Attorneys for the Agency, who are directly involved in representing the Agency's position on placement changes to the Family Court, stated during interviews that they have observed a decrease in disruptions and reduction in multiple placement numbers since the CNA process has been implemented.

Foster Parent Support
Another important component to placement stability is the support that CFSA and the private agencies provide to foster parents. Foster parents stated during interviews that the community-based programs are a great resource. One foster parent stated that not only are community programs working well but interactions with therapists are also working well. The foster parent also experienced great teamwork with the educational attorneys, social workers, and other team members who worked to support the placement. The feedback provided by this foster parent was a consensus among those with positive experiences fostering older youth.

Establishing Trust between the Foster Parent and the Child in Foster Care
One foster parent stated that letting children have their "hiccups", respecting them, caring about them, treating them as a part of the family, and even challenging them has proven successful for making sure her placements are stable. She further revealed that she allows the youth to call her whatever they feel comfortable with in terms of titles such as mom, Ms., aunt, grandmother, etc. She realized that if she opens herself up to them that they find trust her and since many of the

children have trust issues, she can win children over by being honest with them. She has also learned that being patient and treating children in foster care as if they were her own biological children can make the difference in establishing trust.

The above narrative is an example of when placement matching facilitated stability. Part of the process for ensuring placement stability is to match the youth with the most appropriate placement. Interviewed staff stated that when a placement is not an emergency, placement tries to match youth based on needs 60-75 percent of the time. Staff further stated that issues based on emergencies are the primary reason for frequent crises and disruptions. This perception can be slightly supported by a separate survey feedback process with different stakeholders. When asked how frequently children are placed according to their needs, approximately 71 percent of internal and external stakeholders responded, "always to sometimes" with the majority responding to "sometimes" (49 percent).

Placement Stability - Challenges

Social Worker Case Loads
To assist with ensuring that youth are granted effective support, one foster parent stated that at least one disruption in placement was connected to the social worker being overwhelmed by the workload. Instead of helping the foster parent work through the issues in the home, the social worker "just removed" the youth from the foster home. The foster parent felt that she should have been given the opportunity to work through the issues, especially since she expressed her willingness to do so.

Sibling Placements
The same foster parent also explained that sometimes siblings can be a bad influence on one another or other children in the foster home. There are circumstances (based on the siblings' relationship) where it is actually better not to place siblings together, despite the Agency's desire to keep them together. The implication of stressful sibling relationships can be disruptive to a placement as well as disruptive to the foster home household in general.

Older Youth Placements
One of the areas that have remained a challenge for the Agency is the placement stability of older youth in care. CFSA continues to work on improving outcomes for older youth for whom achieving permanency through reunification, guardianship, or adoption is most challenging. For those youth aged 18 to 19 years with the goal of alternative planned permanent living arrangement (APPLA), a youth transition plan is developed and reviewed every 6 months. CFSA's internal compliance target for this population is 90 percent for youth having developed and reviewed transition plans in a timely manner. The Agency has made significant strides to improving stability with performance at 84 percent as of April 2015. Reviews occur every 3 months for 20 year olds to ensure they are prepared for exiting foster care at age 21.

As noted earlier, the Agency closed two congregate care agencies in 2014, a decision that directly impacted capacity to re-place the youth, and subsequently placement stability. Other feedback included the same concerns identified above in *Chapter 3: Placement and Matching*, that is, youth needs are not sufficiently assessed prior to congregate placements. As a result, congregate staff is challenged to address some of the unanticipated behavioral challenges, which may or may not be successful. Often, placement disruptions result. Overall, stakeholders indicated that placement disruptions for older youth often occur as the result of abscondence and other behavior issues, leading a foster parent or guardian to request that the youth leave the placement.

Disruptions

Participants stated that the Agency's response to potential placement disruptions is too slow. They further stated that disruptions are generally not a surprise, i.e., the Agency has time to address issues, install services or interventions, and pre-empt the potential disruptions before they happen but, again, system responses are generally too slow. One foster father stated that he has had three teens in his household, none of whom lasted more than 30 days. Originally, he was interested in fostering a young child, under the age of 7, but he was told there is a pressing need for placing older youth and so he decided to take a teen. He added that every time he had aggression issues with the youth, he would reach out to the social worker, sometimes more than once, but there was no response or a slow response, and the youth would be moved from his home without any attempt at resolution for the behaviors or crisis management.

Bureaucratic delays are also a challenge for securing placement stability insofar that prescribed responses often require inter-agency coordination, and a lack of coordination results in delayed service referrals being put into place. By the time the intervention is ready, circumstances in the foster home are often past the point of no return and a disruption naturally follows.

Along these lines, disruptions and multiple placements can happen even if there is a solid plan in place. Staff from the Office of Youth Empowerment (OYE) indicated that sometimes a goal is set for a young person very early on but for whatever reason, if that goal does not materialize and now the youth is nearer their 16th or 17th birthday, social workers consider the youth as able to manage on his or her own versus still needing assistance and nurturing. This misconception can lead to disruptions when the youth acts out because they – in fact – do still need guidance. OYE receives such cases, by and large, only to discover "after the fact" that many youth have had missed opportunities for permanency, either through guardianship or adoption.

Special Actions Categories: Multiple Placement Moves

One of the nine special review/corrective action categories that the Agency monitors is four or more placements with the last placement occurring during the past 12 months. As of the end of FY15, there were 251 children in this category. This number has decreased from FY2014 (293) and FY2013 (378). According to the District's data profile as of November 2015, based on the Adoption and Foster Care Analysis Reporting System (AFCARS) data from April 1, 2014

through March 2015, the District exceeded the national standard of 4.12 with a lower rate of instability at 3.33. In the year prior the District's performance in relation to the National Standard was 4.89.

Chapter 5 – Foster Parent Recruitment and Licensing

Successful pairing foster parents to the diverse needs of children in foster care is a key factor for maintaining placement stability and, ultimately, successful permanency outcomes. Yet, recruiting and retaining a diverse array of qualified foster parents can be a challenge. For the District in particular, rapid gentrification and an influx of new residents into the city (about 1,300 a month in 2014) have dramatically and rapidly changed the demographics of potential foster parent pairings.[41]

To meet the challenge between need and availability of foster parents, CFSA partnered in 2014 with a local marketing and communications firm, together designing a carefully planned foster parent outreach and recruitment campaign. An integral component to the campaign was informing the general public and prospective foster parents about the need for foster families in the District with the hope that CFSA could recruit 120 new foster care beds in District communities by FY15. CFSA received 151 inquiries resulting in 55 applications to become foster parents.

The marketing firm prepared a 51-page *Environmental Scan Report* of key demographic, geographic, and housing trends in the District. Among key sources of information were the DC Office of Planning, George Mason University (VA) Center for Regional Analysis, U.S. Census Bureau, and Washington Metropolitan Area Council of Governments. While the report confirmed the changing demographics of the city population, it also refuted a common hypothesis that the majority of newcomers will be professionally transient. Rather, the report showed a slight trend toward new residents buying homes and putting down roots. At the same time, the report indicated that the kind of housing stock that once gave people the room to accommodate a foster child is dwindling. Many of the housing options available to newcomers are newly built one-bedroom apartments and condominiums, but not two or three-bedroom homes.

In addition to research, the firm conducted two focus groups to gather information directly from stakeholders: one group was with foster parents and the other was with CFSA recruiters. There were also several informal interviews conducted with individual foster parents and prospective foster parents. From these activities, the following key takeaways emerged:

- Not everyone is fit to be a foster parent, i.e., CFSA doesn't just need to find foster parents—the Agency needs to find the *right* foster parents.

---

[41] Cited in the *Environmental Scan Report*, as mentioned in the next paragraph.

- The strongest messages are the most authentic. The following examples prove most helpful both to recruitment and to retention efforts:
    - Being a foster parent isn't easy, but foster parents are not alone. There are advocacy and support systems in place.
    - The District as a whole and its communities need individuals to step up to the challenge of fostering children.
    - Foster parents who change the life of a child in the District also change their own life.

- Honesty is essential when communicating with the community about what foster parenting really means. The following information is exceedingly important to share with prospective and current foster parents:
    - The primary goal of reunification means that children will return home to living with their birth parents.
    - Every effort is made to keep children in their home communities. This is very important for preventing additional trauma to the child.
    - The demographics of children in foster care are unique to the District of Columbia, and foster parents must be prepared to respect the child's cultural and ethnic needs.

- Not enough people know about foster care outside of a few geographic locations in the city.
    - Fostering a child is not an easy responsibility so stakeholders must work to generate more awareness across the entire city of how important foster care is for the strength of communities in the District.
    - Any negative stigma attached to foster care must be transformed into a positive and rewarding challenge for helping to heal the children who are inadvertently thrown into the struggle of adapting to foster care. Children reacting to trauma and foster care may "behave badly" but they are not "bad children".
    - The Agency needs to raise awareness of foster care benefits through positive storytelling distributed via targeted media outlets.

All of the above activities helped to inform the annual *Foster Parent Recruitment, Licensing, and Retention Plan* (RRP) that the CFSA Foster and Adoptive Parent Recruitment Unit prepared in FY15. Further based on this market research was the current marketing theme, *DC Families for DC Kids,* which now appears on all of the campaign and outreach materials for recruitment. The media campaign also includes digital components that represent a whole new recruitment strategy for CFSA (e.g., online platforms such as desktops, smart phones, and tablets, in addition to social media such as Facebook versus brochures, community presentations, print media, radio, or television ads only). The strategy also includes targeting people who search for information using terms such as "foster care". Lastly, CFSA is continuing traditional targeted radio advertising alongside paid advertising in strategically selected, and well-circulated print outlets.

The campaign kickoff in February of 2015 focused on residents of the Agency's primary outreach zone (Wards 4, 5, 6, 7, and 8), the African American community, and the LGBTQ community. Advertising goals (as outlined in the media plan) were designed to drive people to the new CFSA foster care website page and to call the foster parent recruitment Hotline, 202.671.LOVE. These efforts were obviously resulted since 65 percent of new foster parent applications (since March 2015) were identified as a direct result of the new campaign.

The demographic breakdown of the new applicants (based on the social media campaign) by ward, race, household composition, age of resource parent (s), and capacity of the applicants is reflected below:

Ward Distribution

	Ward 1	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
Number	5	8	10	5	12	15	55
Percent	9	15	18	9	22	27	100

Race

Race	African American/Black	Caucasian/White	Pacific Islander/ Asian American	Total
Number	42	9	4	55
Percent	77	16	7	100

Household Composition

	Married	Single	Widow	Divorced	Separated	Total
Number	16	29	3	4	3	55
Percent	29	55	5	7	5	100

Age of Resource Parents

	30-45	46-55	56-65	Total
Number	38	12	5	55
Percent	69	22	9	100

Bed Capacity of Applicants

	1	2	3	Total
Number	35	19	1	55
Percent	64	35	1	100

Also in FY15, CFSA's recruitment unit partnered with Reingold LINK, LLC to enhance, allocate, and design social media opportunities through various platforms. The following table provides an analysis of the resulting campaign, *www.FosterDcKids.org*.

Media Source	# of Inquiries	# of Attendees at Orientation	Applications Received	% Ratio of Attendees to Applications	# of Homes Licensed	# of Projected Beds Developed	# of Beds Developed	# of Homes in Process
Foster DC Kids website	100	85	45	53	16	37	25	24
Radio	32	5	5	100	2	4	4	3
Facebook	14	3	3	100	0	2	0	2
Newspaper	5	3	2	66	1	0	1	0
Total	151	96	55	58%	19	43	30	29

The following findings were culled from the social media campaign:

- 58 percent of individuals and families that attended the foster parent orientation via this referral source provided an application (N=55 applications received/ N=96 attendees at orientation).
- 45 percent of the beds were created from social media referrals (N =67, total of beds created; N = 30, total # of beds developed via social media).
- Social media was the referral source for 52 percent of the total number of homes still progressing towards licensure referral (N=29, total number of homes in process; N=56, total number of homes progressing towards licensure).
- 33 percent of DC foster care applications (N=55 for the # of applications received via social media; total number of DC applications N=169).
- 68 percent of the bed capacity came from social media referrals (13 out of the 19 have space for siblings with a minimum capacity of two bed slots).
- Six foster families that self-identify as LGBTQ were licensed in FY15; four out of the six were referred through social media (66 percent).
- The LGBTQ community had the 3rd highest views on FosterDcKids.org and Facebook.

Becoming a Foster Parent

CFSA has a dedicated team of specialists in the areas of recruitment, licensing, and retention.[42] These experts include staff from CFSA's Foster Care Recruitment Unit, which gathers new foster resources; and staff from the Foster Care Resources Administration, which guides traditional, kinship, and adoptive parents through the licensing process. All efforts are guided by the Recruitment and Retention Plan, which outlines programs, strategies, and evidence-based models used by CFSA. While the Agency reviews for quality and ensures that standards, policies, and regulations are applied for all licensed and approved foster family homes, CFSA intends to improve these processes through the *Placement Strategy Plan*. In addition, each contract provider agency has staff members and programming dedicated to recruitment, licensing, support, and retention.

CFSA and its contracted private agency partners make every effort to simplify the recruitment process for foster parents. For example, there are no fees associated with foster parent licensure, either by CFSA or by any of the provider agencies. CFSA and some of the private agencies encourage online applications. The remaining private agencies work through the applications at the first training after the orientation session. Every agency has an orientation meeting or class to acquaint the prospective foster parent with the licensing process.[43] In addition, most of the private agencies designate staff that is available in the evenings or weekends to answer questions and to assist with the registration process. As well, CFSA and the private agencies work directly with applicants during the first few sessions of pre-service training to support the seamless completion of all licensure paperwork.

Foster parents caring for children who are wards of the District may be licensed either by CFSA or by one of CFSA's contracted private agency partners. Yet, once the Agency has successfully recruited a new cadre of foster parents and they have participated in an orientation and application process, every foster parent is held to the same licensing standards as those set forth by the DC Municipal Regulations. Currently, CFSA contracts with seven private child-placing agencies to provide out-of-home services. Each contracted agency is required to sign the same contract to ensure that all services, responsibilities, and legal obligations are consistent and equally applied to all foster homes providing care for children who are wards of the District. At the same time, different contracts require different levels of care (e.g., traditional versus therapeutic). These variations help to address the disparate needs of children and families, and specialized services that certain contracted private agencies are capable of providing.

---

[42] Training is addressed separately in the Agency's *Child Welfare Training Academy Training Plan*, which can accessed through http://cfsa.dc.gov/publication/2014-cwta-training-plan

[43] Orientations are offered every other week to every other month, depending on the agency. To accommodate working community members, CFSA offers an orientation on one evening and on one weekend day of every month, except December.

Foster Parent Bed Capacity

In 2015, CFSA was heavily recruiting for foster parents who live in the same communities as the children who are coming into care with the intent to make sure children remain in their community of origin. As of December 2015, the Agency is utilizing 83 percent (247) of the total number (297) of the available beds within the District of Columbia.

	Traditional Foster Homes #	Traditional Bed Capacity #	Pre-Adoptive Homes # (adoption goal only)	Pre-Adoptive Bed Capacity #
2014	152	252	64	114
2015	178	297	43	67

DC Traditional Homes Licensed During Fiscal Year 2015

	DC Families Licensed	Foster Care Bed Capacities
October 2014	1	1
November 2014	4	7
December 2014	3	6
January 2015	3	6
February 2015	4	7
March 2015	3	4
April 2015	5	7
May 2015	4	8
June 2015	3	5
July 2015	3	4
August 2015	0	0
September 2015	8	12
Total	**41**	**67**

- Out of the 67 beds created, 28 beds are for youth ages 12-20.
- In addition to the traditional homes licensed in the District during FY15, there were approvals for nine adoptive homes with a bed capacity of 16, two kinship homes with three beds, and three OTI (out-of-town inquiries) with four beds. Ten existing homes increased their capacity to create 10 additional beds.
- A total of 24 homes and 33 beds were created that are not included in the numbers above.
- The total number of newly licensed homes was 50 (41 traditional homes and nine adoptive homes only).

Recruitment

Family-Based Providers

Creating a heterogeneous pool of well-trained and well-supported foster parents who are willing and equipped to provide quality care to CFSA's diverse foster care population is essential for a child's easier transition into placement, and (as noted) placement stability. Similar to the *2013 Needs Assessment*, interviews and focus groups revealed the need for recruitment of more placement types in all areas, including traditional foster homes, homes for older youth, homes for youth with severe mental health needs, pregnant and parenting teens, LGBTQ-friendly homes, homes for children with special needs, and independent living programs.

At present, the needs of older youth are most demanding. They require guidance towards their transition to adulthood while concurrently striving to achieve permanency. The Agency is therefore currently conducting a specialized recruitment effort to secure resources to care for older youth and to have more planned placements for older youth. Again, these efforts fall into the same categories as described earlier (i.e., media campaigns).

Housing Supports for Older Youth

The following housing options are available for older youth and are also designed to support youth job readiness, independence, and (as applicable) proper parenting:

- *Wayne Place Project* is a joint project of CFSA and the District's Department of Behavioral Health (DBH) to provide supportive transitional housing for District youth ages 18-24. Residents include older youth who need extra support to succeed in exiting foster care or returning to the community from psychiatric residential treatment, or who are in need of post-care stabilization services 1-2 years after these events. The site is a complex of six buildings with 22 two-bedroom apartments to house up to 44 young people. By the time of the project's kick-off event in March 2015, DBH had already received 16 applications and CFSA had received seven. Both are continuing their outreach efforts to recruit additional youth. CFSA has also reached out to the DC Office for Arts and Humanities to explore the potential loan of artwork for Wayne Place.
- *Generations of Hope* (GOH) is an innovative inter-generational housing model that assists young mothers transitioning from foster care. The new program provides permanent housing in the District within a residential setting that includes seniors and other families that can provide respite, guidance, mentoring, and support for the mothers and their young children. CFSA is supporting the development of this inter-generational housing model for reunified families as well as teen mothers. Under the terms of a multi-year grant agreement, GOH is leading the District's efforts in partnership with key external agencies and community-based providers that will develop, implement, and oversee the housing program with supportive and case management services. The project includes 17 affordable apartments for seniors and 8 for young single mothers. In order to qualify for residency, the seniors must pledge 100 hours per quarter to provide child care for the children, while the young mothers must pledge up to 50 hours a quarter to run errands or otherwise serve the seniors. The new residence opened in September of 2015.

Licensing Process

Family-Based Providers

As a result of feedback on the licensing process, the Agency's Policy Unit is currently drafting a Foster Parent Licensing policy to guide and support this process. Licensing activities, especially the timely completion of the entire licensing process, have historically been closely monitored, based on established internal and legal benchmarks required for the completion of the entire licensing process. These include training, home studies, and background checks. CFSA expects that final licensure decisions would be made within 150 days. To assure adherence to the established timelines, the Agency (and its partners) coordinate and track a series of licensure milestones and component activities that occur throughout the process.

One challenge that is often observed in the licensing process concerns prospective foster parents who go through the training because they want to adopt a pre-identified or hoped-for child, but not because they are interested in fostering. The entire District child welfare system wants these individuals to step forward. It also needs an equal if not large volume of individuals who are not opposed to adopting but are willing to dedicate their time, energy, and resources solely to children that the Agency wants to see returning home to their parents.

Congregate Care Providers

CFSA requires persons interested in operating a youth residential facility or an independent living program in the District, except for facilities intended primarily for detained or delinquent youth or persons in need of supervision, to apply for a license with CFSA's Office of Facility Licensing (OFL).

Similar to the foster parent process, licensing of congregate care providers is guided by legislation and policy.[44] Applicants must also complete a thorough vetting process prior to licensure, including a pre-licensing workshop and background checks for staff. Similar to the foster parent home study, congregate care facilities must undergo an on-site environmental and sanitation check.

At present, there are no reported overwhelming challenges to the facility licensing process The primary challenge to licensing related to renewals and monitoring is the discrepancy between regulatory requirements versus contractual obligations. For example, contracts operate on what facilities are funded per the budget; yet, regulations may require more of the facilities. Various situations can range from locks on doors or up-to-date fire extinguishers to updated insurance policies. Depending on the circumstances, OFL may implement a correction plan to ensure the ongoing physical safety of the youth living in a facility or to ensure renewal of licensure.

---

[44] CFSA's policy on Facility Licensing can be accessed on the Agency's website at http://cfsa.dc.gov/publication/program-facility-licensing and District licensing regulations for foster homes, group homes, and ILPS can be accessed at http://cfsa.dc.gov/page/licensing-regulations

Chapter 6 – Stakeholder Recommendations

A primary goal of the *Needs Assessment* is to gather feedback and recommendations from stakeholders. Agency leadership carefully evaluates the inclusion of these recommendations in the current placement strategy (outlined in *Chapter 7*) and into the 2016 *Resource Development Plan*. While many of the staff and stakeholder concerns have been interwoven throughout this document, the first section of this chapter describes some specific recommendations related to the following categories:

- Placement Matching Process
- Communication
- Placement Stability
- Contracts
- Services
- Training

Placement Matching Process

Children's Preferences
Child Protective Services staff stated that it would be good if children of reading age could sit at a computer and answer questions about the type of foster parent they want (e.g., a single parent or two-parent household), as well as the qualities and lifestyle they want in a home environment. A few stakeholders noted that just as the foster parent chooses the child, a more positive experience could result if the child also chooses the foster parent. It was also recommended that under practical circumstances, children of appropriate ages interview several prospective foster parents as part of the placement matching process. Offering monitored opportunities for children to control more of their experience and environment can also be a healing factor for mitigating trauma. This also could be the difference between a successful or disrupting placement.

Contents of Placement Matching Database
Not knowing yet what the final database will look like, family-based providers recommended that the proposed database include the type of vacant placement (traditional, therapeutic, or specialized), and include substantive criteria, not just checklist items that merely match threshold factors. One provider suggested that checklist items should be a product of a joint collaboration that reflects both Agency and provider knowledge and experience. CPS staff recommended that the database also include real-time resource and service information for mental health, housing, and alternative education. Group home staff suggested that the database should include a distinct congregate care model that would allow providers to indicate the type of youth who would best be helped in a provider's particular group home environment.

In addition to content, stakeholders recommended ways to approach use of the database. For example, CPS specialists, family-based providers, and congregate care staff all cautioned that no database should have the final word in a placement decision. Rather, it must be used as a tool to open the door to further conversations. The stakeholders recommended that when the database columns align and appear to reveal a good match, the next step should be to engage the potential provider in further conversations.

Lastly, several internal and external stakeholders recommended diligent maintenance of such a database. To be an effective tool, it has to be regularly updated and monitored for accuracy. A continuous quality improvement component is necessary.

Needs-Based Placements

Family-based providers recommended that CFSA develop a matching process that is based on specific, emergent needs of children being in crisis. This would inform a deliberate attempt to match the needs of the child in crisis with skills of the foster parent to support and manage the child. Family-based and congregate care providers further recommended that the Agency implement a consistent process for utilizing assessment results to match the assessed needs of a child with the skill sets of a foster parent.

All stakeholders recommended more consideration and emphasis on the circumstances and practical needs of children. Common examples included proximity to school, proximity to relatives, likes, dislikes, and recreational activities. Most stakeholders also described holistic considerations, including the importance of a child's history, understanding the child's journey, and anticipating the impact the history and journey could have on the placement. Basic examples include the gender of prior caregivers, household characteristics, and interpersonal dynamics. More profound considerations include history of violence, sexual abuse, and criminal activity.

Most stakeholders recommended greater consideration of a foster parent's personality, tolerance level, and capacity to adequately supervise children of certain ages. Many practical examples pertained particularly, as noted earlier in *Chapter 3*, a foster parent's ability to drive a child to and from school, as well as accompanying a child to regular appointments and activities when necessary. Household considerations included family dynamics (e.g., pets, diet, or biological children in the home).

Older Youth

Stakeholders recommended that youth be offered an opportunity to have face-to-face "interviews" with potential foster parents, asking questions and stating preferences directly. Additional recommendations included facilitated "icebreaker" meetings between the youth and the selected resource family. These meetings could follow the same model as the icebreaker meetings between foster and birth parents. It was also recommended that youth entering (or re-entering) foster care be given youth questionnaires on placement, their preference for placement,

and their perception of getting needs met in placement. The questionnaires would be kept on file and periodically discussed and updated.

Communication

Information Sharing

It is recommended that CFSA and the private agencies discuss in depth the boundaries and expectations of the Agency for foster parents, such as making the necessary adjustments in their schedule to support the child and the child's needs. The results of such discussions should inform the revision of the Agency's *Relationship with Foster Parents* policy. Foster parents, placement staff, and others also recommended sharing information with foster parents on the child's needs prior to placement, which could help lead to a successful placement and better match between foster parent and child.

CPS investigative social workers recommended a strong effort to increase the amount of information, including basic details, provided on a foster parent's profile. For placement purposes, social workers have been in situations where they only had a home phone number for a foster parent when they needed to contact the parent during working hours, but couldn't do so since they didn't have the foster parent's work phone.

Additional recommendations from the congregate care providers included the need for greater understanding and clarity between CFSA's case management responsibility and the provider's responsibility. Providers indicated that if this clarity can be achieved, duplications in referrals could be avoided, as well as gaps in service delivery for youth.

FACES.NET

Accurate information from FACES.NET is essential for the placement process. Recommendations included a conservative cleanup and a monitoring process of FACES.NET to ensure that data is entered accurately and in sections where it is most needed (e.g., entry of date of death for a parent, accurate and updated addresses for foster parents, and name entry for currently assigned social worker). One major area is data entered regarding available licensed homes, whether licensed by CFSA or a private agency, or whether the home is traditional or kinship care, or within the District or another jurisdiction (i.e., Maryland). In addition, there still remain some homes in FACES.NET that were never licensed. Each of these concerns requires a more diligent supervisory review process, as well as a reminder to staff that if it is not entered in FACES.NET, it "didn't happen". Along with the FACES.NET cleanup was a recommendation to modify the screens to reflect the information that needs to be tracked. In the meantime, staff should be encouraged to revisit the aforementioned factors and devise an execution plan for the placement inventory database to become actualized.

RED Team Meetings

Some stakeholders recommended greater involvement of the ongoing social worker in various meetings. A children's advocate recommended that CFSA representatives should attend private agency meetings, and conversely, private agency representatives should be involved in CFSA's weekly placement matching RED team meetings.

Older Youth

Several foster parents recommended opportunities to share with other foster parents and social workers the methods they feel have attributed to the success of placement stability for older youth in their homes. One participating foster parent stated that sitting down with the youth as soon as he or she is placed in the home, and reviewing the placement passport together, has been successful for making the youth more comfortable at the onset of the placement. During this time, the foster parent tries to address concerns noted in the passport packet, asking the youth how can they work together to alleviate some of these issues and challenges. This foster parent also asks the youth to express any expectations the youth may have of the foster parent. The foster parent also recommended open communication with the youth, talking to them in depth about who they believe they are, and showing them that the foster parent cares for them and enjoys being around them. This approach naturally impacts the likelihood of placement stability, and can basically apply to any age group. It was further recommended that an 18 year old should be presented her psychological-evaluation with her team present so that the entire team could go over it together so that the youth may see what is said about them.

Communication between CFSA/Private Agency and Congregate Care Providers

Participants recommended developing a more formal process that allows for better communication among CFSA, the Private Agencies and Congregate Care Providers.

Placement Stability

Providers' "Emotional Investments"

Participant recommendations included a balanced emotional investment on the part of foster parents. It was noted that children in foster care just want someone to invest in them, not monitor them, and not just be placed in a home until they age out of the system. Children want someone to show love like a family, pay attention to them and their needs. Further, children crave understanding of their trauma history so that they feel accepted at the stage of healing where they are at the time of placement.

Some veteran foster parents suggested that if older youth, who have been in care for longer periods of time and for whatever reason need to be re-placed, they should be placed with foster parents who are more emotionally experienced and who have demonstrated success at stable placements with older age groups. Such placements would be less likely to disrupt than one where the youth is sent to live with new foster parents who have less experience.

Provider Support

Agency placement specialists, family-based providers, and foster parents recommended that CFSA be more mindful of the dynamics surrounding new foster families. In particular, they recommended refraining from placing children with more challenging behaviors in the home of a first-time foster parent. Some CPS social workers recommended greater efforts to obtain foster parent buy-in by learning about what works for them. Further, conversations with providers can provide information to protect against repeated or inappropriate referral attempts.

Congregate care providers recommended that the Agency could give them more support merely by granting them discretion to interview and evaluate referred youth prior to placement. While most would prefer actual authority to refuse admission to youth that they know will not have a successful experience, they recognize contractual obligations preclude refusals. They at least want the Agency to support a more deliberate process of acquainting the youth with the congregate care programs, communicating expectations, and infusing a sense of purpose and best interests for youth and providers into the referral process.

Internal and external stakeholders recommended increasing support of foster parents by increasing expectations of teaming and rapport between social workers and foster parents throughout the placement process. Social workers should get to know the foster parent, rather than merely dropping the child off. Various foster parents and providers also recommended that social workers be encouraged to expand their contact with foster parents, and not just regularly checking in on the placement or performing expected duties. Foster parents need timely responses to requests for assistance, particularly when the child may present a danger to property or others in the home.

Contracts

Private Provider Accountability

CPS social workers recommended that licensed foster parents assume more accountability for back-up plans under circumstances where there are scheduling conflicts or any barriers to providing adequate supervision. Further, more training and support should be provided for foster parents to have the capability to accommodate children of any age in their home.

Eliminating the No Reject – No Eject Clauses

Both family-based and congregate care providers indicated frustration with the "no-eject, no-reject" clause in their contracts that prevents them from having a say as to whether a child or youth is a fit in their home or program. The concern ranges from how this impacts placement stability to how this impacts the well-being of the child.

Family-Based Contracts

Placement agency contracts should clearly indicate that placements could occur at any time and foster parents should be available 24/7. Contracts should also require that all trained and licensed foster parents have the skills to take on children with therapeutic needs.

Congregate Care Providers

CFSA's Office of Facility Licensing (OFL) recommended that congregate care contracts include clear and detailed expectations that match regulations with the provider's funding base. Contracts operate on facilities' funding per the budget but regulations may require more of the facilities. While OFL looks at regulations and monitoring looks at contracts, both need adherence. There were also recommendations to provide education to social workers and providers both on the provider's contractual requirements and state and local regulations.

Contract Expansion

Based on the reduction of available beds since the previous *Needs Assessment* reporting period, several stakeholders recommended expanding contracts rather than reducing them, thereby creating more immediate and long-term placements, including placements to meet specific needs. As one congregate care provider stated, current best practices such as RED teams or child needs assessments mean nothing if appropriate placements are not available.

Services

Respite Care

In addition to bolstering regular respite care services for foster parents, service recommendations included a "respite care placement model" for a child when a traditional foster or kinship placement is not immediately possible. The idea of the "respite care" in this context would be a safe, nurturing environment where children who may not yet have an identified placement can at least rest, pending a placement. Respite care in the first 24 hours might be a useful segue instead of a formal but temporary placement.

Agency Resources

Placement staff should be on-site 24/7 so that they are more accessible and available for urgent responses. This would also help them address the re-placement of youth. Additionally, some kind of Agency resource department/library or resource book or family resource center was recommended for foster parents when they need reference materials and guidance on how and where to search for information. CFSA has a dedicated space at the 200 I Street SE building with computers to assist foster parents.

Services to Foster Parents

It was recommended that team meetings be convened within 15 days of placement so that the team members are identified and the foster parent will know who to call for which service or assistance. Also, for re-entries, it would be helpful to have a completed timeline from the previous court reports and psychological evaluations (especially if the previous referral has not

been put in place or the child has not utilized the services or medication for at least 90 days to 6 months).

Several foster parents recommended a "starter kit" for foster parents who are going to be caring for young children, especially when the child or infant is placed on short notice. Items such as diapers, car seats, formula, clothing, pack-n-play, etc., should be included in the kit.

Engaging Youth to Participate in Services
It was recommended that CFSA increase youth engagement in services that help to promote independence. For example, in the case of certain job-readiness programs that take place offsite, youth may begin one program but decide to switch to another program without completing either program. If placement staff could more readily monitor progress, these services could be beneficial to all youth, not just those who are motivated.

Training

Online Training
Recommendations included online supplemental training for foster parents using external sites, e.g., www.fosterparentcollege.com, which has been reported to help in areas that most of the Agency's training lacks. For example, oftentimes information is presented by the Agency that is useful for foster parents who are caring for younger children but this site presents information in such a way that the foster parent can easily adapt it to the teen population.

Training on Extreme Behaviors
Family-based providers and foster parents noted the importance of proper training and receiving practical strategies. Several foster parents recommended specific training or guidance on how to deal with children with extreme conditions, such as suicidal behavior. A social worker, a children's advocate, and a congregate care provider each recommended more training on topics such as trauma and mental health conditions. Further recommendations included training for birth parents as well as foster parents. For example, CFSA could provide birth parents with materials and action plans for those times when disruptive behavior occurs (versus court-ordered parenting classes).
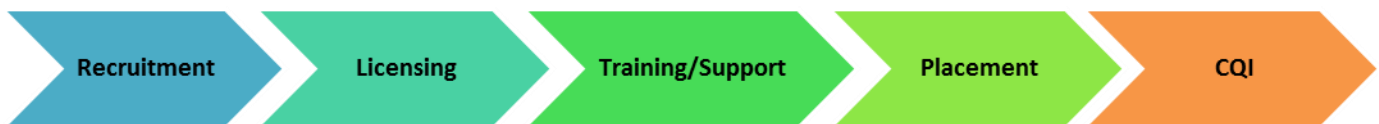
Varying Training Methods
Also recommended were different training methods for foster parents. For example, foster parents generally requested that trainings be less academic and more experiential, such as role-playing, to allow foster parents to develop skills tailored toward the needs of their foster children. The training emphasis should be on services for the child and family. In addition, it was recommended that seasoned foster parents be directly involved in the training of new foster parents.

Chapter 7 – Placement Strategy

Placement Strategy Plan

As noted earlier in the document, the Agency has developed a placement strategy to improve the overall quality and efficacy of the District of Columbia's foster care system. The strategy plan was developed after feedback from various stakeholders indicated that foster parents could benefit from more information, skills, and supports in order to improve upon the success rate of the children in their care. Any additional information from this needs assessment and placement strategy will inform the *Resource Development Plan* due on June 30, 2016.

The *Placement Strategy Plan* is a framework for documenting, tracking and measuring progress, identifying points of contact, and coordinating efforts across administrations with the intent of increasing stability, improving well-being, and reducing the length of stay for children in foster care. The framework consists of the following five primary goals:

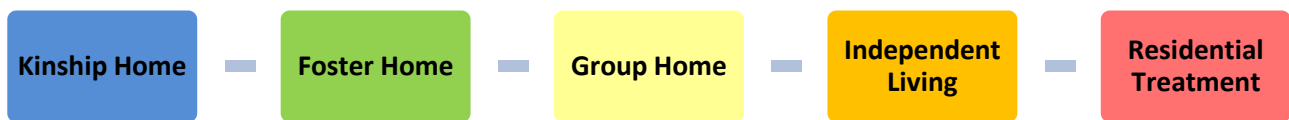| 1. Recruitment	Develop a robust cadre of foster parents for children and youth in foster care.
2. Licensing	An efficient, effective licensing process which ensures homes are safe and meet regulatory standards.
3. Training/Support	Foster parents have access to high quality training and support.
4. Placement	A robust placement continuum is available at all times.
5. Continuous Quality Improvement (CQI)	CQI methods will be consistently used to inform practice and drive towards outcomes

The *Placement Strategy Plan* will become the basis for each CFSA administration to set their own unique benchmarks and to establish practice-specific work plans for positive placement outcomes. In addition, each administration will develop plans for the tracking of status and progress. Keeping the bi-annual Needs Assessment and the RDP in mind, work plans will be drafted to ensure that actions and efforts are moving CFSA towards common placement (and practice) goals in a well-coordinated fashion, mitigating redundancies and silo-confined actions. The CFSA leadership team will monitor implementation of the *Placement Strategy Plan* as well as the individual work plans.

CFSA's Vision for the Placement Continuum

The child welfare system in DC needs a placement continuum that is robust, easily accessible and flexible enough to meet the changing needs of children and families. As the "state agency" in this system CFSA needs to take the lead in partnering with private agencies to develop and support this continuum.

Research, and child welfare experience, supports the critical importance of placement stability for children and youth in foster care. Both attest to the negative impact of multiple placement changes on children's development and well-being and their opportunities for permanent families. A large body of evidence links multiple placements with behavioral and emotional problems, education difficulties, and juvenile delinquency. Studies also make clear that as the number of placement changes increases; there is a decreased likelihood of children and youth achieving reunification or adoption. This child welfare system needs a placement continuum to support the varying needs of the population served.

With a focus on making placements in the least restrictive environments, the Agency needs placement options to have a corresponding infrastructure to support the children and youth in their healing, healthy development, and well-being. As usual, kin are the first priority for placement and, to a much lesser extent, those more restrictive settings that can address needs comparable to those met in a residential setting. Each foster home must serve as a temporary safe haven, reduce the negative impact of the foster care experience on children, and promote healthy development and overall well-being for children to thrive and fulfill their potential. In addition, CFSA will adapt processes to ensure that foster parents are well prepared and equipped with the necessary skills to serve the foster care population. Services and supports will be provided to optimize the unique dynamics between the child and foster parent in order to address the well-being needs of children as well as foster parents.

Kinship Home — **Foster Home** — **Group Home** — **Independent Living** — **Residential Treatment**

CFSA Placement Values

- Children and youth develop best when connected to loving and stable families. CFSA will seek kinship resources as the first and best placement whenever possible.
- Highly trained and actively involved foster parents are more likely to provide effective support to children with challenging behaviors in family-based settings.
- Readily available and accessible support for foster parents will increase placement stability.
- Shared parenting between foster parents and birth parents is important to maintain connections for children and directly helps to expedite permanence.
- The well-being of social workers, foster parents, and other supportive helpers is paramount to the successful permanency outcomes of children.

In the current system, CFSA has three distinct types of placements – traditional, therapeutic, and specialized. The majority of children require traditional and/or therapeutic settings and, to a much lesser extent, specialized placement and residential settings. As indicated earlier, to meet the evolving needs of children and families, the District's child welfare system needs a strong placement continuum that is easily accessible, as well as flexible.

When a child is neglected or abused and an investigation determines that there is imminent risk of harm, it is child welfare practice to remove the children from their home and from their family to ensure safety. In spite of best intentions, the resulting impact of removal compounds the emotional and psychological injury to the child. In so doing, the child welfare system often increases the trauma children have already experienced. Many secondary losses also occur. For example, children are often removed from the neighborhoods and communities that are familiar to them, and they may lose contact with friends. To compound these experiences, they are expected to quickly adapt to an unfamiliar home with new routines and people, with little preparation and removed from normal coping mechanisms. This is a function of how the removal system is structured so that even the highest performing child welfare systems are challenged to ensure safety, provide services, and maintain the integrity of the child's life when they are removed and placed in a foster home.

CFSA needs to ensure that the District's child welfare system is using the most current and effective practices for making placement-matching decisions, in addition to having a continuum of foster care placements. The Agency recognizes that placement disruptions are a negative indicator for length of stay in foster care. The decisions about where to place a child must be made with the best information available from a robust placement continuum. The Agency also needs to match the child with the placement that optimizes their opportunity for success. That can only happen when there are sufficient placement options and a quality matching database system.

With an appropriate array of placement options is in place, it is important to structure the placement environment such that it promotes placement stability, and nurtures a child's independence, growth, and well-being. This applies both to family-based and congregate care environments. Having a stable connection with an adult is key to helping a child overcome the stress and trauma of abuse and neglect, and removals. It is especially important to prevent multiple placements because each new move compounds the adverse consequences of the child's original experience of removal from the family home. Multiple moves are also likely to contribute to longer foster care stays. CFSA is subsequently continuing to identify and implement key policy and practice reforms that emphasize permanence as a fundamental requirement for the healthy development of a child.

The traditional placement array may no longer work for the families served by the District. CFSA strives to provide safe and stable homes that facilitate contact with birth families, that support the work families need to do to have children return home, and that provide the support

and structure necessary for children to thrive. To examine the success of such efforts, CFSA convened a work group with Chapin Hall that included a wide array of internal and stakeholders. The purpose of the group was to understand population trends for the District's children and youth in care and review evidence-based and evidence-informed foster care model. The group also considered the following models that were independently reviewed and rated by experts through the California Evidence-Based Clearinghouse for Child Welfare (CEBC):

1. Treatment Foster Care Oregon – Adolescents (TFCO-A)
2. Treatment Foster Care Oregon – Preschool (TFCO-P)
3. Together Facing the Challenge (TFC)
4. Keeping Foster and Kinship Parents Trained and Supported (KEEP)
5. Teaching Family Model
6. Neighbor to Family Sibling Foster Care Model

In general, the workgroup was concerned that the CEBC models may not have been implemented with the African American population that comprises the majority of children and youth in care in the District. While no one model seemed to be a perfect match for the District, the Teaching Family Model stood out as a model that most members were comfortable with and it has been implemented locally for the past 10 years.

The role of the workgroup members was solely to make recommendations and not to select a model or models; that decision will be made by CFSA leadership. To help with the decision-making process, however, the planning group, which includes staff from Chapin Hall, will make a presentation to CFSA leadership in January to share findings and highlights. Also at the presentation, CFSA leadership will determine the agenda for the last workgroup meeting scheduled for January 15, 2016.

As noted, CFSA is committed to looking at ways to support and strengthen the District's placement continuum. The Agency wants to be able to provide foster parents with the support, training, and information they need to be successful.

Instead of moving children from one foster home to another, based on the skill sets of foster parents, CFSA believes that a better, more effective model would be to ensure that all foster parents have a basis to understand and respond to grief, loss, and trauma - and that children receive the supports and services they need wherever they are placed, but particularly in family-based settings. When these services are wrapped around children and families, they provide families with the chance to successfully increase stability alongside well-being and safety for children. CFSA believes that incorporating some of these key elements into the District's foster care continuum will strengthen the Agency's ability to provide appropriate placement stability – even for youth with complex needs.

This means providing better training in conjunction with immediate and ongoing support to foster parents. It also means ensuring that services are in place as soon as a child is placed, including mental and behavioral health care, medical services, and transportation. It means supporting foster parents through training that is child-specific and delivered on time in a way that is convenient for the foster parent. It means matching foster parents with a staff person at CFSA who will be their main point of contact for any issues. It means teaming in a way that respects the unique strengths and perspectives each member brings to the team. Each of these efforts will further support productive dynamics between the team members: birth parent, foster parent, and Agency staff.

There also needs to be a consistent approach across the continuum of care so that private agency foster parents and CFSA foster parents receive the same training, support and information. CFSA cannot afford to have a two-tier training system if the Agency is to move best practices forward.

Placement Strategy

The next section outlines the placement strategy in general and the corresponding activities that have already been accomplished for addressing the emergent and evolving needs. New strategies are italicized in blue.

Recruitment	
Goal 1	**Develop a robust cadre of foster parents for children and youth in foster care**
1.1.2	*Strengthen the screening process for foster parents – implement CASEY screening tool.*
1.1.3	Develop and implement a targeted media campaign for foster homes in DC.
1.1.4	*Work with foster youth alumni to support the recruitment process.*
1.1.5	Actively recruit for both ST*A*R and interval homes.
1.1.6	Actively support private agency recruitment efforts.
1.1.7	Focus on increasing placement in kinship homes.
Objective 1.2	**Conduct periodic predictive analysis of the population to inform planning and budgeting.**
1.2.1	Establish an analysis system (methodology and format) to provide capacity needs on scheduled intervals to review placement trend data and continuum of care needs.
Objective 1.3	**Strengthen recruitment efforts to meet targets.**
1.3.1	*Work with licensed foster parents to identify foster homes based on population and care type needs.*
Objective 1.4	**Expand placement continuum.**
1.4.1	Initiate new solicitation for contractual foster homes.
1.4.2	*Negotiate contract modifications with current providers to enhance flexibility:* • *Develop process for child specific recruitment, with funding and planning initiated and monitored for 60 days.* • *Fund bed hold stays to allow youth on abscondence to return to same placement.*

	• *Review incentive plans and per diem rates and their impact on recruitment, retention and stability to inform policy and FY2017 contract changes.*
1.4.3	Finalize terms for use of Boys Town vacant homes for use by up to six females.
Licensing	
Goal 2	**An efficient, effective licensing process which ensures homes are safe and meet regulatory standards.**
Objective 2.1	**Ensure that all licensing documents clearly describe the process, requirements and timelines, are up-to-date and available at each private agency and online.**
2.1.1	*Develop a document to provide clarity on placement options and the pathways to kinship care, foster care, guardianship and adoption.*
2.1.2	Ensure forms on-line are up to date.
Objective 2.2	**Ensure an efficient licensing process.**
2.2.1	Complete a comprehensive assessment of the licensing process for both kinship and non-kin foster parents to identify and implement efficiencies.
Objective 2.3	**Increase access to underutilized licensed beds.**
2.3.1	*Shortened hiring/training process for contracted temporary social workers to increase availability of contracted beds.*
2.3.2	*Expedite Child Protection Registry clearances for newly hired private agency social workers.*
Training/Support	
Goal 3	**Foster parents have access to high quality training.**
Objective 3.1	**Provide foster parents with training opportunities best suited to their developmental needs.**
3.1.1	Use the Individualized Development Plan for foster parents to identify and provide training and support.
3.1.2	*Develop a robust pre-service and in-service training curriculum:* *Identify best practices in this arena.* *Explore alternative training methods- online, individual training, webcasts, coaching.* *Ensure access to all foster parents in the system.*
3.1.3	Implement Trauma Systems Therapy Follow-up Application Training.
3.1.4	*Develop training on Reasonable and Prudent Parenting standard (H.R. 4980.)*
Goal 4	**Foster parents have access to high quality support.**
Objective 4.1	**Foster parents know how to access support from CFSA/private agencies in daily and emergency situations.**
4.1.1	*Develop communication systems to provide regular information to foster parents across the continuum.*
4.1.2	*Foster parents have access to an after-hours (i.e., evening) foster parent support line, as an expansion of the mobile stabilization services available for placement stability support.*
Objective 4.2	**Parents, families and youth have the supports and services they need for placement stability, healing, healthy development and well-being regardless of level of care type.**
4.2.1	Implement evidence-based, trauma-informed foster care models that provide sufficient support to both foster children and parents.

4.2.2	Establish guidance for consistent policies and practices across CFSA and private agencies.
Placement	
Goal 5	**A robust placement continuum is available at all times.**
Objective 5.1	**Develop automated placement tracking system.**
5.1.1	*Develop placement status database.*
5.1.2	Develop interim process for communication between placement unit and private agencies regarding vacancy status.
5.1.3	Update and utilize the placement matching database.
5.1.4	Hold weekly review of all placements to identify barriers and gaps and determine solutions.
Objective 5.2	**Conduct periodic predictive analysis of the population to inform planning and budgeting.**
Objective 5.3	**The first placement is the right placement, with a preference for kin.**
5.3.1	Expedite kinship placements. Review and refresh CFSA practice regarding location and placement with kin.
Goal 6	**Parents, families and youth have the supports and services they need for placement stability, healing, healthy development and well-being regardless of level of type of care.**
Objective 6.1	**Implement evidence-based, trauma informed foster care models that provide sufficient support to both foster children and parents.**

6.1.1	*Work with Chapin Hall to establish Foster Care Model Workgroup to assist with identifying and selecting new foster care model(s):*
	  o *Review data related to child and youth needs.*
	  o *Identify models that are best suited for CFSA.*
	Make recommendations to CFSA leadership on the model(s).

6.1.2	*Based on the selected model(s), assess unbundling the level of care to determine contract, fiscal, staffing and resource implications.* *Obtain cost structure from Chapin Hall to prepare FY17 budget.*
6.1.3	Modify the scope of work for the FY17 family based contract solicitation to provide the types of foster home services and programs that address general needs (trauma, grief, loss and healing) and also specific population needs.
Objective 6.2	**Strengthen internal processes to enhance placement stability.**
6.2.1	Formalize transition communication protocol for the staff placing the child in the home to be shared with foster parents and staff for a child and youth focused placement transition.
6.2.2	*Review roles of the foster parent support workers and the resource development specialists to determine the best foster parent support model (with input from Chapin Hall on foster parent support best practices).*
Objective 6.3	**Establish guidance for consistent policies and practices across CFSA and private agencies.**
6.3.1	Review contracts to identify current expectations of private agencies for supports.
6.3.2	*Decide as a state agency what are the required levels and types of support and information that must be offered and disseminated to foster parent about CFSA and private agency resources and supports.*

6.3.3	Revise FY17 private agency contracts to reflect best practice standards for foster parents.
6.3.4	Develop new contract monitoring system and technical assistance process.
Objective 6.4	**Strengthen and expand internal and external support services.**
6.4.1	Review current process to anticipate and prevent possible disruptions when flags are raised.
6.4.2	Review internal structures and processes to identify areas for improved support to foster parents.

6.4.3	Expand the current mental health service array by incorporating the following examples of alternatives to talk therapies that have shown to be effective with children, adolescents, and families who experienced traumatic stress:[45]
	    o Art therapy
	    o Canine and equine-facilitated psychotherapy
	    o Dance and movement therapy
	    o Drama therapy
	    o Music therapy
	Poetry and expressive writing therapy

6.4.4	Launch mobile app for foster parents to have key information at their fingertips.
6.4.5	Develop a foster parent handbook, in hard and soft formats, to compliment the passport that is provided for the child/youth, and serves as a guidance document for foster parents on policies, practices programs and procedures in the District's child welfare system.
Continuous Quality Improvement (CQI)	
Goal 7	**CQI methods will be consistently used to inform practice and drive towards outcomes.**

Objective 7.1	Identify indicators for placement stability:
	    o Quality of match
	    o Number of placements
	    o Longevity of placement
	    o Continuity of educational placement
	Time from licensing to placement

7.1.1	Determine how to integrate external requirements into the CQI strategy.
Objective 7.2	**Formalize the feedback loop within and across administrations.**
7.2.1	*Formalize the feedback loop within and across administrations by creating a formal, internal process to review and share feedback and recommendations and make changes as needed.*
Objective 7.3	**Establish tools for real-time information-sharing within CFSA and among external stakeholders.**
7.3.1	Identify means to integrate CQI into private agency contract monitoring process.

---

[45] Expressive or creative arts therapies, including animal assisted therapies, have been instrumental in reducing depression, helping to mitigate the effects of trauma, and ameliorating mental disorders. The following two links from the National Institute of Mental Health and Social Work Today provide several citations: http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml#Koopman and http://www.socialworktoday.com/archive/exc_020712.shtml.

Background

CFSA directly recruits and licenses individuals living in the District of Columbia as foster parents. CFSA also contracts with licensed child placing agencies to develop foster homes in Maryland and Virginia. Since the current pool of providers was not sufficient to meet placement needs, CFSA contracted with a public relations firm to review the existing recruitment strategy, to develop an ongoing strategy to increase the number of available foster parents, and to develop child specific/targeted placements. Again with the assistance of Chapin Hall, CFSA is going to review the data on children waiting in care, based on what staff has learned. CFSA will also compare the information on race and ethnicity with data on the general population, and then target its recruitment efforts inside the communities that reflect the racial and ethnic characteristics of the District's population, particularly those who are overrepresented in comparison to the general population.

CFSA will also utilize targeted recruitment that focuses efforts on specific families or communities who are best matched to care for the specific children and youth in need of homes. Developing a targeted recruitment plan encourages us to utilize data on the current demographics of the foster care population; a review of any placement trends will focus our resources and efforts in areas most likely to yield results.

Targeted media campaigns have been developed and implemented for homes for older youth and for DC homes in wards 5, 7 and 8 (based on analysis of communities where youth live). CFSA is looking at recruitment strategies for larger sibling groups. Recruitment goals and benchmarks and quarterly progress reviews are in place.

CFSA will be re-focusing efforts to increase the number of children placed with relatives. For FY15, 21 percent of the foster care population was placed with relatives. Over the past 3 years, CFSA has noted a significant increase in the numbers of placements able to be made with kin. This remains a core component of the placement practice and CFSA will continue to reinforce it, not just at the initial placement, but also through the life of the case.

For a small number of youth, short-term or interim placements are necessary. This most often occurs when a kin placement has been identified but there are licensing requirements that have delayed the placement. When the removal occurs after business hours or on a weekend, there is also a challenge to obtain timely background checks for a family living in Maryland. As well, there are youth who may need a diagnostic assessment before an appropriate placement setting can be determined. In these instances CFSA is expanding the continuum of care with short-term stays with the development of interval and ST*A*R homes, along with sub-acute care settings.

Recruitment
Accomplishments to date: **CFSA licensed 49 percent (190) of its homes in DC; the set goal was 50 percent.**   **CFSA's media campaign resulted in 58 percent of the individuals and families attending orientation also providing a foster parent application.**   **Social media referrals accounted for 45 percent of the newly created foster beds.**   **There was an increase in the number of temporary homes used for youth requiring a short stay while waiting for kin to receive license.**

Recruitment → **Licensing** → Training/Support → Placement → CQI
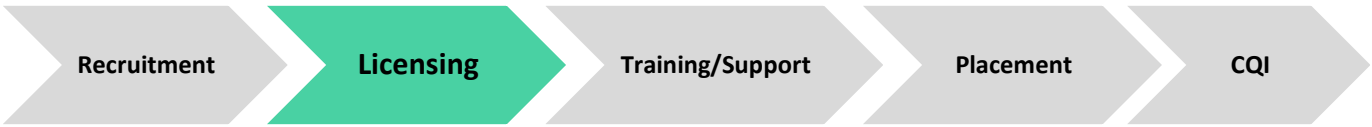
Background

The licensing and re-licensing process for CFSA and its partner agencies can be long and cumbersome. In an effort to streamline the process, CFSA will be reviewing emergency kin licensure with particular attention to neighboring jurisdictions and the diligent search process for finding relatives. During this time, however, CFSA will still have to continue using interim short-term placements. These short-term, or interval, placements (from 3 – 72 hours) allow CFSA the necessary time to complete federally and locally required background checks. Only after these checks are completed is CFSA allowed to place children with their relatives in approved kinship foster homes.

Licensing
Accomplishments to date: **CFSA licensed 75 percent of foster homes within 150 days, exceeding the benchmark.**

Background

It has been challenging to provide emergency placements or placements for youth with multiple physical or behavioral challenges. Additionally, many foster parents are unwilling to work with youth over the age of 14 years. Clearly foster parents do not feel prepared or supported by CFSA or by the private agencies for which they work. This is a systems issue that needs to be addressed.

It is important for CFSA to standardize the training and support for all parents. Staff needs to work more collaboratively with CFSA's private agency partners to determine what that support should look like and how resources can be pooled to provide it. This means, again, providing better training to foster parents. It means ensuring that services are in place as soon as a child is placed including, for example, mental and behavioral health care, medical services, transportation.

The pre-service and in-service training process requires integration to better streamline training activities and information. This includes better use of the Individualized Training Plan for foster parent, and consideration of training as an ongoing, not a one-time process. Additionally, foster parents need to understand how the child welfare agency and system work to support and strengthen birth families and the important role that foster families play as partners.

This requires training that is child-specific and delivered on time and in a way that is convenient for the foster parent. It means matching them with a staff person in CFSA who will be their main point of contact for any issues. It further means teaming in a way that respects the unique strengths and perspectives each member brings to the team. This changes the dynamics between the team - birth parent, foster parent, and agency staff. As noted earlier, there needs to be a consistent approach across the continuum of care so that private agency foster parents and CFSA foster parents receive the same training, support, and information. Accordingly CFSA will be reviewing the roles of the foster parent support workers and the resource development specialists to determine the best model of functioning for support of foster parents. Also critical is access to supportive services; CFSA will therefore review its current array with an eye toward improving service access by CFSA and private agency foster parents.

| Training and Support |
| --- |
| **Accomplishments to date:** **CFSA launched the foster parent app, which is a real-time smart phone application, to allow foster parents to securely obtain needed information on a child or youth.** **An after-hours support line for foster parents has been contracted.** **The Placement Services Administration's resource development specialist follows up with the foster parent the day of or the day after a placement to ensure a successful transition and receipt of proper documentation.** |

Background

The District's child welfare system undoubtedly needs a placement continuum that is robust, easily accessible, and flexible enough to meet the changing needs of children and families. As the "state agency" in this system CFSA needs to partner with private agencies to develop and support this continuum.

To ensure a robust placement continuum, CFSA will undertake several new strategies. These strategies include the review of evidence-based practice models that can be used for potential selection and unbundling of the levels of care. It will also help to determine contracts, fiscal needs, staffing, and resource implications, all of which will inform the solicitation of FY2017 family-based contracts and scopes of work. In the current system, CFSA has three distinct types of placements – traditional, therapeutic, and specialized. The majority of children are in two of these placement options - traditional and therapeutic settings. CFSA, at this juncture, believes that wrapping services and supports will meet the unique needs of the foster children, youth, and foster parents while concurrently yielding better results than a dichotomy of service types. This approach is significantly different from past approaches and will address CFSA's contracted private partners' practice and support needs.

CFSA also needs to develop and maintain an automated placement status database. Working with contracted partner agencies, CFSA must develop a system that facilitates communication about placement availability on a real-time basis. In addition, CFSA needs to ensure that staff is implementing the most current and effective practice in making placement matching decisions. Since placement disruptions are a negative indicator for length of stay in foster care, the decisions about where to place a child must be made with the best information available and from a robust placement continuum. Staff needs to match the child with the placement that optimizes their opportunity for success. That can only happen when there are sufficient placement options available at all times.

Placement
Accomplishments to date: **Hired a new Placement Services Administration administrator.**   **Recruited two ST*A*R Homes with a total of five beds.**   **Implemented the Specialized Older Youth Foster Care Program and licensed five foster parents.**   **Developed and implemented weekly staffings between Licensing and Placement units to reconcile available beds.**   **Provided additional contract flexibility to give private agencies the staff they need to fulfill contract capacity.**

Recruitment	Licensing	Training/Support	Placement	**CQI**
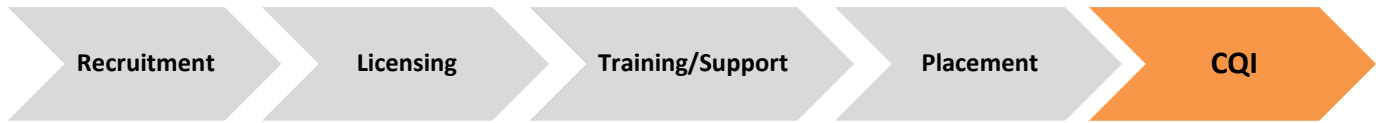
Background

CFSA and it private partners will have a robust CQI system that provides timely feedback to adjust the system to improve outcomes. In order to build practices, programs and services that achieve positive results, CFSA must incorporate a systematic approach to evidence-based decision-making and a sustainable infrastructure that supports CQI. Both are necessary to effectively address the child, youth, and foster parent well-being needs. This includes specific case related CQI techniques such as:

- Define the problem
- Understand underlying conditions
- Identify a solution and plan for implementation
- Implement the solution
- Test the solution and revise the approach as needed

Systemic approaches including identifying required changes for the components of the system that supports best practice, for example, policy, training, and information systems and having an institutionalized process to identify incorporate and review results of the changes.

CQI
Accomplishments to date: • **CFSA engaged a national expert to facilitate an agency-wide CQI discussion for enhancement of its CQI model, and to provide system recommendations.** • **For a more seamless CQI process, CFSA integrated all CQI functions that support performance and quality data collection and analysis under one administration.**