

GOVERNMENT OF THE DISTRICT OF COLUMBIA

JANUARY 2019

ANNUAL PUBLIC REPORT FY 2018

Implementation of the District of Columbia
Adoption and Safe Families Amendment Act of 2000



D.C. Child and Family Services Agency
200 I Street SE, Washington, DC 20003 • (202) 442-6100
www.cfsa.dc.gov • <http://dc.mandatedreporter.org>
www.fosterdckids.org
Facebook/CFSADC • Twitter@DCCFSA

Mission

The mission of the Child and Family Services Agency (CFSA) is to promote the safety, permanence, and wellbeing of abused and neglected children in the District of Columbia and to strengthen their families.

CFSA's Four Pillars Strategic Framework

CFSA's strategic agenda, known as the Four Pillars Strategic Framework, guides CFSA's efforts to improve outcomes for children and families. The Pillars are values-based and strategy-focused, and each includes a series of specific outcome targets.



- Pillar One: Front Door – Families stay together safely.
- Pillar Two: Temporary Safe Haven – Children and youth are placed with families whenever possible. Planning for permanence begins the day a child enters care.
- Pillar Three: Well Being – Children and youth in foster care maintain good physical and emotional health. Children and youth in foster care get an appropriate education and meet expected milestones. Youth in foster care pursue activities that support their transition to adulthood.
- Pillar Four: Exit to Positive Permanency – Children and youth leave the child welfare system quickly and safely. Youth actively prepare for adulthood.

Philosophical Statement on Permanence

Permanence is reunification, adoption, guardianship, or legal custody.¹ When these options for a child or youth are exhausted and a youth ages out of the foster care system, CFSA seeks establishment of an enduring connection with kin or at least one committed adult who is safe, stable, and able to provide the following components of a supportive relationship:

1. physical, emotional, social, cognitive, and spiritual wellbeing;
2. respect for racial and ethnic heritage and traditions;
3. respect for maintaining natural bonds with the birth family; and
4. lifelong support, guidance, and supervision as the youth transitions from foster care to self-sufficiency.

¹ "Legal custody" refers most commonly to permanence with a previously non-custodial parent.

CONTENTS

INTRODUCTION.....	3
A. IMPLEMENTATION OF THE ADOPTION & SAFE FAMILIES AMENDMENT ACT OF 2000.....	4
B. A FULL STATISTICAL ANALYSIS OF CASES.....	13
C. REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE	23
D. EVALUATION OF SERVICES OFFERED.....	23
E. EVALUATION OF AGENCY PERFORMANCE	24
F. NEXT STEPS	26
G. COMMENTS AND RECOMMENDATIONS SUBMITTED BY THE MAYOR’S ADVISORY COUNCIL ON CHILD ABUSE AND NEGLECT (MACCAN)	27
APPENDIX A: EXCERPT FROM THE CFSA ESTABLISHMENT ACT OF APRIL 2001	29
APPENDIX B: FOUR PILLARS SCORECARD FY 2018.....	30
APPENDIX C: SAFE AND STABLE FAMILIES EVALUATION SUMMARY	32

INTRODUCTION

The District of Columbia Child and Family Services Agency (CFSA) Establishment Act of 2001 requires CFSA to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions CFSA has taken to implement the District of Columbia Adoption and Safe Families Amendment Act of 2000 (DC ASFA), which mirrors the federal Adoption and Safe Families Act (ASFA) of 1997.²

Both the federal and DC ASFA require timely placement of children in safe and stable living arrangements.³ To that end, CFSA must meet an array of statutory practice and process requirements, including “reasonable efforts” to place children in permanent homes and establishment of firm time requirements for CFSA to petition DC Superior Court for termination of parental rights for children who cannot be reunified with their parents.

The APR also provides the following information on the District’s child welfare system:

- a full statistical analysis of child welfare cases
- an analysis of difficulties CFSA encountered to reach the goal for reducing the number of children in foster care
- an evaluation of services
- an evaluation of CFSA’s performance in implementing ASFA
- recommendations for any supplementary legislation or services needed to fulfill the requirements set forth by ASFA
- comments and recommendations submitted by the Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)

At the end of the District’s 2018 fiscal year (October 1, 2017–September 30, 2018), the total number of children in foster care was 839⁴.

REQUIREMENTS OF DC ASFA

1. *Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.*
2. *Reasonable efforts are made to reunify children with their families, unless contrary to the child’s safety.*
3. *Reports of abuse and neglect are expeditiously investigated and appropriate action is taken.*
4. *Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.*
5. *Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent placement if family preservation or reunification services are unsuccessful.*
6. *Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.*
7. *Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.*
8. *Notice and opportunity to be heard in neglect and termination of rights cases are provided to a child’s placement resource, foster or pre-adoptive parent, kinship caregiver, legal guardian, as well as the child’s therapist.*
9. *Procedures related to interstate adoptions and medical assistance are established.*

² The District of Columbia legislated the DC ASFA in March 2000 (DC Law 13-136; 47 DCR 2850) to reflect the service delivery and best practice requirements included in the federal ASFA. In addition to federal compliance, DC ASFA requires CFSA to implement and maintain system-wide operational improvements for the District’s child welfare system.

³ The terms “child” and “children” refer to clients from birth to age 20.

⁴ Source: FACES.NET Management Report CMT232

A. IMPLEMENTATION OF THE ADOPTION & SAFE FAMILIES AMENDMENT ACT OF 2000

1. Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.

Case Planning

CFSA's Permanency Planning Policy requires social workers to develop formal written case plans within 30 days of opening a case. Case planning is a team effort with birth parents, the child or youth (at an appropriate age), foster parents, and other service providers who know the child and family. Review of the case plan for children in care is embedded in practice. The protocol requires reassessment and service plan revision every 90 days and case plan review/revision every six months. To support case managers and supervisors in effective case planning, CFSA released the *Exit to Permanence Roadmap* in April 2018.⁵ An electronically-accessible and highly interactive tool, the *Roadmap* links the user to more than 40 practice guides, videos, tip sheets, case documents, and other resources that guide social workers in their support of children and families to expeditiously achieve permanence.

Permanency Hearings

The federal ASFA sets forth requirements for the DC Family Court to hold a permanency hearing within 12 months of a child's entry into foster care and to set a specific permanency goal (reunification, adoption, or guardianship) and date for achieving that goal.

During permanency hearings, the child's social worker presents information necessary to receive the Family Court's approval of the permanency plan. The plan includes a clinical determination of the child's best interests in regard to goal and service delivery, an explanation of why the plan is appropriate, and a description of how the Agency will put the plan into effect.

Family Court judges in the District are required to use a standardized court order form for all permanency hearings. The standardized court order ensures a consistent process for the Family Court to document the establishment of permanency goals within the ASFA timeframes, as well as to increase compliance with the legal requirements. Family Court judges are also required to ask the Agency if it has made reasonable efforts to achieve the stated permanency goal within ASFA guidelines and, if not, to identify the barriers, which is documented in the court order.

Youth Transition Plans

For youth ages 18 to 19 years old with the goal of Alternative Planned Permanent Living Arrangement (APPLA), CFSA develops a Youth Transition Plan (YTP) and reviews it every six months to help prepare the youth to exit foster care at age 21. When the youth reaches age 20, the youth's transition planning team reviews the YTP every three months.

⁵ Available at <https://cfsa.dc.gov/node/1330036>

2. Reasonable efforts are made to reunify children with their families, unless contrary to the child's safety.

When children must be removed from their homes due to safety concerns, the first permanency goal is reunification with their families as soon as safely possible. CFSA engages in a multifaceted approach to support successful and timely reunification. Strategies include but are not limited to: case management; family engagement; regular, purposeful visits between parents and children and parents and social workers; the Parent Engagement, Education, and Resource (PEER) support team described below; and connection to community and other governmental agency services (e.g., Healthy Families/Thriving Community Collaboratives, Department of Behavioral Health, Department of Human Services, Department on Disability Services) to address the issues that brought the child and family into the child welfare system.

Meaningful family engagement is a key factor in the ability to reunite children in foster care with their birth families. CFSA's Child Welfare Training Academy (CWTA) routinely offers pre-service and in-service training for social workers to build and refresh their skills in this important area.

CFSA encourages the practice of shared parenting, which involves an ongoing, active, and supportive relationship between birth and resource families. Shared parenting is a team approach for both sets of families, emphasizing listening, sharing information, learning, collaborating, and making joint decisions. CFSA integrates shared parenting concepts into a variety of interconnected case planning steps and activities, in addition to resource parent training, birth parent orientation, facilitated "Icebreaker" meetings between birth and resource parents, family team meetings, case planning meetings, parent-child visits, parenting instruction programs, and family events.

Permanency-Focused Teaming

CFSA began implementing a new Permanency-Focused Teaming Process that consists of regularly scheduled team meetings that occur within the first seven months of a child's entry into foster care. They are the Removal RED, the Removal Family Team Meeting (FTM), the 1:1 PEER Orientation, the Icebreaker, the Initial Case Planning Meeting, the Follow-Up FTM, the 6-Month Permanency FTM, and the Permanency Goal Review Meeting (as needed). These meetings support regular and collaborative planning among key individuals involved in the child's case, including the immediate family, supporters identified by the family, resource parents, subject matter experts, and advocates. Meeting objectives include continued identification of family resources, as well as early and on-going assessments of a family's progress toward the established permanency goal.

Family Team Meetings

Family Team Meetings (FTMs) are a "best practice" example of leveraging the support of extended family and other supportive individuals to assist the family when they first come to CFSA's attention. A true understanding of a family's situation can motivate relatives and close friends to provide tangible support to the family, ideally to the point of preventing a child's entry into foster care.

The Removal FTM is used to further introduce the family to the agency, clarify the reasons for removal, continue to engage and explore kin placement options, initiate discussion about visitation, and begin developing a plan for securing the resources and interventions that will support reunification. Removal FTMs include family members, their identified supporters (e.g. friends, clergy, and caregivers), resource parents, service providers, and the guardian ad litem (GAL). Removal FTMs are led by the FTM facilitator and usually held within 72-hours of a removal.

The Follow-up FTM, facilitated by the FTM facilitator, occurs 90 days after the removal FTM. It is used to review the case plan, family's progress towards reunification, determine what additional steps and supports are needed to address any on-going barriers to reunification, further engage kin (while broadening this circle of support), and review concurrent permanency plans.

Permanency FTMs focus on developing a plan to return a child home. This includes reviewing progress on barriers to reunification and adjusting action plans as needed. These FTMs include discussions on protective supervision⁶ as well as ways to engage kin for reunification support. The Permanency FTM, facilitated by the FTM facilitator, is held within approximately 180 days of removal. Following the Permanency FTM, the facilitator, social worker and supervisory social worker make a joint recommendation about whether a Permanency Goal Review Meeting is needed on the case.

Reunification STAT⁷

The Reunification STAT involves a multidisciplinary team that conducts clinical case reviews. The reviews occur five months after the removal of a child with a follow-up survey sent every 60 days to social workers to ensure progress is being made on the case. The process helps to identify barriers to goal achievement and develop targeted interventions. Adjustments to the goal and case plan are made accordingly and the social worker facilitates next steps.

PEER Support Team

In the spring of 2018, CFSA launched an in-house resource to advise, engage, and support birth parents whose children have been removed from the home. The Parent Engagement, Education, and Resource (PEER) Support Unit includes a supervisor and five PEER support specialists, all of whom have had direct experience as participants in the child welfare system as parents whose children were removed. Based on their experience and additional training, PEER specialists are uniquely capable of serving as advocates, mentors, and supporters for CFSA-involved parents. PEER specialists support reunification efforts for individual cases through one-on-one support for the birth parent. PEER specialists also work with birth parents to draw on

⁶ When a child returns home, he or she is under a court order called protective supervision. For cases that are court-involved with a child in foster care, CFSA shall petition the court for the child to return home and closure of the Family Court case. After continuing to work with the family to ensure safety and monitor risk, CFSA will then close the case within 90 days of the court granting the child's return home.

⁷ During FY 2018, Reunification STAT and the follow-up survey was replaced with the Permanency Goal Review Meeting process.

family strengths and resources, and to promote positive interactions with the child welfare system team members.

Family Treatment Court (FTC)

The District's FTC offers an effective pathway for parents with a substance use disorder and a child neglect case to participate in comprehensive services that promote timely family reunification. Both residential and outpatient treatment options are offered. During fiscal year (FY) 2018, FTC served 41 families, including 17 cases where children were reunified with their parents.

3. Reports of abuse and neglect are expeditiously investigated, and appropriate action is taken.

CFSA operates the District hotline for reporting child abuse/neglect with social workers on site 24 hours, seven days a week. Timely initiation of investigations is required for determining children's safety. Per DC Municipal Regulations (DCMR), CFSA mandates the following response times for commencing investigations, depending on the nature and severity of the allegations:

- Within 2 hours if the child's health or safety is in immediate danger
- Within 24 hours for all others

Hotline workers forward reports that do not meet immediate response criteria to the Hotline RED⁸ team where the team either assigns the report for CPS Investigation – response within 24 hours, Family Assessment responds within 72 hours or 120 hours. To determine the response, RED teams consider various factors such as the age of child involved, history of reports for the family with the Agency, and specific issues identified from the report.

4. Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.

Over the past few years, CFSA has increased the use of functional assessments to inform case planning, to gauge child and family progress toward goals, to increase the protective capacity of the parents, and to reduce safety concerns for the children. The assessments assist in identifying and addressing the issues that brought the family to CFSA's attention, as well as underlying issues. For children, social workers use the Child and Adolescent Functional Assessment Scale (CAFAS) and its accompanying Pre-school and Early Childhood Functional Assessment Scale (PECFAS) to determine baseline levels of functioning across eight life domains for children in the foster care system. For in-home families and parents with children in foster care, the Caregiver Strengths and Barriers Assessment (CSBA) tool is used to assess the parent's service needs, and to better understand the parent's protective capacity to meet the needs of their children while reducing risk.

⁸ 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. This Consultation and Information Sharing Framework occurs in a collaborative setting among multidisciplinary CFSA staff, allowing for open and focused discussion among the team.

The functional assessments combined with information from the family and other team members drives the social worker's clinical assessment, which is the basis for developing the service plan and facilitating access to services.

The following are frequent services provided to clients in the CFSA child welfare system:

- Mental health services
- Substance abuse services
- Housing/homeless services

CFSA supports the housing needs of clients first by exhausting any available city-wide resources and then by employing internal supportive strategies. Additionally, the following housing resources are available to support reunification:

- CFSA manages the Rapid Housing Program which provides short-term rental payments to families and to eligible youth who are aging out of foster care and in need of stable housing.
- Hope and a Home is a transitional, supportive housing facility for families with two or more children. Programming strongly emphasizes education for dependents and job training for parents.
- So Others Might Eat (SOME) provides a two-year housing program with supportive services to help stabilize homeless families.
- Turning Point provides short-term transitional and supportive housing services for families involved with FTC. Services focus on FTC clients who need stable housing and who have transitioned into community-based continuing care.

CFSA understands the importance of providing community-based support for families involved with and stepping down from involvement with the child welfare system. With this in mind, CFSA works with the community-based Healthy Families/Thriving Communities Collaboratives to increase capacity for working with families and for selecting services that support families to become and remain successful.

Families not known to CFSA

Families with no child welfare involvement may face challenges that put them at risk for coming to the Agency's attention. Examples include young homeless families and grandfamilies (i.e., families with grandparents providing care for relative children). Since these families are not currently connected to the child welfare agency as a result of allegations of abuse or neglect, they can be connected to one of the five neighborhood Collaboratives which are a part of the broader child welfare system. Referrals to a Collaborative may come as walk-ins (or self-referrals), from another public agency, a community-based organization, or by the school system. As CFSA partners, the Collaboratives, take the lead on connecting families to District and community resources such as housing, employment, and mental health services. The number of referrals made to the five Collaboratives for these families in FY 2018 was 312.

Families known to CFSA but with no open case

These families have had an investigation or have been accepted for a family assessment due to allegations of abuse or neglect with safety or risk levels that do not rise to the level of child removal or opening an in-home case. The number of referrals made to the five Collaboratives for these families in FY 2018 was 443.

The Collaboratives provide the following supports for families:

- Reunification support: For families whose children have been in out-of-home placement with a permanency goal of reunification, the Collaboratives provide supportive services, and for certain targeted cases, post-reunification services to coordinate an effective transition for children back to their natural home.
- Family Preservation: The Collaboratives coordinate with the family to achieve and maintain family unity within a safe environment. The Collaboratives continue to work with families for up to four months (120 days) to ensure supports are in place to maintain the family unit at home.

Families known to CFSA with an open case

These families have either an open in-home case and are working toward case closure, or they have an open out-of-home case and are working toward reunification. There are identified needs that require short-term joint involvement from both their assigned CFSA worker and their Collaborative teams. During this “teaming” period, the Collaborative and CFSA work with the family to develop goals that support family stabilization, or permanency. The number of referrals made to the five Collaboratives for these families in FY 2018 was 102.

5. Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent placement if family preservation or reunification services are unsuccessful.

CFSA’s first priority is always to reunite children with their parents. When reunification is not possible, CFSA recommends a safe and stable permanency goal.

Adoption Resources

Children with the goal of adoption that are not in an adoptive placement receive an internal agency recruiter who utilizes existing adoption resources and develops individualized recruitment plans and strategies for that unique child or sibling group. The recruiter examines the child’s case management record to ensure that CFSA has exhausted all efforts to explore local and out-of-state family members and other supportive individuals. In addition to connections through the biological family, the recruiter explores the foster family as an adoption resource. To streamline such a process, District resource parents are dually licensed for both foster care and adoption. There are some foster parents that make a decision to become the permanency resource when a child in their home has a goal change from reunification to adoption.

When there are no viable family or foster care connections, broader recruitment efforts include exposure on local and national adoption websites; the Heart Gallery, a travelling exhibit that displays professional quality photographs of waiting children; and adoption exchanges, which connect children awaiting adoption with prospective resources.

Permanency Goal Review Meetings (PGRM)

In August 2018, CFSA launched the PGRM model for assessing the progress of each child in care toward permanency. Specifically, at five months from removal, the social worker completes a survey on the birth family's progress in resolving reunification barriers. The survey concludes with a preliminary recommendation on the need for PGRM. Based on this recommendation, and the recommendation coming out of the Permanency FTM, the Program Operations management team assigns the case for a PGRM to be held in month seven.

CFSA's principal deputy director leads the PGRM, which also includes case managers and staff responsible for resource parent support, adoption recruitment, subsidies, diligent search, kinship support, and CFSA attorneys. During the PGRM, participants assess relatives or current foster parents as potential adoptive or guardianship resources. During the PGRM, the cross-disciplinary team assesses the viability of permanency options and launches any internal processes that can begin moving the case towards the goal of adoption or guardianship (e.g., home study update, subsidy determination, or specialized recruitment). Immediate next steps on the case are established. Progress is documented on the identified next steps, at 30, 90 and 120 days. If progress remains stalled, an additional PGRM may be called.

Guardianship STAT⁹

CFSA established a process for routine review, analysis, and action for guardianship cases called Guardianship STAT. A multidisciplinary team of stakeholders' reviews cases to ensure the goal of guardianship is appropriate and that there are identified guardianship resources to support goal establishment. These cases are reviewed within 60 days of goal establishment.

Adopt STAT¹⁰

CFSA utilizes the Adopt STAT protocol to identify and address barriers to timely permanence for children with a goal of adoption. A multidisciplinary team of key stakeholders meets to identify barriers and to track progress toward adoption. Team members provide social workers with clear time frames for achieving objectives. Follow-up meetings occur every 30, 60, or 90 days as the case requires. Adopt STAT data provides an opportunity to identify trends, improve practice, and shorten lengths of stay.

⁹ Prior to the end of FY2018, this process was no longer being used to analyze permanency outcomes

¹⁰ Prior to the end of FY2018, this process was no longer being used to analyze permanency outcomes

6. Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.

Under CFSA policy and licensing requirements set forth by DCMR, CFSA applies all licensing standards equally for foster, kinship, and adoptive homes, and for employees and volunteers working in child care institutions (i.e., group homes and residential facilities).

To be licensed as a prospective kinship caregiver, foster or adoptive parent, or legal guardian, District of Columbia Municipal Regulations (DCMR) requires documentation of criminal record checks once every two years, as well as Child Protection Register¹¹ clearances once per year for any adult age 18 and over residing in the home. DCMR also requires background checks and clearances for all employees of child care institutions licensed for placement of wards of the District. Every criminal record check includes results from the Interstate Identification Index System, also known as the National Crime Information Center, in addition to a Federal Bureau of Investigation criminal check and local metropolitan police department or other jurisdictional police clearances. Background checks include fingerprinting the resource parent, adult, or employee.

7. Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.

CFSA examines data from the Family Court to determine the extent to which timely permanency goals are being met. DC law requires the Family Court to hold initial review hearings within six months and permanency hearings for every child within 12 months after the child's entry into foster care, and at least every six months thereafter, for as long as the child remains in an out-of-home placement.

In addition, CFSA, the Office of the Attorney General, and the Court Improvement Project (CIP)¹² initiated a Hearing Quality project. The project examines the scheduling process for trials in neglect, termination of parents' rights, adoption, and guardianship cases. As a result of the CIP and CFSA's collaboration on working to improve timeliness to permanency, a data workgroup was created consisting of CFSA and court staff. The workgroup examines the causes of delay in reaching a permanency goal, and the steps that the Agency and the Family Court can take to effect systemic and practice changes.

According to the Family Court's 2017 Annual Report, 96 percent of cases filed in 2016 had a permanency hearing or were dismissed within the required timeline. In 2017, a permanency goal was set at every permanency hearing, and a goal achievement date was set 99 percent of

¹¹ CFSA maintains a Child Protection Register, a confidential index of cases of children who have been determined to be abused or neglected following the completion of a Child Protective Services investigation, and of the individuals listed due to investigative findings that the abuse and/or neglect of the child was substantiated or inconclusive.

¹² CIP participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes.

the time. Judicial officers closed 370 post-disposition abuse and neglect cases over the course of the 2017 calendar year. Of these cases, 82 percent were closed because permanency was achieved, representing the highest permanency rate this decade.¹³

8. Notice and opportunity to be heard in neglect and termination of rights cases is provided to a child's placement resource, foster or pre-adoptive parent, kinship caregiver, legal guardian, as well as the child's therapist.

Per District statutes and guidelines, CFSA provides current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys notification of, and an opportunity to be heard in, neglect or termination proceedings.¹⁴ This mandated requirement applies to all neglect or termination proceedings, irrespective of how long the child has been in care or how long the resource parent or relative caregiver has cared for the child.

District Code also requires that notification be given to all parties involved in the case once a motion to terminate parental rights is filed.¹⁵ This same provision requires the presiding judge to issue a summons and a copy of the motion to the affected parent or other appropriate persons. As general practice, proceedings to terminate parental rights do not advance unless proper notice has been issued.

CFSA sends resource parents notifications that include information on the date, time, and location of the court hearing for the child in their care. Notifications include a specific statement that the resource parent has the right to be heard. The Agency also includes instructions for contacting the court clerk (if necessary) along with the contact numbers for the assigned social worker and supervisor. Although the total number of letters varies, CFSA sends out an average of 200 to 250 notifications each month.

9. Procedures related to interstate adoptions and medical assistance are established.

CFSA, representing the District of Columbia, is a member of the Interstate Compact on the Placement of Children (ICPC) which establishes uniform legal and administrative procedures governing the interstate placement of children.¹⁶ As a member, CFSA advises potential out-of-state adoptive parents of their rights and responsibilities. This includes a clause in each adoption subsidy agreement informing adoptive parents that their adopted child must receive Medicaid in the state in which he/she resides.

When necessary, CFSA submits an application for Medicaid benefits on behalf of the child residing in another state with the understanding that the coordination of medical services for the child will be the responsibility of the adoptive parent and the Medicaid office in the state of residence.

¹³ Superior Court of the District of Columbia, 2017 Family Court Annual Report, available at <https://www.dccourts.gov/superior-court/family-court-operations/family-court-annual-reports>

¹⁴ DCMR § 16-2304; Super. Ct. Neg. R. 10: Parties; Other Persons Entitled to Notice and Opportunity to Be Heard.

¹⁵ DC Code §16-2357 (1977).

¹⁶ <https://aphsa.org/AAICPC/AAICPC/Resources.aspx>

B. A FULL STATISTICAL ANALYSIS OF CASES

This section will highlight entry, exit, permanency and disruption data for FY 2018. Data will be disaggregated by fiscal year, age, legal status permanency goals, months in care, and the primary reasons for entry and exit. Nationally, the foster care population is increasing; however the District has observed a steady decline of its foster care population. The total number of children in foster care at the end of FY 2018 was 839.

Table 1 below details the ages of children in care for FY 2018. The largest proportion of children in foster care are children 18 and older, 15 to 17 years old and children less than one year to age 2. For FY 2018, children ages birth to 3 years old comprised 20 percent of the foster care population, and children ages 4-10 years old comprised 31 percent. Children ages 11-14 years old comprised 14 percent of the population and youth ages 15-20 years old comprised 35 percent of the foster care population.

Of the 839 children in foster care at the end of FY 2018, 588 (70 percent) had a status of committed and 159 (19 percent) had a status of shelter care. The following definitions apply:

- **Commitment** – a child is committed at a disposition hearing following adjudication at a neglect trial or following a stipulation by the parent/caretaker. These children are placed in a foster home, therapeutic foster home, licensed kinship home, group home, or residential facility.
- **Shelter Care** – a child has been removed from home and temporarily placed in an agency facility (foster home, therapeutic foster home, licensed kinship home, group home, residential facility, etc.) pursuant to a shelter care hearing in order to protect the child while pending the disposition hearing. These children are in CFSA’s custody and the Agency is fully responsible for their health and wellbeing.
- **Voluntary Placement** – a child is in this legal status when a parent requests that CFSA places the child in care while they, for example, complete short-term drug treatment.

Table 1: Children in Foster Care by Age					
Point in Time: End of FY 2018					
Age	# of Children	Age	# of Children	Age	# of Children
<1 Year	27	7	42	14	39
1	47	8	28	15	42
2	58	9	37	16	45
3	36	10	36	17	58
4	39	11	27	18	47
5	40	12	31	19	51
6	37	13	22	20	50
Total Children = 839					

Source: FACES.NET CMT366

The tables below detail the legal status and goal distribution of children in care as of FY 2018.

Table 2: Children in Foster Care by Legal Status
Point in Time: End of FY 2018

Legal Status	# of Children
Committed	588
Shelter Care	159
Data Unavailable*	6
Voluntary Placement	1
Protective Supervision	1
Conditional Release-Parent	1
Total	839

*One child had been in care for 17 months and had a court ordered goal of adoption, but no legal status in FACES.NET. One youth has been in care for 4 months with a goal of reunification, but no legal status in FACES.NET. Two sets of sibling groups both with two children have been in care for 1-5 months with goal of reunification, but no legal status in FACES.NET.

Source: FACES.NET CMT366

Table 3: Children in Foster Care by Goal
Point in Time: End of FY 2018

Permanency Goal	# of Children
Reunification	380
Adoption	183
Guardianship	149
Alternative Planned, Permanent Living Arrangement (APPLA)	115
Data Unavailable*	11
Legal Custody	1
Total	839

*Children that have been in care between 0 and 6 months do not have a goal reflected in FACES.

Source: FACES.NET CMT366

The total number of entries as of FY 2018 was 353. The largest group represented was children less than one year old. The next largest entry populations were children age 2, followed by age 1 and age 16.

Table 4: FY 2018 Foster Care Entries by Month

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
<1 Year	3	2	8	4	2	2	7	5	5	4	4	2	48
1	1	1	6	1	1	5	1	2	1	2	5	1	27
2	5	0	1	4	2	1	1	0	4	2	5	3	28
3	3	0	5	3	2	1	1	0	1	0	2	2	20
4	3	0	1	2	1	0	2	0	1	1	0	3	14
5	2	0	1	1	2	5	0	0	1	1	2	3	18
6	2	0	1	0	0	2	3	0	2	1	2	3	16
7	2	2	2	0	0	0	4	0	0	1	2	2	15
8	1	0	0	2	0	1	1	1	3	1	2	3	15
9	2	1	2	1	2	1	3	2	1	1	1	1	18
10	1	0	1	1	1	1	3	1	2	2	3	2	18
11	1	0	0	2	1	1	3	0	0	2	1	0	11
12	1	0	3	0	2	2	2	2	0	0	3	2	17
13	1	0	2	0	2	1	0	3	2	0	3	1	15
14	1	0	1	1	1	1	2	2	2	1	2	5	19
15	2	0	0	1	0	2	2	1	1	1	2	2	14
16	0	0	1	3	1	1	3	4	3	0	2	4	22
17	4	1	1	1	1	0	5	1	3	1	0	0	18
18	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	35	7	36	27	21	27	43	24	32	21	41	39	353*

*This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. Actual total is 360; there were seven children between birth and 16 years old who entered, exited then re-entered in FY18. Note: Age is calculated as of the entry date.

Source: BIRST

The legal status of the entry population identified two primary statuses. Of the 353 entries, 38 percent had a legal status of commitment and a legal status of shelter care. The most prevalent reason for the entry into care was neglect (283). Comparatively, physical abuse was the second highest reason for entry into foster care (50), while the third highest entry reason was parental substance use (42).

Table 5: FY 2018 Foster Care Entries by Legal Status Month

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
Administrative Hold	13	1	13	4	0	1	6	5	6	5	7	13	74
Commitment	20	6	17	12	17	15	18	10	4	7	5	2	133
Shelter Care	2	0	6	9	4	10	16	8	21	9	26	24	135
No Court Involvement/ No Legal Status	0	0	0	2	0	0	2	1	0	0	2	0	7
Conditional Release- Parent	0	0	0	0	0	1	1	0	1	0	1	0	4
Protective Supervision	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	35	7	36	27	21	27	43	24	32	21	41	39	353*

*This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. Actual total is 360; there were seven children between birth and 16 years old who entered, exited then re-entered in FY18. Note: Age is calculated as of the entry date.

Source: BIRST

Table 6: FY 2018 Primary Reason for Entry into Foster Care

Primary Reason	# of Entries*
Neglect (Alleged/Reported)	283
Physical Abuse (Alleged/Reported)	50
Drug Abuse (Parent)	42
Child's Behavior Problem	14
Sexual Abuse (Alleged/Reported)	13
Abandonment	12
Inadequate Housing	12
Caretaker ILL/ Unable to Cope	11

Table 6: FY 2018 Primary Reason for Entry into Foster Care

Primary Reason	# of Entries*
Alcohol Abuse (Parent)	10
Incarceration of Parent(s)	9
Child's Disability	6
Relinquishment	6
Death of Parent(s)	2
Drug Abuse (Child)	1
Alcohol Abuse (Child)	0

*Children may have multiple primary reasons for entering care. CFSA actually placed 360 unique children in FY 2018.

**“Voluntary” describes the mindset and attitude of the parent or caregiver but is not a descriptor of the legal custody status of the child. These were not voluntary placement agreements. CFSA obtained court custody of all children in this category.

Source: BIRST

The total number of children in care for 24 months or longer was 384 with subpopulation breakdowns illustrated in the table below. The majority of children in care for 24+ months had a goal of adoption (n=128). This group comprised 33.3 percent, while the second highest goal assignment was guardianship, comprising 26 percent and the third largest goal assignment was APPLA, comprising 25.5 percent.

Table 7: Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay
Point in Time: End of FY 2018

Goal	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total
Adoption	52	34	20	22	128
APPLA	23	26	14	35	98
Guardianship	38	30	11	21	100
Reunification	36	17	2	1	56
Data Unavailable*	0	1	0	1	2
Total Children	149 (38.8%)	108 (28.1%)	47 (12.2%)	80 (20.8%)	384

*Data entry errors and point in time data reporting prevent actual permanency goals from being reflected. These permanency goals should be evenly distributed among the other categories in this table.

Source: FACES.NET CMT366

The age distribution of children in care for 24+ months varied in FY 2018. The highest concentration, however, were older children. Children ages 16-20 years old comprised 45.8 percent of this population. Of note, 13 percent of the total 384 were age 20 years old. Of those 20 year olds, 23 were in care for 60+ months.

Table 8: District Children Who Became Part of This Class in FY 2018 by Age and Length of Stay in Months					
Age (in years)	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total Children
2	17	0	0	0	17
3	10	4	0	0	14
4	7	5	1	0	13
5	7	7	2	2	18
6	9	5	1	2	17
7	6	3	2	2	13
8	6	3	2	2	13
9	8	6	3	1	18
10	4	5	3	2	14
11	3	7	1	0	11
12	5	6	1	1	13
13	4	3	2	1	10
14	9	6	1	4	20
15	7	6	1	3	17
16	7	6	3	4	20
17	11	6	6	6	29
18	13	2	2	11	28
19	11	12	10	16	49
20	5	16	6	23	50
Total Children	149	108	47	80	384

Note: Age is calculated as of September 30, 2018. The legal statuses of the 384 children in care for 24+ months reported 89 percent were committed.

Source: *FACES.NET CMT366*

The total number of children who left care in FY 2018 was 426. Exit reasons for this population include reunification at 46 percent and adoption at 23 percent. The percent of the population that aged out comprised 15 percent. Of the 426 children who left care, the majority had been in care for at least two years. The highest proportion of this exit population was between the ages of 1-5 years old, comprising 30 percent of the exit population. Children between the ages of 6-12 years old represented the second largest proportion, comprising 29 percent.

Table 9: FY 2018 Exits from Foster Care by Length of Stay in Months and by Month of Exit

Months	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
<1	2	1	2	4	2	0	7	1	4	5	1	1	30
1-4	6	3	4	3	1	1	3	2	1	3	2	5	34
5-8	1	0	0	2	0	0	6	3	0	4	3	3	22
9-12	1	2	1	4	5	1	1	0	1	2	0	3	21
13-23	3	8	8	10	6	13	5	6	14	12	10	7	102
24+	9	33	17	22	11	24	20	15	28	8	12	18	217
Total	22	47	32	45	25	39	42	27	48	34	28	37	426

Source: FACES.NET CMT367

Table 10: FY 2018 Exits from Foster Care by Age and by Month of Exit

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
<1	1	0	1	4	1	0	0	3	1	1	0	0	12
1-5	5	20	6	9	9	12	9	9	14	11	7	15	126
6-12	9	13	11	10	5	12	16	1	20	9	10	8	124
13-15	0	5	4	4	2	4	8	6	3	6	5	4	51
16-18	5	2	3	9	4	5	3	2	4	5	4	3	49
19+	2	7	7	9	4	6	6	6	6	2	2	7	64
Total	22	47	32	45	25	39	42	27	48	34	28	37	426

Source: FACES.NET CMT367

Table 11: FY 2018 Exits from Foster Care by Legal Status and by Month of Exit

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Commitment	14	37	23	37	18	27	26	24	35	16	24	27	308
Administrative Hold	5	6	6	3	3	5	8	2	8	7	3	6	62
Shelter Care	3	4	3	2	3	6	5	1	4	9	1	3	44
Conditional Release-Parent	0	0	0	0	0	0	2	0	0	0	0	1	3
No Court Involvement/ No Legal Status	0	0	0	2	1	0	0	0	0	0	0	0	3
Relinquishment	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Supervision	0	0	0	1	0	1	1	0	1	2	0	0	6
Total by month	22	47	32	45	25	39	42	27	48	34	28	37	426

Source: FACES.NET CMT367

Table 12: FY 2018 Exits from Foster Care by Primary Reason and by Month of Exit

Primary Reason	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Reunification	10	8	17	17	13	15	21	10	25	24	16	19	195
Emancipation	3	7	7	11	5	4	6	4	6	2	3	5	63
Guardianship	3	6	5	10	3	14	8	5	3	2	3	2	64
Adoption	4	26	3	5	4	6	7	8	14	6	6	11	100
Placement/ Custody by other District Agency*	0	0	0	1	0	0	0	0	0	0	0	0	1
Death of Youth	2	0	0	1	0	0	0	0	0	0	0	0	3
Total Exits	22	47	32	45	25	39	42	27	48	34	28	37	426

*Examples of Other District Agencies to which these children exit include (but are not limited to) Department of Behavioral Health, Department of Disability Services, Department of Youth Rehabilitation Services, and Department of Corrections.

Source: FACES.NET CMT367

Reunification and adoption are the two primary goals identified for children who exit foster care. Children in FY 2018 exiting care with the goal of reunification comprised 45 percent and children with the goal of adoption comprised 23 percent of the exit population. Guardianship goals comprised 18 percent (increase from 11 in FY17) and APPLA goals comprised 12 percent of the exit population. The majority of children with the goal of reunification had a length of stay in care for 13-23 months followed by 1-4 months. For the children in care with the goal of adoption, the majority were in care for 24 or more months. For children exiting with the goals of guardianship and APPLA, the majority were in care for 24+ months.

Table 13: FY 2018 Exits from Foster Care by Permanency Goal and by Month of Exit

Goal	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Reunification	11	8	17	17	13	15	20	10	25	24	15	18	193
Guardianship	3	8	6	12	4	14	10	6	3	2	4	3	75
APPLA	3	4	6	8	4	4	4	3	6	2	2	5	51
Adoption	5	24	3	4	4	6	7	8	14	6	7	11	99
Legal Custody	0	0	0	1	0	0	1	0	0	0	0	0	2
Data Unavailable*	0	3	0	3	0	0	0	0	0	0	0	0	6
Total	22	47	32	45	25	39	42	27	48	34	28	37	426

*Data entry anomalies prevent actual goals from being reflected. The majority of these children had been in care between 6 and 12 months but at the time of exit their goal of reunification was not reflected as “Court Approved” in FACES.NET. Permanency goals for youth in care for more than 180 days must be “Court Approved” to be reported as valid in FACES.NET.

Source: FACES.NET CMT367

Table 14: FY 2018 Exits from Foster Care by Permanency Goal and Length of Stay

Goal	<1 Month	1-4 Months	5-8 Months	9-12 Months	13-23 Months	24+ Months	Total
Adoption	0	0	0	0	26	73	99
APPLA	0	0	0	0	1	50	51
Guardianship	0	0	1	1	12	61	75
Reunification	30	33	20	20	63	27	193
Legal Custody	0	1	0	0	0	0	1
Data Unavailable*	0	0	1	0	0	6	7
Total Children	30	34	22	21	102	217	426

*Data entry anomalies prevent actual goals from being reflected. The majority of these children had been in care between 6 and 18 months, but their goal of reunification was not reflected in the FACES.net management information system as “Court Approved” at the time of exit. Permanency goals for youth in care for more than 180 days must be “Court Approved” to be reported as valid in FACES.net reports.

Source: FACES.NET CMT367

The table below shows that a total of 168 placement disruptions were reported in FY 2018. The total number of children or youth disrupting from a placement was 117, and the universe of children and youth included in the placement count was 1,227. Of those totals, there were 19 disruptions (11 percent) from therapeutic foster homes and 112 disruptions (67 percent) from traditional foster homes.

Table 15: FY 2018 Placement Disruptions by Placement Type

Placement Type	Total Children ¹⁷	# of Children with Disruptions	All Disruptions
Foster Homes (Kinship)	370	9	9
Foster Homes (OTI)	13	1	1
Foster Homes (Pre-Adoptive)	36	1	1
Foster Homes (Specialized)	11	0	0
Foster Homes (Therapeutic)	71	13	19
Foster Homes (Emergency - STAR Home)	22	3	3
Foster Homes (Traditional)	819	88	112
Group Settings (Diagnostic, Emergency Care)	22	2	2
Group Settings (Group Homes)	147	15	16
Group Settings (Independent Living)	48	2	2
Group Settings (Residential Treatment)	28	0	0
Other (Developmentally Disabled)	3	0	0
Other (Juvenile Foster Care - Non Paid)	2	0	0
Other (Not in Legal Placement)	75	2	2
Other (Substance Abuse)	1	1	1
Total	1227	117	168

Source: Special FACES.NET query

¹⁷ The universe of calculated disruptions includes all children who were in foster care for at least one day during the fiscal year, as well as children with the following “placement” status: abscondence, hospital stay, juvenile corrections, and college. Exclusions include children in respite care except when 1) the child exited a family-based placement to another family-based placement for purposes of respite, 2) there is no gap between the exit and entry dates, and 3) the child returned to the previous provider. Lastly, exits from care are considered a placement disruption under the following circumstances: 1) Placement Contract End and Child Needs to Be Moved, 2) Placement Temporarily Unable to Care for Child, 3) Placement Cannot Meet the Child's Behavioral Treatment Needs and 4) Placement Cannot Meet the Child's Medical Treatment Needs.

C. REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE

While there is currently no numeric goal for the number of children in care, consistent with the Four Pillars Strategic Framework – Pillar 1: The Front Door, children are removed from their families only when necessary to keep them safe – there has been a trending decline in the foster care population. The foster care population experienced a 22 percent decline between 2014 and 2017, resulting in less than 1,000 children in foster care in 2016 and as of September 30, 2018, the total number of children in foster care was 839. CFSA’s focus on providing families in home services, moving children to permanency and a decrease in the number of children who age out of foster care contributed to the decline in the foster care population.

D. EVALUATION OF SERVICES OFFERED

CFSA continues to contract with its community-based and coordinate with Agency partners to provide families with a range of services that promote safety, stability, and wellbeing. Unless otherwise indicated, all of the services described below were made available to all relevant CFSA populations during FY 2018, in addition to residents from all eight Wards of the District of Columbia. The following services will continue to be offered throughout FY 2019:

- Educational Workshops
- Emergency Family Flexible Funds
- Family Group Conferencing
- Homemaker Services
- Home Visiting
- Information and Referral
- Mentoring/Tutoring
- Mobile Stabilization Support
- Parent Education Support Program
- Respite Services
- Support Groups and Trainings
- Mental/Behavioral/Physical Health Assessment and Service Linkage
- Whole Family Enrichment

Community-Based Family Support Services

CFSA’s contractual partnership with the Collaboratives (cited above) supports both prevention and intervention services for families that are known and families that are unknown to CFSA. Support for known families includes preparation for reunification as well as post-reunification supports to prevent re-entry of children into care. The Collaborative services will continue in FY 2019.

Through the Collaboratives, CFSA has maintained its partnership with the DC Department of Behavioral Health (DBH) by co-locating DBH clinicians at the Collaborative sites. These clinicians conduct substance abuse screenings and mental health assessments, in addition to connecting children and families with accessible behavioral and pediatric health services. The Collaboratives also have four co-located CFSA nurses to support families with young children (birth to age six), and older children with identified needs (when requested by the social worker).

Family Preservation Services

The Safe and Stable Families initiative allows birth families to have more access to tailored services (formal and informal) along with interventions aimed at reducing risk including those named in the table above.

Time-Limited Family Reunification Services

Permanency teams review each child's case with a specific focus on permanency. Team representatives include staff from CFSA's Program Operations administration, the Office of the Attorney General, the Foster Care Resource administration, and permanency units from CFSA and each of the private agencies. During case reviews, team members discuss data related to length of time in care, permanency goals, length of time under particular permanency goals, strengths, and areas for improvement. Team members also identify supports and propose strategies for the birth family. The following key supports for reunification, which have been described earlier in this report, will continue in FY 2019:

- Rapid Housing Program
- City-wide housing resources
- Family Treatment Court (FTC)

Adoption Promotion and Support Services

Each child with a goal of adoption receives an adoption recruiter who utilizes existing resources and develops Individualized recruitment plans and strategies for that unique child or children in sibling groups. These children are profiled on national websites promoting adoption for all 50 states and the District of Columbia.

CFSA provides families with supportive post-adoption or guardianship services through its partnership with the Post Permanency Family Center (PPFC), administered by Adoptions Together. Prior to guardianship or adoption finalization, the social worker notifies families of the availability of PPFC services, which include information, trainings, resources, and referrals. These services will continue in FY 2019.

E. EVALUATION OF AGENCY PERFORMANCE

CFSA has met all the requirements of DC ASFA as outlined beginning in Section A of this report and continues to provide services supporting all aspects of case planning and permanency planning for children served. As of the end of FY 2018, there were 783 (95%) foster care cases with a current case plan. Of those children 345 had a goal of reunification and 438 had a goal other than reunification.

Federal standards for achievement of permanency include 12 months for reunification, 18 months for guardianship, and 24 months for adoption. On average, the Agency is not meeting the federal standards set for achieving permanency. However, CFSA has shown a 2 month decline in the months to achieve reunification from 16 months in FY17 to 14 months in FY18. By the end of FY 2018, the average time for guardianship is 39 months, and 33 months for adoption.

CFSA evaluates internal improvement using benchmarks related to the Agency's Four Pillars Strategic Framework (cited above). The framework includes child and youth outcome measures across the District's child welfare continuum. It also includes key measures from the *LaShawn A. v. Bowser* exit standards that are aligned with federal child welfare national standards. The Four Pillars Scorecard is distributed on a quarterly basis. See Appendix B.

The Center for the Study of Social Policy (CSSP) is a court-appointed monitor for *LaShawn*. As Monitor, CSSP is required to independently assess the District of Columbia's performance in meeting the outcomes and exit standards set by the *LaShawn Implementation and Exit Plan* (IEP) in accordance with the *LaShawn Modified Final Order* (MFO). Per the IEP, CSSP submits biannual reports on CFSA's progress against a total of 85 benchmarks.¹⁸ CFSA, in tandem with the Court Monitor, evaluates changes in practice and program improvement over time, as well as evaluating the impact of such changes on children and families. The latest report can be found online at <https://cssp.org/wp-content/uploads/2018/12/LaShawn-A-v-Bowser-Progress-Report-for-the-Period-Jan-Jun-2018.pdf>

The Quality Service Review (QSR) process is an integral component of CFSA's Continuous Quality Improvement (CQI) efforts. The QSR process involves a qualitative method of gathering data and providing feedback to assess individual child welfare case practice and broader system performance. The process also identifies individual, family, and system strengths, as well as areas for improvement. As well, the QSR process reinforces effective practice and informs positive change by providing real-time assessments and feedback on case practice and system performance. In CY 2018, CFSA reviewed a total of 140 cases using the QSR process.

The QSR process revealed overarching strengths for all program areas.

- For Community Partnerships cases social workers demonstrated good engagement with families, thereby building relationships and cultivating rapport, cultural awareness and the ability to clearly communicate the actionable steps to permanence. In addition, there was ongoing teaming with fathers that helped to facilitate consensus building and collaboration.
- For the Office of Youth Empowerment (OYE) strengths include youth-driven case planning, good team engagement efforts for youth from the OYE Career Pathway and Education Specialist, and youth being connected to extended family.
- For Permanency cases strengths include engaging with extended family and assessing family's strengths to be a support or resource for children, good planning around addressing children's academic needs as well as good coordination and teaming with schools.

¹⁸ Previous CSSP reports include 88 IEP Exit Standards. Three of these standards are historical, time-limited adoption measures that are no longer applicable and have been removed from this total count.

The QSR process revealed overarching challenges for all program areas.

- For Community Partnerships challenges include access to ready and available mental health services for children and parents, affordable housing/instability, and domestic violence.
- For OYE challenges include extensive CPS history, recreational marijuana use, repeated abscondence, birth mothers who were also a teen parent and extensive trauma history that was unaddressed.
- For Permanency challenges include significant mental health issues for birth parents, as well as significant trauma and substance abuse, parent incarceration, and children having significant trauma history.

As part of the CQI process, a formal CQI plan is developed in collaboration with the specified program area to address the identified areas of performance in need of improvement and to plan for strategies to achieve improvement.

F. NEXT STEPS

CFSA will take actions necessary to conform to changes in best practice, federal and local law that support Agency efforts to keep families together and to enhance service delivery to children in foster care. The following actions will be taken in FY 2019:

Law/Regulation	Action	Purpose/Justification
<i>Foster Parent Training Regulation Amendment Act of 2018 (B22-0097)</i>	Implement the law	This bill will require that foster parents participate in specialized training within a specified timeframe if a foster child is placed in the foster home who: identifies as lesbian, gay, bisexual, transgender, or queer; a victim of sex trafficking; is a child with a disability; is a pregnant or parenting teen; has a history of violent behavior; and/or is 16 years of age or older.
<i>29 DCMR, Chapter 60 – Foster Homes</i>	Amend the regulations	The Agency plans to update the regulations for family-based foster home licensing to conform to changes in local and federal law and to address changes in practice.
<i>29 DCMR, Chapter 62 – Licensing of Youth Shelters, Runaway Shelters, Emergency Care Facilities, and Youth Group Homes</i>	Amend the regulations	The Agency plans to update the regulations for District congregate care providers to conform to the District’s Office of Risk Management revised requirements for types of insurance coverage and minimum coverage amounts.
<i>29 DCMR, Chapter 63 – Licensing of Independent Living Programs for Adolescents and Young Adults</i>	Amend the regulations	The Agency plans to update the regulations for District independent living providers to conform to the District’s Office of Risk Management revised requirements for types of insurance coverage and minimum coverage amounts.

G. COMMENTS AND RECOMMENDATIONS SUBMITTED BY THE MAYOR'S ADVISORY COUNCIL ON CHILD ABUSE AND NEGLECT (MACCAN)

DC MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)

December 20, 2018

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) is pleased to review and provide comment for the Annual Public Report for the 2017 fiscal year. We congratulate Washington, DC's Child Family and Services Agency for the tireless work to benefit the citizens of the city. The preparation of this year's concise report is appreciated as a summary of the results of its major efforts. MACCAN serves as a collaborative, advisory body for all activities of child abuse and neglect in DC, including commissioned members of the highest standing who are appointed by the Mayor and who represent governmental agencies, community agencies, and the public. Public meetings include scheduled in-depth presentations on cross-cutting and collaborative issues to increase opportunities for partnership to reduce and prevent child abuse and neglect and its negative outcomes.

Using Tools and Resources to Achieve Permanency. The committee was pleased to see the outstanding efforts and progress in the report to achieve permanency for children specifically new tools and resources for case managers and supervisors including the “*Exit to Permanence Roadmap*” released in April 2018. Having an electronic, easily accessible tool with practice guides, videos, tip sheets, case documents, and other resources is laudable. MACCAN hopes in the future for a similar tool aimed specifically for families, resource parents, and partnering organizations (e.g., Collaboratives) focused on family strengths and family supports. All stakeholders can benefit from roadmap resources in one portal to achieve permanency promptly for children and families. Accessible tools and resources in various media platforms for parents, foster parents, and organizations guided by a roadmap framework for permanency can build upon the success of this year's materials for CFSA staff.

Similarly, youth who transition Alternative Planned Permanent Living Arrangement (APPLA), need accessible tools and resources. The organizations and stakeholders such as schools and community-based settings, need a roadmap and resources to assist youth in transition to their permanency. Media formats which are age appropriate, interesting, and accessible to youth should be considered so that resources and tools are available to plan and to assist over time for strengthening long-term outcomes of youth in care.

Strong Collaborations and Teams. The five neighborhood Collaboratives which are a part of the broader child welfare system in DC were highlighted in the report. Two of the representatives of the Collaboratives serve as appointed members of MACCAN. The coordination between community resources and CFSA remains essential. Reunification, guardianship, and adoption STAT protocols are promising processes to goal achievement and develop targeted interventions using case reviews by a team. MACCAN congratulates CFSA on the highest permanency rate this decade noted in the report. MACCAN commends CFSA on these practices and suggests that CFSA conduct and share evaluation data in future reports to identify successful team-based intervention approaches to achieve permanency.

Barriers and challenges to permanency can be identified as well as the solutions that CFSA employs across the STAT protocols that may have contributed to the increase in permanency.

Services for Children and Families. MACCAN recommends evidence-based interventions and services for families. CFSA offers a variety of services to meet the needs of children and families. Through the Safe and Stable Families initiative, families get tailored services (formal and informal) along with interventions. Programs including co-locating Department of Behavioral Health (DBH) clinicians at the Collaborative sites to improve accessibility for families was reported. Housing and family treatment court are also available.

In addition to the selected report highlight, over 300 families were served by the Community Partnership/Mayor's Services Liaison Office (MSLO) accessibly located at the Moultrie Courthouse. MSLO promotes safe and permanent homes for children by working collaboratively with stakeholders to develop culturally sensitive, family-focused and strength-based care. A representative from MSLO has proudly served as a contributing member of MACCAN for several years.

Ongoing data analyses are encouraged to determine over time which services and interventions work best and are cost-effective. Notably, the direct provision of mental health services through CFSA for timely initial assessment and treatment began in FY 2019. We look forward to future updates on the program outcomes, including time to permanency and individual educational and behavioral outcomes. This innovative program change addresses concerns raised about the delay in mental health services.

Safe and Stables Family Evaluation. Only through evaluation can CFSA meet its goals effectively. The evaluation of Safe and Stables Family gave important information on barriers and strengths for future programs. Recruitment and retention of programs remain difficult. CFSA will need to examine evidence-based interventions and match programs for its needs, as well as other factors such as fidelity to programs that affect successful outcomes.

In conclusion, CFSA works towards improvement with novel programming based on evidence. Efforts documented in this report to the public are exceptional and worthy of broad dissemination as a model of change, collaboration and progress to serve children and families in care. MACCAN applauds CFSA for its diligent and hardworking efforts demonstrated in this report. We look forward to continue to serve as a partner and a collaborator with CFSA. We welcome Brenda Donald, Director, CFSA at public meetings on a routine basis. Together, MACCAN and CFSA can continue to work towards the safety and well-being of children and families in DC.

Respectfully submitted,
The Members of the MACCAN

cc: MACCAN members, DC Multidisciplinary Team (MDT)

APPENDIX A: EXCERPT FROM THE CFSA ESTABLISHMENT ACT OF APRIL 2001

The Director must:

(10) Prepare and submit to the Mayor, the Council, and the public a report to be submitted no later than February 1 of each year; which shall include:

- (A) A description of the specific actions taken to implement the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);
- (B) A full statistical analysis of cases including:
 - (i) The total number of children in care, their ages, legal statuses, and permanency goals;
 - (ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;
 - (iii) The number of children who have been in care for 24 months or longer, their length of stay in care, including:
 - (I) A breakdown in length of stay by permanency goal;
 - (II) The number of children who became part of this class during the previous year;
 - (III) The ages and legal statuses of these children;
 - (iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and
 - (v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;
- (C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;
- (D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:
 - (i) The service programs which will be made available under the plan in the succeeding fiscal year;
 - (ii) The populations which the program will serve; and
 - (iii) The geographic areas in which the services will be available;
- (E) An evaluation of the Agency's performance;
- (F) Recommendations for additional legislation or services needed to fulfill the purpose of the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and
- (G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.

APPENDIX B: FOUR PILLARS SCORECARD FY 2018



D.C. Child and Family Services Agency

Four Pillars Scorecard FY 2018 Q4

Fewer entries into foster care. Stronger child and family functioning. More placement stability. Shorter time to permanence.

Performance Status: ■ 100% or more of target ■ 75-99% of target ■ Less than 75% of target

Front Yard/Front Porch/Front Door								
Outcome: Families stay together safely.								
Indicator	FY17 Annual	FY18 Target	FY18 Q1	FY18 Q2	FY18 Q3	FY18 Q4	FY18 Annual	
Increase timely initiation of investigations*	91%	95%	94%	94%	86%	90	91	■
NEW! Increase timely initiation of referrals to Family Assessment	—	80%	83%	82%	81%	83	82	■
NEW! Increase families who accept community-based services following case closure	—	85%	79%	72%	59%	56	65	■
NEW! Reduce children entering foster care after engagement with the Collaboratives	—	50%	Annual Measure				1%	■
Reduce length of time in In-Home	9	9	10	8	9	8	9	■
Reduce new reports while in In-Home	8%	8%	7%	5%	6%	6	11	■
Reduce foster care entries from In-Home*	87	85	37	34	41	61	173	■
Reduce new entries into foster care*	275	320	63	66	71	80	280	■
Reduce re-entries into foster care	73	70	17	9	33	21	80	■
Temporary Safe Haven								
Outcome: Children and youth are placed with families whenever possible.								
Indicator	FY17 Annual	FY18 Target	FY18 Q1	FY18 Q2	FY18 Q3	FY18 Q4	FY18 Annual	
Increase placements with relatives (kin)*	24%	25%	24%	23%	23%	26%	26%	■
Increase placements in family foster homes*	84%	88%	83%	83%	82%	81%	81%	■
Increase licensed foster homes in the District	47%	300	281	259	254	239	239	■
Outcome: Planning for permanence begins the day a child enters care.								
Increase children with one placement in the past 12 months	—	55%	49%	47%	49%	50%	50%	■
NEW! Increase engagement with birth families	—	TBD	Annual Measure				79%	
Increase parent-child visits	87%	87%	84%	88%	95%	95%	91%	■

NEW! Increase birth family use of needed services and supports	—	TBD	Annual Measure				74%	
NEW! Increase shared parenting	—	40%	26%	38%	28%	5%	33%	■
Well Being								
Outcome: Children and youth in foster care maintain good physical and emotional health.								
Indicator	FY17 Annual	FY18 Target	FY18 Q1	FY18 Q2	FY18 Q3	FY18 Q4	FY18 Annual	
Increase timely medical evaluations for children/youth following placement	92%	92%	85%	91%	97%	91%	91%	■
Increase timely dental evaluations for children/youth following placement	56%	56%	51%	50%	70%	55%	57%	■
Increase children/youth who receive needed behavioral health services	81%	81%	Annual Measure				81%	■
Reduce births to youth in foster care	17%	20%	19%	16%	17%	16%	16%	■
Outcome: Children and youth in foster care get an appropriate education and meet expected milestones.								
Increase children ages birth-5 in foster care who get a timely developmental screening*	94%	85%	100%	94%	95%	94%	96%	■
Increase youth in foster care who graduate from high school*	73%	70%	Annual Measure				67%	■
Outcome: Youth in foster care pursue activities that support their positive transition to adulthood.								
NEW! Increase youth who have employment or internship experience	—	60%	Annual Measure				51%	■
Exit To Permanence								
Outcome: Children and youth leave the child welfare system quickly and safely.								
Indicator	FY17 Annual	FY18 Target	FY18 Q1	FY18 Q2	FY18 Q3	FY18 Q4	FY18 Annual	
Reduce time to reunification	16	16	12	13	12	15	14	■
Reduce time to guardianship	34	34	39	38	35	34	39	■
Reduce time to adoption	32	32	33	29	34	37	33	■
Reduce youth who age out of foster care	17%	17%	17%	19%	14%	10%	15%	■
Outcome: Youth actively prepare for adulthood.								
Increase youth engagement in after-care programming*	98%	98%	Annual Measure				98%	■
Increase youth graduating from college*	12%	20%	Annual Measure				19%	■
Increase youth completing vocational training or a certification program*	71%	70%	75%	73%	73%	98%	76%	■
NEW! Increase re-engagement of older youth in educational/career services	—	30%	Annual Measure				75%	■
Increase youth who exit care with stable housing	81%	85%	100%	95%	100%	100%	98%	■

* Key Performance Indicators for the Mayor's Plan FY18



DC Child and Family Services Agency ■ 200 I Street SE, Washington, DC 20003 ■ (202) 442-6100 ■ www.cfsa.dc.gov
<http://dc.mandatedreporter.org> ■ www.fosterdckids.org ■ Facebook/CFSADC ■ Twitter@DCCFSA

APPENDIX C: SAFE AND STABLE FAMILIES EVALUATION SUMMARY

Government of the District of Columbia
Child and Family Services Agency
Safe and Stable Families Semi-Annual Report
Spring 2018

Overview

This report outlines the District of Columbia's progress on the Title IV-E child welfare waiver demonstration project during the reporting period, November 2017 – February 2018. During this reporting period much of CFSA's focus was the implementation of Mobile Stabilization Services (MSS) and its referral process. Last reporting period, CFSA proposed MSS and Parent Education and Support Program (PESP) as a suite of services but have since revised that process deciding that families should not be automatically referred to PESP but should instead be assessed by the MSS and CFSA case worker at case closure. If the family demonstrates that they would benefit from or are in need of PESP, then a referral would be made to the program. CFSA continued focusing on increasing engagement and decreasing the number of withdrawals from Project Connect as well as working to identify and implement effective continuous quality improvement strategies to identify and address challenges as soon as they occur.

Assessments of the utilization of Project Connect also influenced revisions to contractual agreements with the providers - Progressive Life Center and Catholic Charities and technical assistance provider Children Friend. Last reporting period, CFSA terminated the contract with the Healthy Families Thriving Communities Collaborative agencies and now contracts directly with the provider— Progressive Life Center and Catholic Charities to administer Project Connect. This has allowed CFSA to directly refer families to Project Connect and work with the providers exclusively in order to serve families more efficiently. The termination of the contract between CFSA and the Collaboratives has resulted in challenges in terms of data collection and training. This will be explored in detail in the Demonstration Status, Activities, and Accomplishments.

A. Significant Evaluation Findings

Major changes to the design of the evaluation

Mobile Crisis Stabilization and the Parenting Education and Support Program were initially proposed last reporting period as a suite of services where families that have been stabilized through Mobile Crisis Stabilization will be referred to a Parent Education and Support Program. However, after care consideration, midway through this reporting period, CFSA decided to no longer offer MSS and PESP as a suite of services. It was found that families were served more effectively when MSS intervened to stabilize the crisis and a referral was made to PESP only when it was necessary, not automatically. PESP continues to be offered by the Healthy Families Thriving Communities collaborative agencies with the following curricula available: ACT/Parents Raising Safe Kids Program, Active Parenting Teens, Chicago Parenting Program, Effective Black Parenting (EBPP), and the Nurturing Parenting Program.

B. Findings Summary

Overall, evaluation findings for this reporting period are based on child welfare outcomes and North Carolina Family Assessment Scale (NCFAS) and Risk Inventory for Substance Abuse-Affected Families (SARI) assessment change scores.

Of the two programs, neither hit their projected enrollment target. Only one CFSA benchmark was met by Project Connect (***entry into out-of-home care within 12 months of initiation of Waiver services***). MSS met two benchmarks ***90% of families will not have a substantiated report or an entry into out-of-home care within 12 months of initiation of Waiver services***.

When looking at substantiated CPS reports, Project Connect-enrolled families did better than Pre-Waiver Match matched families. When looking at foster care entries, successfully discharged families did better than both the Pre-Waiver Match sample and the unsuccessful discharge families on most indicators.

Half of successfully discharged families improved on at least one domain in both the NCFAS and SARI assessments from Baseline to Discharge. More successfully discharged families showed improvement than unsuccessfully discharged families in all but one domain across both NCFAS and SARI assessments. Project Connect seems to have the largest impact on Social Community Life, Readiness for Reunification, and Parental Capabilities, Support for recovery, Effect on Lifestyle, and Commitment to Recovery.

1. Mobile Crisis Stabilization (MSS)

Almost all referrals (48/50 or 96%) were accepted this reporting period. The remaining referrals were withdrawn due to children no longer being in the home. When combined with HOMEBUILDERS®, MSS hit 65% of the target of families enrolled based on capacity estimates. Average number of days from referral to enrollment was 11.5 days. Thirty-three percent (16/48 or 33%) of all approved referrals were successfully enrolled in service. Eleven families were still pending as of this report and the remaining families (21) refused, were non-compliant or non-responsive to outreach.

Due to recent implementation, there has not been enough follow-up time to measure most CFSA and MSS benchmarks. The one benchmark able to be analyzed is the MSS benchmark: ***75% of families will not have a substantiated report during intervention***. This benchmark has not yet been met (67%).

Unable to measure:

CFSA benchmark

- ***90% of families will not have an entry into out-of-home care within 12 months of initiation of Waiver services.***
- ***90% of families will not have a substantiated report within 12 months of initiation of Waiver services.***

MSS benchmark

- **70% of children referred for MSS will not have an out-of-home placement 6 months following closure of services.**

2. Project Connect

Project Connect was under the target number of families enrolled (14/21 or 67%) based on capacity estimate. The remaining families declined service (1) or were ineligible due to the Partnering Together Conference not occurring (6). Project Connect enrollments have remained consistent over the past four quarters. The average enrollment rate over the Waiver period was 67%.

CFSA benchmark is that **90% of families will not have a substantiated report within 12 months of initiation of Waiver services**. This benchmark has not been met in either reporting period (85% and 86%). Families served within Project Connect were less likely to have a substantiated CPS report within 12 months of enrollment and during services when compared to matched families. Successfully discharged families were the least likely as less families had a substantiated report during service, within 12 months of enrollment, or within 12 months following discharge than unsuccessfully discharged families during this recent report period.

CFSA benchmark is that **90% of families who achieved reunification during their involvement will not have a re-entry**. This benchmark was not met during the Fall 2017 Semi-Annual Reporting Period (SAPR) period (89% successful and 87% unsuccessful families) but was met in the Spring 2018 SAPR period (97% successfully families and 98% unsuccessful families). Very few families across groups (1) had any re-entries during service. Families served by the Waiver regardless of discharge outcome had fewer re-entries during service and fewer reentries both 6 and 12 months after discharge when compared to the matched families. No successfully discharged families had any re-entries 6 months following discharge and only one family had a re-entry 12 months following discharge.

Enrollment in services seemed to increase the amount of time before a substantiated CPS report regardless of discharge outcome (436 and 385 average days) when compared to the Pre-Waiver Match Sample (118 days). The effect of Waiver services on successfully discharged families was also more positive when compared to those families that did not successfully complete services.

The NCFAS and SARI assessments show that about half of successfully discharged families improved on at least one domain. Family Safety was the most improving NCFAS domain and Support for Recovery was the most improving SARI domain. More successfully discharged families showed improvement than unsuccessfully discharged families in all but one domain across both NCFAS and SARI assessments. Project Connect seems to have the largest impact on the following NCFAS domains: Social Community Life, Readiness for Reunification, and Parental Capabilities, and SARI domains: Support for recovery, Effect on Lifestyle, and Commitment to Recovery.