

District of Columbia Government Child and Family Services Agency



FY 2018 Needs Assessment and FY 2020 Resource Development Plan



October 1, 2018

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INTRODUCTION

The Child and Family Services Agency (CFSA) has completed a comprehensive Needs Assessment that will directly inform CFSA's Resource Development Plan. Both documents are a requirement of the *LaShawn V. Bowser* Implementation and Exit Plan (IEP).¹ The Needs Assessment in particular is intended to assist decision-makers in developing those resources and services that are essential to improving the safety, permanency, and well-being of children in the District of Columbia's child welfare system.

CFSA STRATEGIC AGENDA AND PRIORITIES

As a part of continuous quality improvement, the Needs Assessment provides a means to assess how services and supports are facilitating the implementation of CFSA's commitment to the values based *Four Pillars Strategic Framework*, which was established in 2012. The following four key practice areas are included:

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

As of 2018, CFSA incorporated the following four priorities (the Four P's), all of which align with the focus of the Needs Assessment and complement the *Framework*:

- Prevention: Strengthening and focusing CFSA support of the Collaboratives' community-based social services to serve more families before they become involved with CFSA
- Placement Stability: Developing an array of options to meet child and youth needs (so the first placement is also the best placement), improving wraparound services, and increasing support for resource parents²

¹ The IEP was negotiated in December 2010 as the result of the American Civil Liberties Union (later Children's Rights, Inc.) filing the initial *LaShawn A. v. Barry* lawsuit in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. The lawsuit carries through mayoral administration; therefore, currently *LaShawn vs. Bowser*.

² The Needs Assessment uses the term "resource parent" inclusive of traditional foster parents, kinship caregivers, and pre-adoptive parents.

- Permanence: Redoubling efforts to work with birth parents, either to speed reunification or to gain early recognition of the need for an alternative permanency goal through concurrent planning
- Practice: Providing education/support and coaching for front-line supervisors to improve critical thinking and clinical focus

APPROACH TO DOCUMENT

Assessing Needs

The Needs Assessment is divided into four sections: Prevention, Temporary Safe Haven, Well Being and Exit to Permanency. Each section has guiding questions followed by data with narrative descriptions. At the end of each section, a Needs Assessment analysis provides insight into what the data tells us and what may need to be furthered explored.

Identifying Key Priorities

The Resource Development Plan following each section outlines strategies and resources to address needs identified through this process. CFSA recognizes that there are many findings in the Needs Assessment but was intentional in prioritizing and limiting the number of selected strategies to ensure realistic adoption of the strategies. The resource development plan will ultimately inform the FY 2020 budget programming. CFSA will remain responsive and flexible to emerging needs and will shift resources accordingly.

GUIDING QUESTIONS

Two focus areas were used to inform the data collected for each of the sections of the Needs Assessment. Those are as follows:



DEMOGRAPHICS AND NUMBER OF CHILDREN/FAMILIES SERVED

How many children/families are being served?

How many families are receiving services in each category and sub-category? How much service capacity is needed? Are services located near and accessible to children/families?

What is the profile of the children/families currently receiving services?

What are the characteristics of the children/families being served? Are there vulnerable populations that can be identified within the families being served for targeted interventions?



SERVICES AND PLACEMENT ARRAY

What are the services offered?

What services and placements are being offered by CFSA, sister agencies and partner providers?

Are they meeting the needs of our children and families?

Do available services and placements match the demographic ranges of children and families?
What are the outcomes of the services?

METHODOLOGY

Multiple quantitative and qualitative data sources were used to inform the Needs Assessment³. The main data sources include, but are not limited to:

- CFSA's statewide automated child welfare information system (SACWIS), which is known locally as FACES, and is the central repository for all client-level information
- Manual databases to capture program specific information
- The Adoption and Foster Care Analysis Reporting System (AFCARS)
- Fiscal Year (FY) 2019 Collaborative service target and families served data⁴
- Surveys, focus groups and interviews (both internal and external stakeholders)
- Quality Service Review data as available⁵

See the appendix for more detailed information on data sources and limitations, including information on survey, focus group and interview participant. Additionally, information about contextual factors and the Continuous Quality Improvement process can be found in the Appendix.

³ Due to rounding, percentages in charts throughout the Needs Assessment may not total 100 percent.

⁴ October 1 – September 30

⁵ Data for QSR was available for in-home sections. Future iterations will include information for the out-of-home sections.

SECTION 1: PREVENTION

CFSA's approach to prevention activities is targeted to populations identified as being in the front yard, on the front porch and at the front door as defined below. The vulnerable populations targeted are based on experience and research would show that, all but for the intervention, there is the potential for the child to end up in foster care.



Primary Prevention: Front Yard – Families not known to CFSA

Families with no child welfare involvement however, are facing challenges that could put them at risk for coming to the Agency's attention. Examples of these are young homeless families and Grandfamilies. 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 the Collaboratives which are a part of the broader child welfare system. Our partners, the Collaboratives, take the lead on connecting them to District and community resources to address specific needs such as housing, employment and mental health. These populations include:

- Young (under 25) and homeless parents
- Grandfamilies
- Other vulnerable families to be determined through the city-wide Family First Prevention workgroup process

Secondary Prevention: Front Porch – 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 opening an in-home case or child removal. The families will be referred to the Collaboratives to provide family stabilization and support with their specific needs.

Tertiary Prevention: Front Door – Families known to CFSA with an open case

These families have either an open in-home case and are working toward case closure or an open out-of-home case and are working toward reunification. Joint involvement from both an assigned CFSA worker and the Collaborative teams may be identified as a short term need. During this "teaming" period, the Collaborative and CFSA develop family goals in conjunction with the family and court recommendations, when applicable, to support permanency or family stabilization.



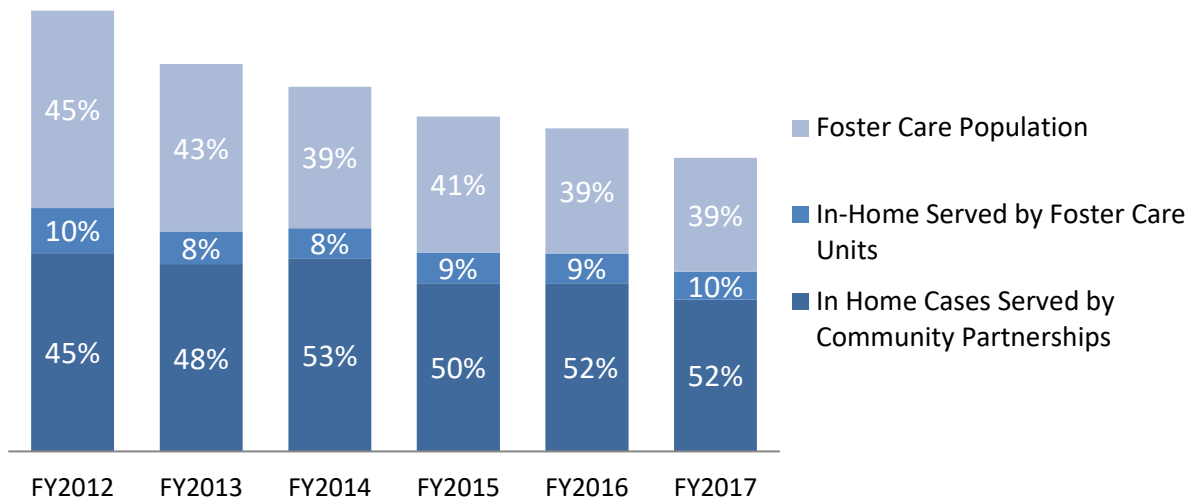
DEMOGRAPHICS AND NUMBER OF FAMILIES SERVED

How many families are being served? What is the profile of the families currently receiving prevention services?

At the end of FY 2017, 1,419 children were being served in their home. There were 330 families in FY 2017 and 307 families as of the end of FY 2018 Q1 receiving in-home services.

There has been a decrease in the number of children served by the In-Home Administration (1565 in FY2012 to 1198 in FY2017). This proportion relative to the foster care population increased through FY 2014 and has since remained steady.

The proportion of foster care population to in-home population has remained steady since 2014



Source: FACES Management Report CMT232, pulled September 30 for each fiscal year

Families Served by the Community Based Collaboratives

649 families were served by the Collaboratives between October 2017 and April 2018. Data on those families being referred to each Collaborative comes from two pathways:

- Referrals from a CFSA or private agency social worker for front yard, front porch and front door
- Self-referrals or walk-ins and other District agencies (e.g., DC Public Schools or the DC Department of Human Services)

East River and Far Southeast Collaboratives served approximately 53 percent of families in the District of Columbia

Collaborative (10/1/17 – 4/30/18)	Wards Served	Total # of Families
East River	7	180 (28%)
Far Southeast	8	161 (25%)
Edgewood/Brookland	5, 6	115 (18%)
Georgia Avenue	3, 4	99 (15%)
Collaborative Solutions for Communities (CSC)	1, 2	94 (14%)
Total		649 (100%)

Source: Community Partnership Collaborative Data

Primary Prevention Recipients (Front Yard)

Research shows that risk factors for child abuse and neglect fall into several categories: **child risk factors, parent and family risk factors, and social and environmental risk factors**.⁶ As part of its research and data analysis, CFSA identified the following three vulnerable “front yard” populations of families who are more likely to be at risk for becoming involved in the child welfare system without the availability of a primary prevention service. The vulnerable populations targeted are based on experience and research would show that, all but for the intervention, there is the potential for the child to end up in foster care.

1. Young and Homeless Families: Provide services to prevent homelessness and children from entering the child welfare system
 - Parents ages 17-25 with young children ages birth-to-6
 - Housing is an issue but no current safety concerns
 - Waiver target population⁷
2. Grandfamilies: Offer community-based supports and services to prevent out of home placement
 - Grandparents as well as uncles and aunts who have an established bond with their child relatives, providing long-term placement and caregiving.
3. Other Families (Self-referrals or referred by other District agencies)
 - Walk-ins that don’t fit in the above categories

⁶ <https://www.childwelfare.gov/pubPDFs/riskprotectivefactors.pdf>

⁷ CFSA was granted a Title IV-E waiver in 2013, which has provided the Agency with more flexibility to use IV-E funds for prevention and in-home services.

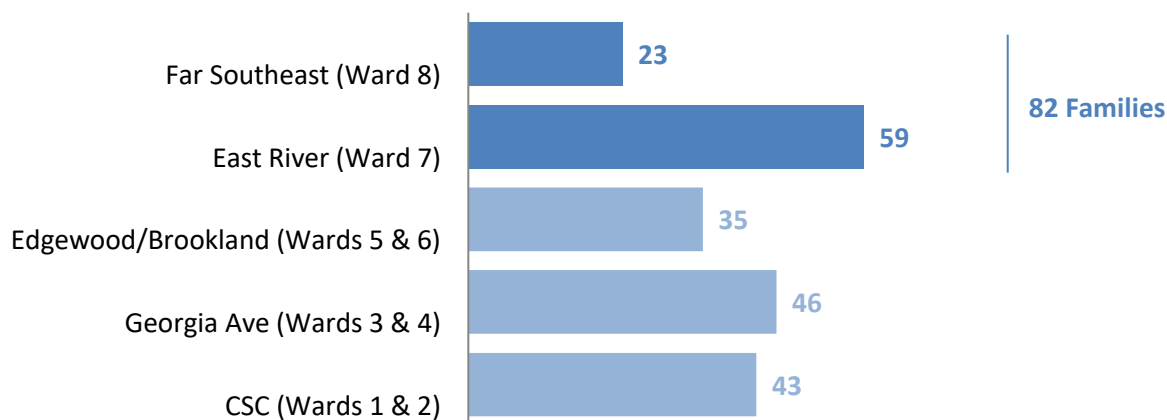
The five Collaboratives individually provide access to prevention services for those families without CFSA involvement, i.e., those who independently seek services. The funded capacity per Collaborative is based on maximizing accessibility of services according to the geographical projections of families known to seek such services.

Number of Families Served in the Front Yard

Between October 2017 and May 2018 there were **206 families served** via Primary Prevention by the Collaboratives. The **majority of families were served in Wards 7 & 8**. Most families served at the front yard were walk-in clients (129; 63 percent), followed by families referred by DC Schools (11 percent), the Department of Human Services (5 percent). The remaining 20 percent were referred by other community and government based agencies.

Most Front Yard families are Served in Wards 7 & 8

There were 206 families served between October 2017 - May 2018



Source: Community Partnership Collaborative Data

FY 2019 Projections for Front Yard

The table below shows the FY 2018 utilization of Collaborative services (as of April 30, 2018) and the FY 2019 projected targets. CFSA monitored whether or not the Collaboratives were meeting population targets and used this information to determine the final FY 2019 projections. As described, CFSA provided an additional opportunity for families that fell outside of the category of young, homeless, or grandfamilies, by adding the “other” category to ensure broad access. CFSA will work with the Collaboratives to conduct further analysis to disaggregate families falling within the “other” category for a better understanding of their needs.

Primary Prevention: Front Yard Collaborative Recipient Projections and Actuals

Case Type	Collaborative	FY18 Projections	Actuals as of 4/30/18	FY19 Projections
Young and Homeless	Far Southeast	40	5	20
	East River	30	7	15
	Edgewood/Brookland	20	--	5
	Georgia Avenue	5	3	10
	CSC	5	9	5
Total		60	24	55
Grandfamilies	Far Southeast	40	3	20
	East River	30	1	15
	Edgewood/Brookland	20	3	5
	Georgia Avenue	5	3	5
	CSC	5	1	5
Total		60	11	50
Other (e.g., walk-ins, self-referrals, public or community-based organizations)	Far Southeast	100	22	34
	East River	75	30	40
	Edgewood/Brookland	50	30	60
	Georgia Avenue	13	21	43
	CSC	12	20	24
Total		250	123	201

Source: Community Partnership Collaborative Data

Secondary Prevention Recipients (Front Porch)

CFSA and the Collaboratives make every effort to direct and serve a family within their ward of origin. There are exceptions for special services that may be located at a Collaborative outside the ward from which the family resides. At the Front Porch, Collaboratives are able to provide prevention and secondary level prevention services to “intercept” families with identified risk factors and to avert the recurrence of child abuse and neglect for those families referred from CFSA or those who may be closing an in-home or out-of-home case. The following case criteria are included for families at the Front Porch:

1. CPS Investigations

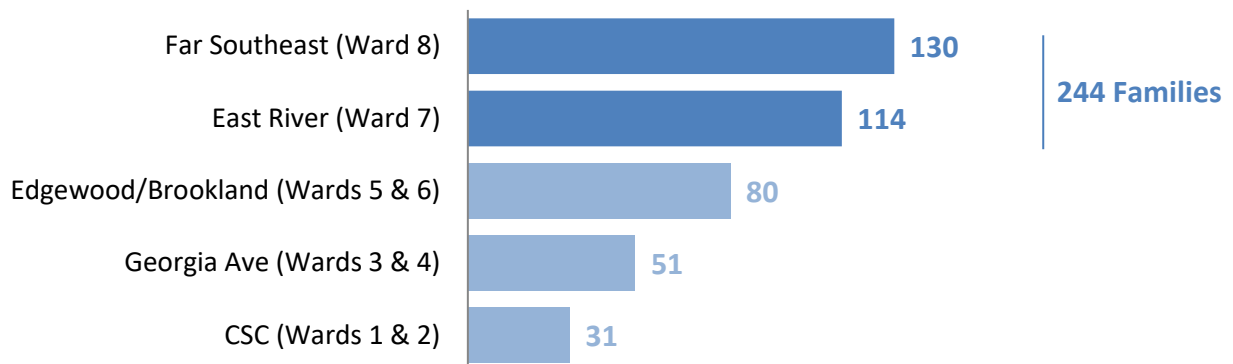
- CPS Investigation (CPS-I) referrals closing with a high-to-intensive risk but unfounded or inconclusive dispositions, where additional short-term assistance to families are needed to promote family stability.
 - CPS Investigation (CPS-I) referrals with a low-to-moderate risk but substantiated dispositions, where additional short-term assistance to families are needed to prevent out-of-home placement.
2. Family Assessment
- Family Assessments (CPS-FA) do not require a formal determination of substantiation of child abuse or neglect but there are allegations of educational neglect, lack of supervision, or a need for mental health intervention.

Number of Families Served

Between October 2017 and May 2018, there were **406 families served** through secondary prevention services. The **majority of families are served in Wards 7 & 8.**

Most Front Porch families are served in Wards 7 & 8

There were 406 families served between October 2017 - May 2018



Source: Community Partnership Collaborative Data

FY 2019 Projections for Front Porch

Below, the table shows **45 percent of community-diverted referrals from CPS-I and 35 percent from CPS FA of families served resided in Ward 8 (Far Southeast Collaborative).**

Note FY 2019 projections appear lower than reported for both front porch and front door, as the methodology for categorizing families changed.

Secondary Prevention: Front Porch Collaborative Recipient Projections and Actuals

Case Type	Collaborative	FY18 Projections ⁸	FY17 Q3 to FY18 Q1 Actuals (5/15/17 – 12/31/17)	FY19 Projections
Community Diverted CPS-I	Far Southeast	160	76 (45%)	58
	East River	120	44 (26%)	42
	Edgewood/Brookland	80	27 (16%)	30
	Georgia Avenue	20	14 (8%)	18
	CSC	20	9 (5%)	14
Total		400	170	162
Family Assessment CPS-FA	Far Southeast	200	78 (35%)	96
	East River	150	65 (29%)	58
	Edgewood/Brookland	100	52 (23%)	44
	Georgia Avenue	25	18 (8%)	32
	CSC	25	9 (4%)	36
Total		500	222	266

Source: Community Partnership Collaborative Data

Tertiary Prevention Recipients (Front Door)

Collaboratives are able to provide tertiary level prevention services. This is in order to 1) prevent entry into foster care or 2) re-entry or recurrence of child abuse and neglect for those families referred from CFSA. Families may have an open case or may be in the process of closing an in-home or out-of-home case. CFSA and the Collaboratives are expected to team on in-home and out-of-home cases. The following case criteria apply to families at the Front Door:

- Permanency (out-of-home) – The children are safe; the court case has been closed but there is a demonstrated need for additional services and support to ensure reunification stability and connection to community resources.
- Community Partnerships (in-home) – The children are safe; the risk level is low-to-moderate and the case is nearing closure. There is a demonstrated need for additional services and support to stabilize the family, maintain children in the home, and prevent removal.

⁸ Initial CFSA Proposed FY19 Service Targets were modified based on FY2018 Q1 and Q2 new referrals. CFSA is monitoring whether or not Collaboratives are meeting population targets based on FY19 final projections.

Below, see **28 percent of in-home** step-down cases and **57 percent out-of-home** step-down cases **are families being served in Ward 7 by the East River Collaborative.**

Tertiary Prevention: Front Door Collaborative Service Recipient Projections and Actuals⁹

Case Type	Collaborative	FY18 Projections	FY17 Q3 to FY18 Q1 Actuals (5/15/17 – 12/31/17)	Final FY19 Projections
In-Home Step-Down Support/Teaming	Far Southeast	192	11 (22%)	78
	East River	144	14 (28%)	31
	Edgewood/Brookland	96	7 (14%)	38
	Georgia Avenue	24	7 (14%)	9
	CSC	24	11 (22%)	5
Total		480	50	161
Out-of-Home Step-Down Support/Teaming	Far Southeast	100	3 (21%)	41
	East River	75	8 (57%)	59
	Edgewood/Brookland	50	3 (21%)	30
	Georgia Avenue	13	--	3
	CSC	12	--	6
Total		250	14	139

Source: Community Partnership Collaborative Data

What is the profile of the families currently receiving prevention services?

The in-home population includes the following demographics:

- A median of 3 children per family
- On average, 45 percent of caregivers are ages 31-40 years old, followed closely by caregivers ages 21-30 years old (29 percent).
- Gender breakdowns are fairly equal between male and female children
- Wards 7 and 8 together comprise over 40 percent of the in-home caseload; 60 percent is dispersed throughout the remaining Wards

⁹ FY19 projections will not correlate with actuals in the tables since subcategories (in-home and out-of-home step down) were removed and captured at the Front Door in an effort to more accurately reflect the standard practice

Vulnerable Populations

Survey respondents identified the following characteristics of families receiving prevention services:

- Parents at **risk of homelessness** (n=43, 27 percent)
- Parents served by **Department of Disability Services** (n=31, 19 percent)
- **Former foster youth with children** in foster care (n=29, 18 percent)

Survey data for the 2018 Needs Assessment also looked at additional descriptive characteristics and circumstances for families experiencing child abuse and neglect, such as incarceration and socialization challenges. For more information see Appendix.

Survey respondents selected **youth with mental and behavioral health needs** (58 percent) as the top needs for identified populations, followed by the needs of **youth who are developmentally challenged** (50 percent) and the **needs of pregnant and parenting teens** (45 percent). For a full list of populations with higher needs selected by participants see Appendix.

Homeless Families

Collaborative data shows **more young and homeless families are served in Wards 1 and 2**. The nine percent of homeless families served in Wards 1 and 2 may be attributed to the majority of homeless service facilities and shelter locations (including hotels) being located throughout Ward 1 and scattered at the intersections of Wards 1, 2, 5, and 6. Survey respondents at the Front Yard indicated over half of their clients were homeless parents under 25 years old (54 percent) or a parent at risk of homelessness (46 percent).



SERVICES TO PREVENT ENTRY INTO FOSTER CARE

What are the services offered? Are they meeting the needs of our families?

The following section describes service needs identified through various sources within the Child and Family Services Agency such as assessments, information on maltreatment referrals, entries into foster care from in-home cases, and survey responses.

Identified Service Needs of Families

Caregiver Strengths and Barriers Assessment (CSBA)

The CSBA tool is a domain-based functional assessment that focuses on 14 domains related to parents' capacity to meet the needs of their children. The majority of unique clients identified

as a birth parent or caregiver were female (1288, 76 percent) compared to males (409, 24 percent).

The top three challenges identified by the CSBA were related to **1) Daily Parenting Behavior and Routines; 2) Mental Health and Coping Skills; and 3) Basic Needs and Management of Financial Resources**. For a full list of the challenges identified through the CSBA see Appendix.

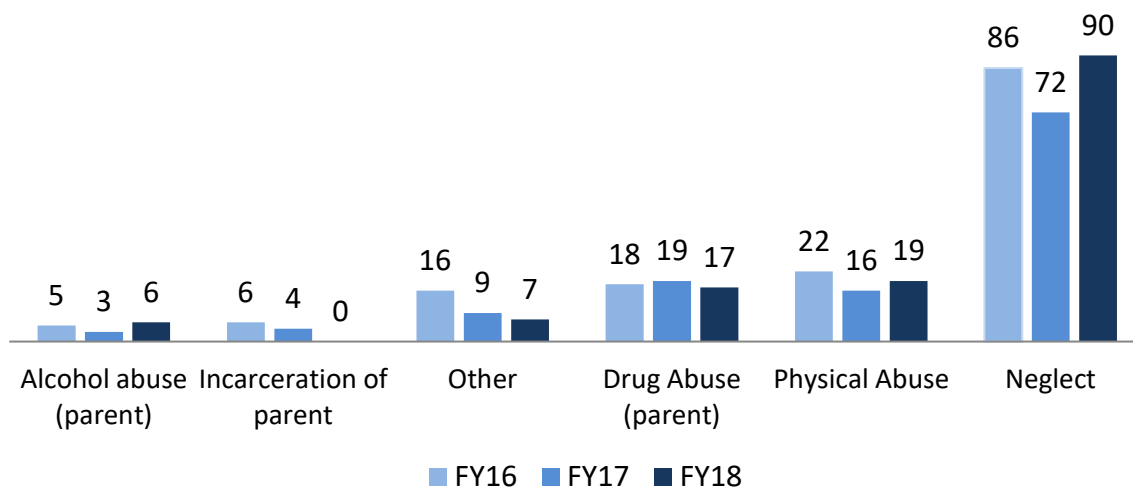
Maltreatment Types and Multiple Referrals

The top maltreatment reason across each age group was due to **inadequate supervision**. **Exposure to domestic violence** was the next highest maltreatment reason for two age groups: birth to 5 and 6-12. For older youth ages 13-17, **physical abuse** was the second highest maltreatment reason and third, exposure to domestic violence. For a list by age see Appendix.

Entries into Foster Care from In-Home Services

The **top three removal reasons across** the previous three fiscal years observed are **neglect** followed by **drug abuse** and **physical abuse**.

Most removals are due to neglect (FY 2016 through June 18, 2018¹⁰)



Source: FACES management report CMT401

Services Requested by Families

Collaboratives are asked to report the services that are requested by the families, as well as services recommended by the agency. Nearly half of all families that received services requested **housing/housing supports**, followed closely by **employment/employment supports** (42 percent). These two services were also the most common agency recommended services.

¹⁰ Other includes: Child's Disability, Abandonment, Drug Abuse (child), Voluntary, Sexual Abuse, Child's Behavior Problem, Death of Parent, and Relinquishment, Caretaker Ill/Unable to Cope.

Mental health supports for both the adult and at least one child in the household were requested and recommended for about one in five families that received services.

Survey Responses

Child Welfare professional respondents reported the top three services/life skills needed by parents to prevent entry of a child into foster care are **mental health services, substance use services, and housing services**. Respondents reported the top three services/life skills not available through CFSA or its providers are alternative/expressive therapies, housing, and employment. For more information on the frequency at which services were selected as a need see Appendix.

Combined Service Needs

The previously identified needs have been combined to create the ten most common identified needs of families receiving prevention services.

Service Needs	Data Source
Basic Needs and Management of Financial Resources	CSBA
Daily Parenting Behavior and Routines	CSBA
Drug Abuse	Entries Analysis and Survey Information
Employment / Employment Services	Service Requests
Exposure to Domestic Violence	Maltreatment Types
Housing	Survey Information, Service Requests
Inadequate Supervision	Maltreatment Types
Mental Health and Coping Skills	CSBA, Survey Information, Service Requests
Neglect	Entries Analysis
Physical Abuse	Maltreatment Types and Entries Analysis

What are the services offered?

The following section reviews the services offered to families to prevent children entering foster care.

Services Available to Families to Prevent Entry Into Care



Case Management

A process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client.



Respite Services

Provision of a service that gives the parent temporary, scheduled or emergency relief from child rearing responsibilities.



Emergency Family Flexible Funds

Upon request by a social worker, the Collaborative should provide funds within 36 hours to prevent disruption of a family. These funds can be used for rental assistance, transportation, utilities, food, housing search, and/or temporary placement.



Rapid Housing Program (RHP)

CFSA manages the RHP to provide short-term rental payments to families in need of stable housing.



Medical Support

CFSA has four community-based nurse care managers to serve all Collaboratives and case manage according to the referrals submitted by social workers. Social workers can submit a nurse referral at any time throughout the life of a case including at point of case closure.



Mentoring and Tutoring

Provide mentoring and tutorial services.



Mobile Stabilization Support

Available to both in-home and out-of-home families experiencing a crisis, the MSS team responds within 2 hours to screen and identify services and alternatives that will minimize distress and provide stabilization for the family to prevent the removal of children.



Educational Workshops

Facilitate and coordinate training to provide critical education and information that empowers parents/caregivers to provide optimal care for the children in their care.



Support Groups

Provide regularly scheduled support group meetings for relative caregivers with trained facilitators to discuss feelings, concerns and problems facing biological families.



Whole Family Enrichment

Provide structured group activities to create a safe environment for at risk families. These structured groups and activities should build a sense of community and belonging that promote family stability, resiliency and social connections.



Other District Agency Supports: Mental Health & Substance Use

CFSA utilizes the Department of Behavioral Health city-wide provider agencies for children, youth and adults for mental and behavioral health services and substance use services.



Domestic Violence Services

CFSA utilizes community based service for Domestic Violence services, including DC SAFE, My Sister's Place, and the House of Ruth.



What available services address identified needs?

CFSA completed a mapping process of the above identified needs to the services offered. Below, see the service identified for each need.

AVAILABLE SERVICES	IDENTIFIED NEEDS										
	Basic Needs/ Financial Mgmt.	Daily Parenting Behavior	Domestic Violence	Substance Use	Employment	Housing	Inadequate Supervision	Mental Health	Neglect	Physical Abuse	No Corresponding Need Identified
Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Respite Services		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Emergency Family Flexible Funds	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Rapid Housing Program						<input checked="" type="checkbox"/>					
Medical Consults									<input checked="" type="checkbox"/>		
Mentoring and Tutoring											<input checked="" type="checkbox"/>
Mobile Stabilization Support		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
Educational Workshops	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Support Groups		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Whole Family Enrichment		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	
Other District Agency Supports				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Community Based Domestic Violence Services			<input checked="" type="checkbox"/>								

All needs identified have a service mechanism available. The next section reviews the impact of services including barriers to accessing available services.

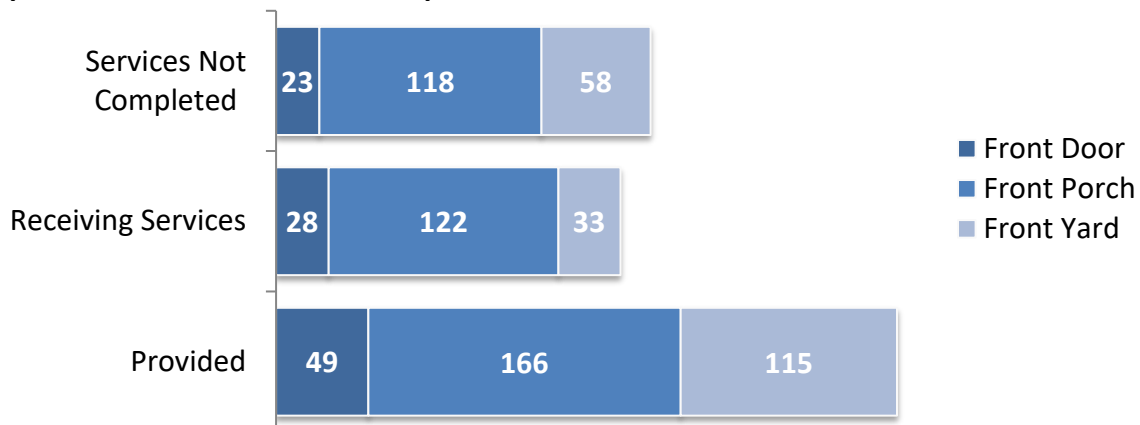
Are the referrals being accepted?

Ninety-two percent of referrals to the Collaboratives are accepted. Twenty-nine referrals (6 percent) were withdrawn. Reasons can include the family declining case management services, the social worker withdrawing the referral application, or the social worker was unable to contact the family. Ten referrals (2 percent) were transferred referrals due to a family or social worker opting for an information and referral linkage, or a family needed to receive a specialty service outside of their Ward of origin.

Are the services being completed?

Almost 30 percent of families did not complete services that were started. Reasons may include: 1) a family withdrawing from services; 2) moving out of the service area; 3) transferring to another program; and finally 4) unresponsive after engagement or requesting services.

30 percent of families did not complete services



Source: Community Partnerships Collaborative Data, October 2017 – May 2018

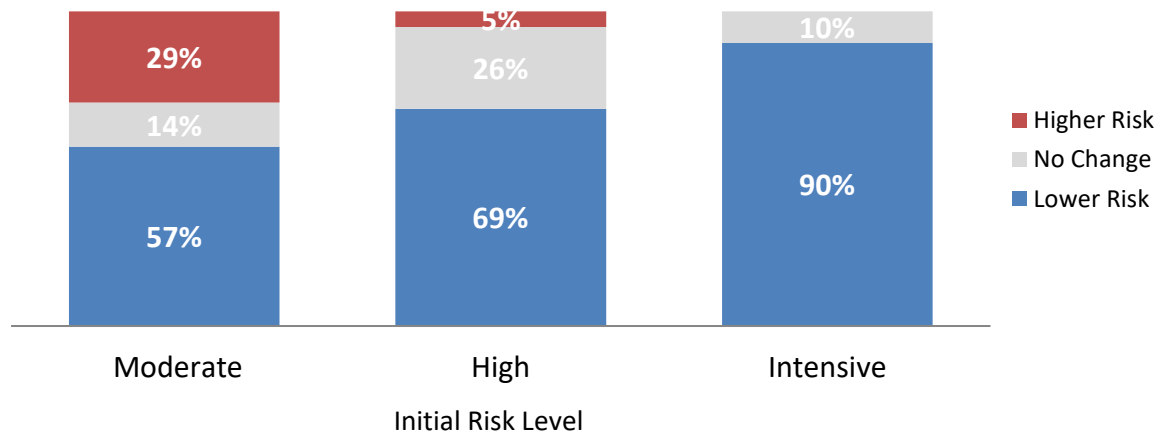
Are the services working? Are risk levels going down?

CFSA's In-Home Administration assigns a Level of Care (LOC) based on case criteria, taking into account the initial CPS assessment of risk as well as the Community Partnerships re-assessed risk levels. Based on these risk levels, the administration assigns both a level of intervention and an estimated time frame for case open length. In some cases, the re-assessed risk level may be higher than the initial risk level, which may in turn require an extension of intervention time frames. In general, the following case open lengths are recommended per the three identified risk levels:

- Intensive: 8-10 months
- Intermediate (High and Moderates): 6 months
- Graduation: (Low-to-No Risk Level): 2-3 months

More than half of cases initially assessed as moderate or higher risk level **showed improvements** at the most recent assessment. For a more detailed view of the initial risk levels compared to the most recent risk level see Appendix.

More than half of cases improved at their most recent assessment



Source: FACES Management Report CMT404 as of September 30, 2017

Is CFSA receiving repeat referrals for families?

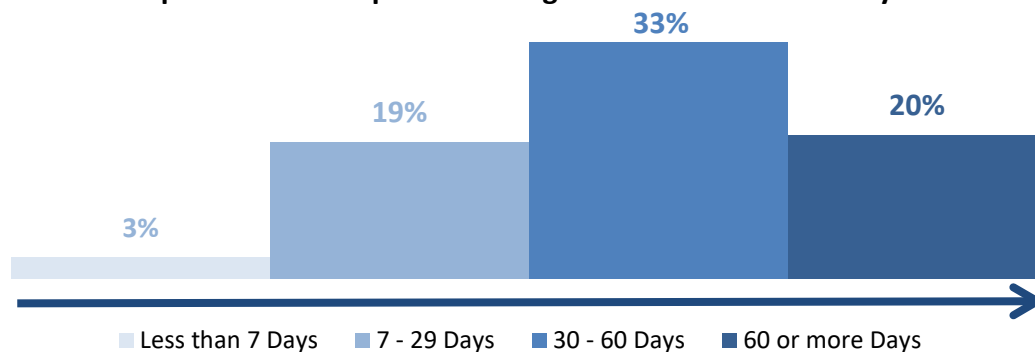
Of families that had a repeat maltreatment call between 2014 and 2018, the majority of families (77 percent) had only one repeat referral for maltreatment. The remaining 23 percent (74 families) had two or more repeat referrals for maltreatment.

Source: FACES management report CMT401

What are the barriers to accessing the services?

Sixty seven percent of child welfare professionals surveyed (151 professionals) indicated that they currently had a client experiencing delays in service. Common themes for delays in services included a **waitlist for therapy, lack of available housing, lack of appointment availability, and lengthy process prior to beginning service.** Additionally, the survey participants identified **mental health provider turnover as a barrier.**

Most child welfare professionals reported average wait times of 30-60 days for services



Source: 2018 Needs Assessment Survey

What do quality service case reviews say about barriers?

In 2017 Quality Service Reviews were completed for 54 in-home cases. For cases that were reviewed via a Quality Service Review for in-home cases and had mental health as an identified need (34 percent of cases reviewed), **one of six birth parents were either on a waitlist due to lack of staff waiting to be connected to a Core Service Agency or the mental health intake is pending.**

The Quality Service Review found that social workers were aware of children/birth parents' mental health needs and connected or were attempting to connect them to appropriate services in most cases. Those parents that declined services or were non-compliant were reported as refusing **1) due to lack of trust in service providers; 2) some lack motivation; and 3) delays in beginning treatment due to waitlist.**

SECTION 2: TEMPORARY SAFE HAVEN

Foster care is a temporary living situation for children who come to CFSA's attention due to imminent safety risk, primarily due to parents or other relatives being unable to provide care for the children. When children do enter foster care, CFSA prioritizes placement with relatives whenever possible. If willing and able relatives are not available, CFSA will place children in a family-based foster home with non-relatives. To a much lesser extent, CFSA may place older youth in group facilities.

Ideally, foster care provides a stable and caring environment for the child while the parents address the reasons for involvement with the child welfare system. The preferred permanency goal for these children is to reunite with the family, and as quickly as possible. When reunification is not possible, CFSA seeks to find a loving, permanent home through adoption or legal guardianship, or to successfully transition youth to adulthood in the case of those with a goal of APPLA.

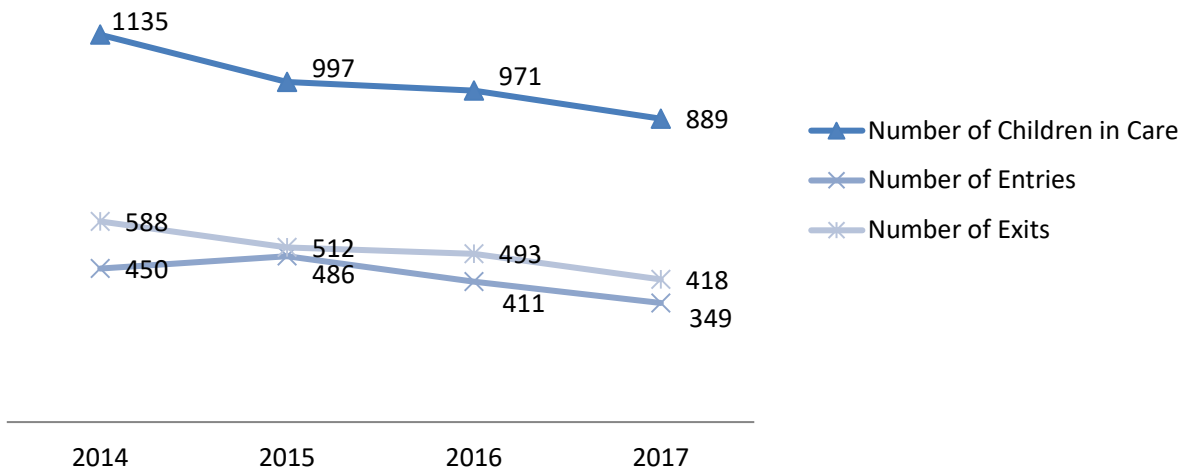


DEMOGRAPHICS AND NUMBER OF CHILDREN SERVED

How many children are being served in Foster Care?

Foster Care Population Trends

The Foster Care population experienced a 22% decline between 2014 and 2017.

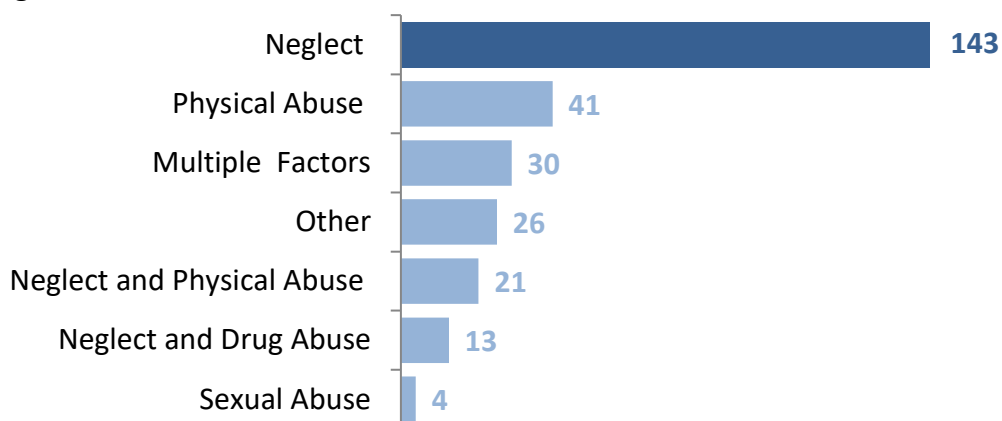


Source: Chapin Hall Multistate Foster Care Data Archive

What are the reasons for entries and re-entries into care?

Fifty-one percent of children were initially removed due to neglect. The top three factors in removal regardless of age were **neglect, physical abuse, and multiple factors** (indicating there was more than one reason for a removal).

Neglect was the most common factor for removals for initial entries in FY2017



Source: BIRST data for Removals in FY2017.

Note: Other includes: Abandonment, Caretaker ILL/ Unable to Cope, Death of Parent(s), Drug Abuse (Parent), Inadequate Housing, Incarceration of Parent(s), Incarceration of Parent(s) and Relinquishment

How many initial and re-entries into foster care come from an in-home case?

One in four entries (25%) into foster care in FY 2017 (initial or re-entry) were from an in-home case

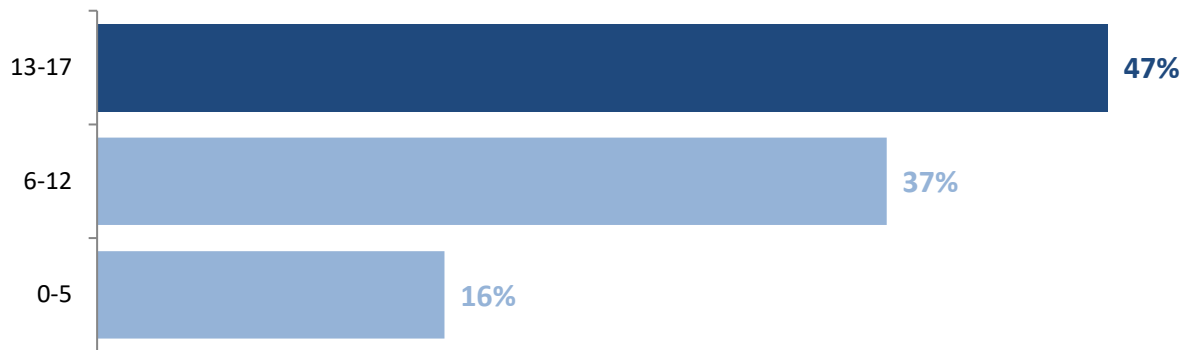
Entry Type	# of Entries	% of Entries
Initial Entries	205	74%
Initial Entries from In Home	73	26%
Total Initial Entries	278	80%
Re-Entries (across child's lifetime)	54	79%
Re-Entries from In Home (across child's lifetime)	14	21%
Total Re-Entries	68	20%
Total Entries	346	100%

Source: BIRST entries and re-entries as of September 30, 2017

Data from BIRST (CFSA's data visualization program) shows **one in five children who entered the foster care system in FY 2017 were re-entering care**. Such re-entries can be caused by a re-removal from a parent or an adoption or guardianship disruption. **Neglect continues to be the most common factor for re-entry into care.**

- For cases that previously exited to **reunification**, the second most common re-entry factor included **multiple reasons** for the removal. Of the cases with multiple reasons, four were due to neglect and drug abuse, another four were due to neglect and physical abuse.
- For cases that had originally achieved **guardianship**, the most common reasons for re-entry included the **guardian being ill or unable to cope, voluntary relinquishment, and the child’s behavioral problems** (54 percent when all reasons are combined).
- **Nearly half of all re-entries** are for **youth aged 13-17**.

Nearly half of re-entries are for children aged 13-17

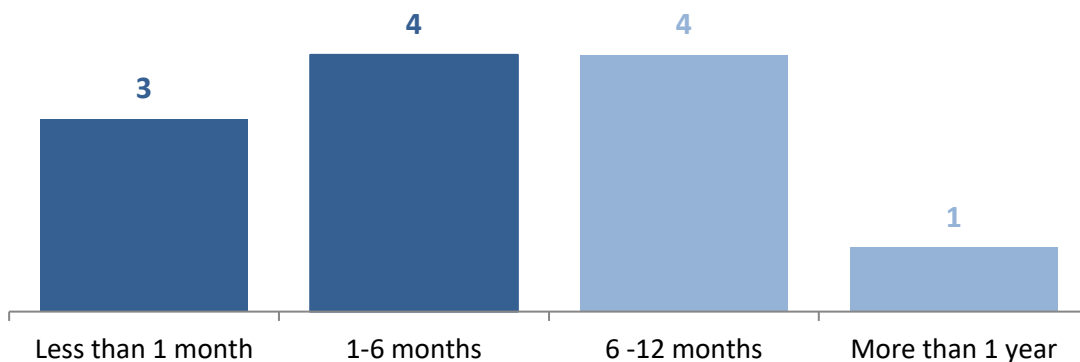


Source: BIRST Entry Data and CMT367 as of September 30, 2017

Re-Entry Analysis

During fiscal year 2018 (through August 2018), there were a total of 63 children who re-entered foster care. **Of these 63 children, a total of 17 children (from 12 families) re-entered care within 12 months of their prior exit.** A review of those cases was completed.

58% were in care for less than 6 months prior to their re-entry



Source: Qualitative review of cases from FACES data

Six re-entries were the result of a CPS allegation. In those cases, **substance use was the most frequently substantiated allegation (50 percent of the cases)**. The remaining six re-entries into care were as a result of revocation of protective supervision.

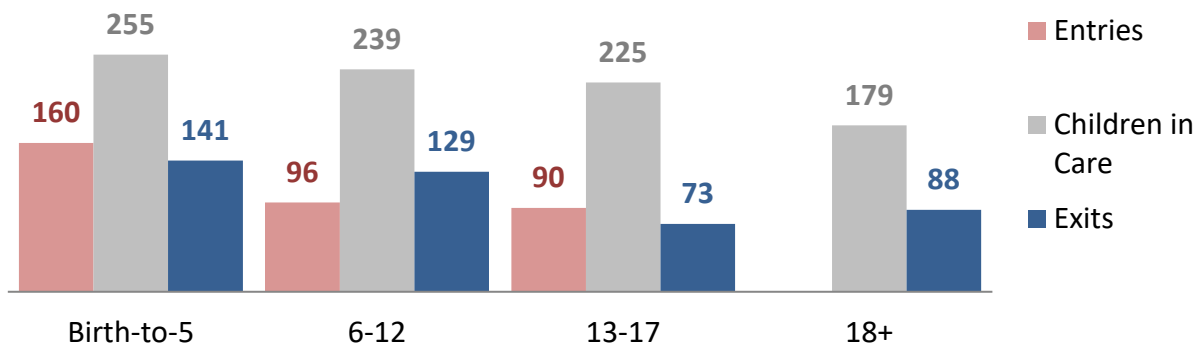
What is the profile of children being served in care?

The following section reviews characteristics of children in foster care.

Ages of Children in Care

The graph below shows for fiscal year 2017, **entries into care from the birth-to-5 age group made up almost half (46 percent) of the children**. The same age group also exited the foster care system more frequently (33 percent), although at a slightly slower rate than they were entering. The numbers of children in foster care under age 18 are generally distributed evenly by age group, even though the youngest children (birth-to-5) represent a slightly larger percentage (28 percent). **Conversely, young adults (18+) represent a slightly smaller percentage (20 percent)**.

Children ages birth to five enter and exit foster care the most frequently



Source: Entries: BIRST entries and re-entries as of September 30, 2017. Exits: FACES management report CMT367 as of September 30, 2017. Number of Children in Care: FACES management report CMT366 on September 30, 2017

Race/Ethnicity and Social Economic Status

African American children accounted for **88 percent of the children** served by CFSA. The remaining 12 percent are comprised of unknown, . Caucasian and Asian children who represented the smallest percent of children in foster care (8 percent, 3 percent and 1 percent respectively). An estimated 10 percent of children were Hispanic/Latino.

Lesbian, Gay, Bi-Sexual, Transgender, Questioning (LGBTQ) Youth

Although CFSA does not formally track youth who self-identify as LGBTQ, the Agency makes a concerted effort to provide the self-identified LGBTQ population with family-based providers who have a solid understanding of the needs of these and all children entering foster care. Survey findings show that child welfare professionals recognized **71 youth who self-identified as LGBTQ**. For a breakdown see Appendix.

Languages Spoken

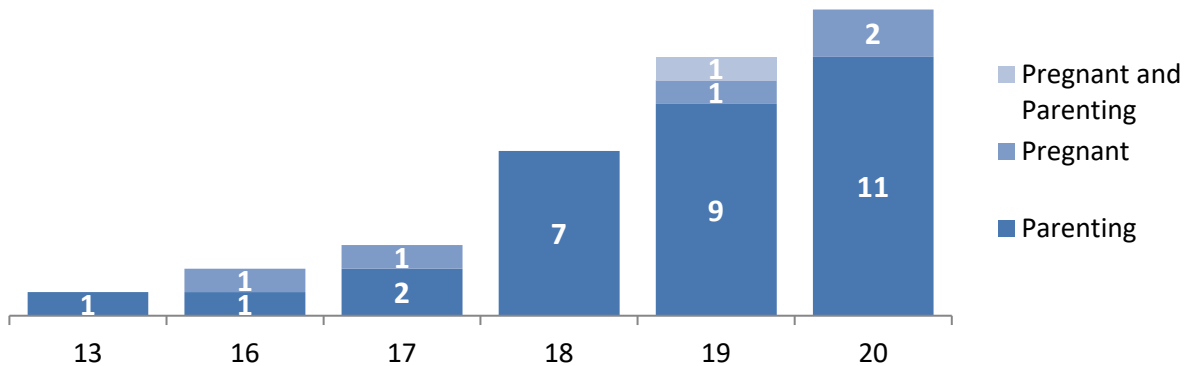
In FY 2017, CFSA identified **38 children whose primary language was other than English**. Of those, **23 (61 percent) were Spanish speaking**.

Source: FACES management report CMT320

Pregnant and Parenting Youth

The graph below shows that as of May 2018, CFSA reported a count of **37 females, ages 13 to 20, who were pregnant or parenting**. Thirty-two youth were already mothers while **19 (59 percent) became a mother after entering care**. There are 40 children total across the 37 pregnant and parenting youth.

Most pregnant and parenting teens in foster care are 18 or over

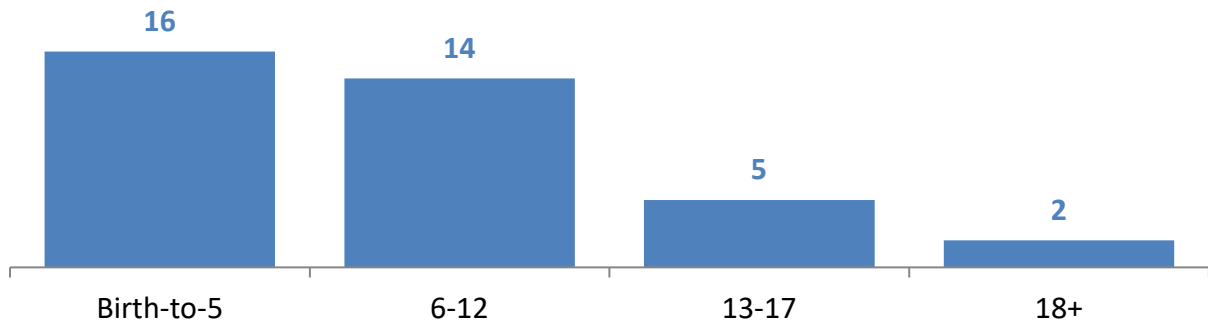


Source: Office of Youth Empowerment Monthly Report: May 2018

Children Diagnosed as Medically Fragile

CFSA's Healthy Horizons Assessment Center (HHAC) defines "medically fragile" as a chronic physical condition that results in a prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary. In FY 2018, HHAC identified a total of **37 youth as medically fragile**. For a more detailed definition of medically fragile, see Appendix.

Eight out of ten medically fragile youth are under age 12



Source: Healthy Horizons Assessment Center database

Sex Trafficking

In FY 2018 to April 11, 2018, **nine substantiated CPS allegations sex trafficking** (primarily sexual exploitation of a child by a non-caregiver). Additionally, during the FY17 Quarter 1, **32 children in foster care were identified as being at risk** of sex trafficking.

Siblings in Foster Care

The table below shows that a little over half (52 percent) of the children in foster care (460 children) had at least one sibling also in foster care. This represented 170 families; the size of the sibling groups ranges from 2 children to 7 children in a family. The majority of families have two children in care (57 percent). **Forty-six percent of children in foster care reside with all of their siblings.** Of the 460 children in care placed with at least one sibling, 52 percent are placed in traditional foster homes, followed by kinship homes (27 percent). See Appendix for details on placement types of siblings in care.

Forty-six percent of children reside with all of their siblings in foster care

# of Children in sibling set	1 Provider	2 Providers	3 Providers	4 Providers	5 Providers	6 Providers	# of Families
2	59	38	-	-	-	-	97 (57%)
3	16	17	10	-	-	-	43 (25%)
4	3	10	6	1	-	-	20 (12%)
5	0	1	2	2	0	-	5 (3%)
6	0	0	0	1	1	1	3 (2%)
7	0	0	1	0	1	0	2 (1%)
# of Families	78 (46%)	66 (39%)	19 (11%)	4 (2%)	2 (1%)	1 (1%)	170

Source: FACES Management Report PLC010 December 31, 2017

Siblings who are not placed together may be placed separately as a result of many factors. Examples include:

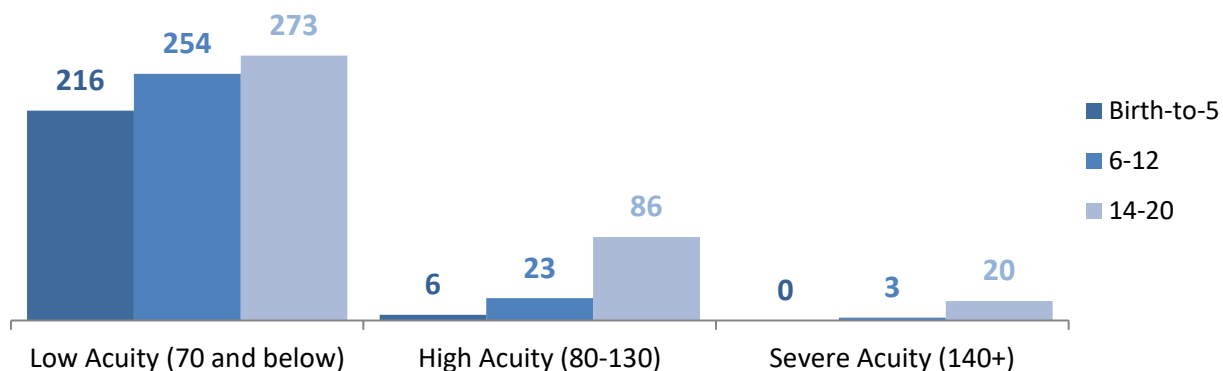
- children coming into care at separate times (provider may not be able to provide care for all siblings but continues to be the best placement for the first placed sibling),
- kinship providers who are unable to care for all siblings,
- kinship providers who may not be related to all siblings
- youth’s level of needs may necessitate one sibling in different placement
- It may not be clinically appropriate for siblings to be placed together

How Are Children in Foster Care Functioning?

The Child and Adolescent Functional Assessment Scale (CAFAS)[®] assesses a child and youth’s day-to-day functioning every three months across critical life subscales, determining whether functioning improves over time. The Pre-school and Early Childhood Functional Assessment Scale (PECFAS)[®] is the pre-school version of the CAFAS. Fidelity within the scoring of the CAFAS/PECFAS is ensured through an in-depth training module that requires individuals to complete an assessment with a passing score. Individuals are required to attend a refresher session every two years.

The majority of assessments (child’s most recent assessment reported) resulted in an overall score of low acuity in both FY 2017 (84 percent). It should be noted that there is a large percentage of missing data which impacts the percentage rates (information on completion rates can be found in the Appendix).

Most children (84 percent) score in the low acuity range



Source: BIRST CAFAS/PECFAS data as of September 30, 2017

Resource Parent Profiles

CFSA, the National Center for Children and Families (NCCF) and the Latin American Youth Center (LAYC)¹¹ maintain an on-going list of available foster homes with bed capacity. CFSA uses the available information to make the best placements for children. For entries into foster care, CFSA concurrently explores kinship placements. This is the case whether kin live in Maryland, DC, or elsewhere, and as the case progresses, if kin are not available initially. When CFSA has been unable to locate willing and able kin, the Agency's Placement Services Administration (PSA) will pursue an appropriate foster home.

What are the profiles of CFSA resource parents?

The following information reviews the demographics of CFSA-licensed resource parents. **There are limitations to the data in the following sections as there is a need to establish parallel data collection and reporting systems among CFSA and family-based contracted agencies** in order to view and report the characteristics of available resource parents across the agency.

In June 2018, the pool of foster and adoptive homes in the District consisted of 65 percent (165) traditional foster homes, 22 percent (56) kinship homes, and 13 percent (32) adoptive-only homes. Combined, the Agency **had 253 homes with a bed capacity of 384**. The current demographics of the pool of resource parents closely mirror the demographics of children in foster care. For example, in June, 2018 **African American/Black resource parents represented 81 percent of the resource parents**. See Appendix for more detail on demographics of resource parents.

Seven resource parent homes in the District are Spanish speaking

Language	# of Homes
Amharic	1
English & Other	1
Spanish	1
English & Spanish	6
English	244
Total	253

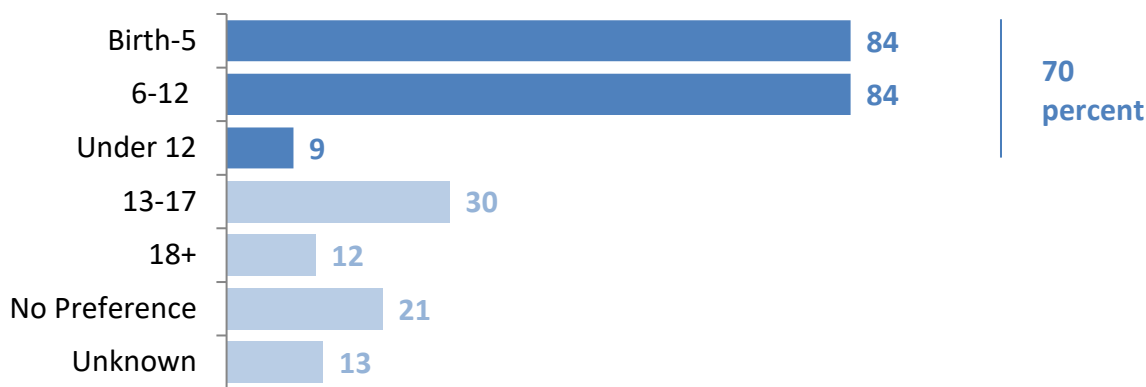
Source: Family Resource Division, Resource Parent Support Unit, Resource Parent Data as of June 2018

¹¹ NCCF was awarded CFSA's request of proposals during TSHR and is now the Agency's sole Maryland provider. As described under footnote 33, LAYC continues its contract, serving the Spanish-speaking CFSA population.

What are the preferences of CFSA Resource Parents?

Resource parents responding to the Agency’s question regarding child preferences, **70 percent of resource parents prefer a child 12 and under**, while **17 percent prefer a child 13 and older**. Thirteen percent either have no preference or their preference was unknown.

Seven out of ten Resource Parents prefer a child under the age of 12



Source: Family Resource Division, Resource parent Support Unit, Resource Parent Data as of June, 2018

As of June 2018, there were 253 available CFSA licensed resource parents. Of those resource parents, only **52 affirmatively are open for a LGBTQ youth to reside in their home (21 percent)**. This data is self-reported to the Resource parent Support Unit as of June, 2018.

Location of All Resource Providers

As of September 30, 2017, there were 898 children placed in foster care across a total of 552 contracted and non-contracted providers. Overall, 46 percent of resource providers reside in the District of Columbia compared to 54 percent residing outside of the District (i.e., Maryland and Virginia). See Appendix for more detail.

Collectively more providers are located outside of the District (in Maryland), and therefore more foster youth are placed outside of the District (in Maryland).

Within the District, the number of DC providers by Ward mirrors the Wards with the highest numbers of children entering both in-home and out-of-home care

Ward	# of DC Providers	% of DC Providers
Ward 8	63	26%
Ward 7	61	25%
Ward 5	44	18%
Ward 4	29	12%
Ward 6	22	9%

Ward	# of DC Providers	% of DC Providers
Ward 1	15	6%
Ward 3	6	3%
Total	240	100%

Source: FACES Management Report PLC010, September 30, 2017 - Four provider locations unable to be mapped due to data entry errors



PLACEMENT ARRAY AND SERVICES

Do we have the right placement array (quality and quantity) to match the needs of the children and youth in foster care?

Available Capacities and Unavailability of Foster Homes

A total of 41 homes were licensed during FY 2018 Quarter 1; with 14 child-specific beds and with a useable capacity of 41 beds for other District children in care.

CFSA added 41 newly licensed homes as of the first quarter of FY 2018

Home Type	Homes	Beds
Traditional/Adopt	31	39
Adopt-Only	2	2
OTI ¹²	1	3
Kinship	7	11
Total	41	55

A total of 27 homes were closed during FY 2018 Quarter 1. See Table below for details on reasons for closure. At present, CFSA is not able to provide information regarding why prospective resource parents drop out of the process prior to licensure.

¹² The OTI number listed includes only the homes that were fully licensed, not those which were approved for an unpaid placement of a child with a relative.

Most CFSA licensed homes closed due to personal reasons as of the first quarter of FY 2018

Home Type	Guardian-ship	Adoption	Closed for Cause ¹³	Closed by Agency ¹⁴	Opted Out ¹⁵	Total
Traditional/Adopt	0	1	0	4	8	13
Adopt-Only	0	1	0	0	2	3
OTI	1	1	0	0	0	2
Kinship	5	1	0	3	0	9
Total	6	4	0	7	10	27

Source: Licensing Unit manual database

A kinship home is child specific. When the child is no longer in the home, the home is closed for placement purposes. These homes were counted under the Closed by the Agency column.

Placement Utilization: Family-Based and Congregate Care

PSA's FY 2019 *Projection for Utilization* recommended a utilization of 947 placements – 812 family-based and 134 congregate care and other settings. The FY 2019 budgeted capacity was based on the utilization-to-capacity ratio, the demographics of the client entries and exits, projected number of youth aging out, and other significant placement issues.

The majority of placements are in family-based care

Placement Type	FY17 Utilization (monthly avg. as of 4/30)	FY18 Budgeted Capacity	FY18 Utilization (monthly avg. as of 6/30)
FAMILY-BASED CARE			
Kinship	198	260	192
Traditional/Pre-Adoptive	169	200	206
CFSA Sub-Total	367	460	398
Traditional	215	250	262
Therapeutic	147	170	16
Specialized (DD/MF)	34	30	0
Teen Parents	12	18	6
Contracted Sub-Total	408	468	284
CONGREGATE CARE			
Emergency/Diagnostic 13 & Older	2	3	2
Group Home – Traditional	23	21	30

¹³ Closed for Cause = due to allegations.

¹⁴ Closed by Agency = kinship placement ended, licensing non-compliance or clinical reasons.

¹⁵ Opted Out = foster parent discontinued for personal reasons.

Placement Type	FY17 Utilization (monthly avg. as of 4/30)	FY18 Budgeted Capacity	FY18 Utilization (monthly avg. as of 6/30)
Group Home – Therapeutic	6	10	6
Group Home – DDS	1	10	2
Group Home – Teen Parent	19	21	16
ILP Residential (18-21)	10	15	2
ILP Main (16-21)	1	16	6
Teen Bridge/Transitional Living	20	26	17
Residential Treatment	15	4	15
Refugee	23	18	18
Congregate Sub-Total	119	144	114
Other ¹⁶	59	62	55
Grand Total	953	1072	851

Source: Placement Services Unit Utilization Projections

What Kind of Non-Traditional Placement Types Does CFSA Have Available?

STAR & Interval Homes -- 6 Homes/7 Beds

Provides immediate placement in a licensed foster home to a child entering foster care or needing an unplanned replacement in a different foster care setting. The goal is to provide stabilization services and intervention to the foster child while a more permanent/appropriate placement setting is secured. The STAR placement is intended to last for no more than 10 days but can last up to 30 days. Interval Homes provide a short term placement (no more than 72 hours) while the agency is assessing Kin or another long term placement.

Emergency Shelter (Sasha Bruce Youthwork) – 1 Home/3 Beds

Provides immediate placement in a licensed group home setting to a youth ages 13-18 needing an unplanned replacement in a different foster care setting. The goal is to provide stabilization services and intervention to the foster child while a more permanent/appropriate placement setting is secured. The Sasha Bruce placement is intended to last for no more than 10 days but can last to 30 days.

Special Opportunities for Youth (SOY) Homes – 12 Homes/22 beds

Provides a planned placement in a specially trained foster home for CFSA youth ages 11-20, who need a higher level of support for challenging needs. The SOY foster homes have been

¹⁶ These youth are not counted in the FY 2018 budgeted capacity as they have a placement to return to when they leave the "Other" setting (e.g., abscondence, hospital, college, detention facility).

shown to stabilize youth with higher needs for placement. FY 2017 to Q1 of FY2018, SOY resource parents had 23 placements. Out of the 23 youth placed in SOY during this period:

- 16 youth were still in their SOY placement FY 2018 Q1
- 1 of the youth was incarcerated
- 2 of the youth required a higher placement (were pending residential)
- 4 of the youth were placed as respite

Out of the 16 children still in the SOY placement as of FY 2018 Q1:

- 3 of youth’s first placements
- 13 remaining youth had a combined 198 placements prior to being in a SOY home.

Are placements meeting the needs of our clients?

Foster Care Placements

On the last day of Q1 in FY 2018 (December 31, 2017), the number of children in foster care (882) had an overall median of **two placements**. When factoring in age, children ages birth-to-12 had an average of two placements. Older children (age 13-17) experienced twice as many placements than younger children (four placements). Young adults (18+) experienced an average of eight placements, four times more than children ages birth-to-12.

Children who were in **foster homes on the last day of FY 2018 Q1 had experienced the fewest number of placements regardless of age**. It is important to note that because this is point-in-time data, children in group settings and in other settings may have also experienced foster home placements and the placements were disrupted or changed.

Median Number of Placements Rises with Age

Age Group	# of Placements
Birth-to-5	2
6-12	2
13-17	4
18+	8
All Ages	2

Source: FACES Management Report CMT366 and PLC010 as of December 31, 2017

Children placed in foster homes had more placement stability than children in other settings

Setting	Age	Median # of Placements	# of Children	% of Children
Foster Homes	Birth-to-5	2	255	29%
	6-12	2	223	25%
	13-17	3	151	17%
	18+	6	100	11%
Group Settings	Birth-to-5	--	--	--
	6-12	11	3	<1%
	13-17	7	43	5%
	18+	8	53	6%
Other Settings	Birth-to-5	--	7	1%
	6-12	3	4	<1 %
	13-17	6	20	2%
	18+	12	23	3 %

Source: FACES Management Report CMT366 and PLC010 as of December 31, 2017

Out of all placement types, **children in kinship placements on December 31, 2017 experienced the most placement stability regardless of their age (2 median placements)**. This is notable for older youth who typically have higher placement moves than younger children in care. For a full list of placement stability by placement types see Appendix.

Placement Array's Ability to Meet the Needs

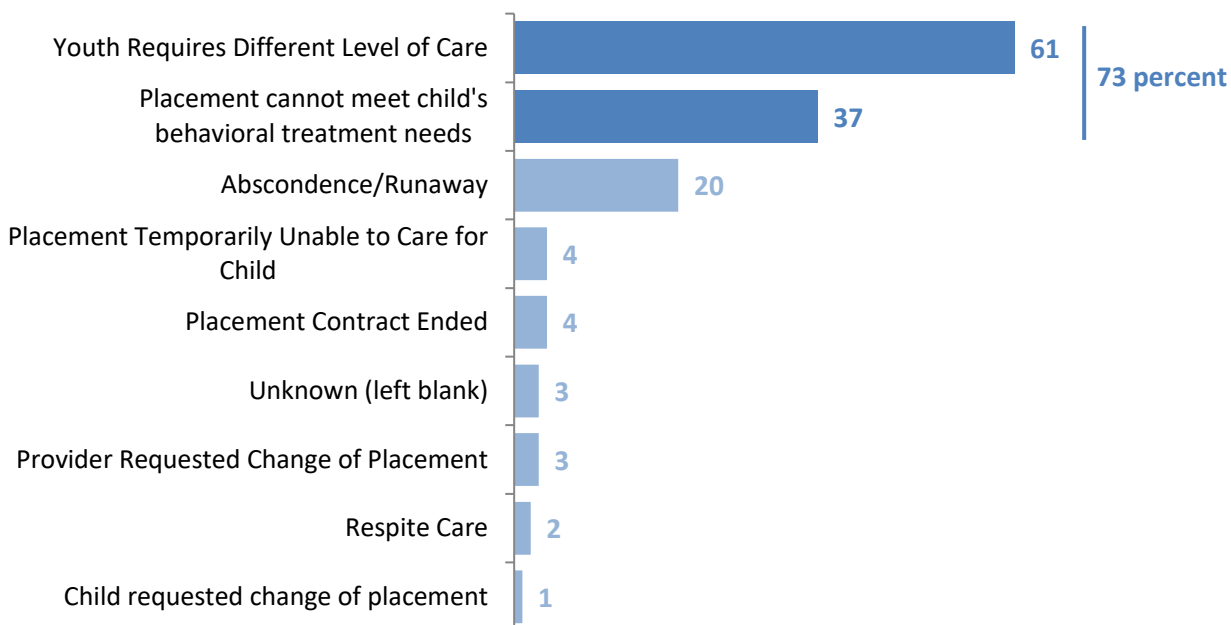
Are Placements Appropriate?

Sixty percent of professionals responded that their agency **usually-to-always settles for a less than ideal placement**. Respondents identified a general lack of resources along with systemic issues as the cause for this. For a full list of barriers reported see Appendix. Eleven of the eighteen youth survey respondents (61 percent) indicated agreement with CFSA keeping youth in a placement even when they are having difficulty.

Regarding types of placements that were needed respondents highlighted **placements for higher level needs, homes skilled with teens with mental/emotionally challenging behaviors, LGBTQ friendly homes, and more homes for youth who are medically fragile or have a medical disability**. For a full list of placement array needs see Appendix.

From January - May 2018, 82 youth from CFSA and private agencies experienced a placement disruption. Combined, these youth experienced 135 disruptions. Of these disruptions, 45 percent of disruptions were due to the youth requiring a different level of care. Abscondence only represented 15% (20 out of 135) all disruption reasons from January – May 2018 which suggests that the **most prominent reason for disruptions is resource parent misalignment** versus runaway episodes.

Seventy-three percent of disruptions are related to a youth requiring a different level of care or a placement being unable to meet a child’s needs



Source: Manual placement disruption data, January – May 2018, CMT407 (pull date: July 1, 2018)

Additionally, a qualitative review was completed on children who had three or more disruptions during March 1, 2017 through February 28, 2018. Fourteen children qualified for this review. **The analysis found that resource parents who were unable to meet their mental health needs were linked to placement disruptions.** Thirteen of the fourteen children had a mental health diagnosis, and the most frequent reason that the disruption occurred was because the provider could not meet the child’s mental and behavioral health needs.

What services are currently available to support resource parents?



Case Management

A process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client.



Respite Services and Support Groups

The Mockingbird Family Model (MFM) and Family Connections Program are two resource parent support models serving 4-to-20 District clusters (“satellite resource homes”), based on the extended family concept where a “Hub” family (or “Cluster Lead” in the Family Connections program). These provide resource parents peer support services within the cluster, including scheduled and unscheduled respite care. The MFM and Family Connections programs also feature a combined formal support group for Hub and Cluster Lead parents. This network of supportive adults minimizes placement disruptions and enhances the overall experience of resource parents, which increases retention rates.



Healthy Horizons: Medical Support

CFSA has nurse care managers to case manage children in foster care with medical needs according to the referrals submitted by social workers. Social workers can submit a nurse referral at any time throughout the life of a case including at point of case closure.



Mobile Stabilization Support

Stabilization services prevent placement disruptions of children in foster homes and provide placement stability services at the beginning of a placement. The MSS team rapidly responds, effectively screens, and provides intervention to birth and resource families who are experiencing a crisis. The team also identifies services and alternatives that will minimize distress, and provide stabilization for the family and the community.



Resource Parent Support Workers

Resource Parent Support Workers (RPSW) are staff who are available to provide weekly support to resource parents to help them navigate within CFSA and to troubleshoot youth placement issues or concerns.



Resource Parent Support Line

The Resource Parent Support Line is an phone line resource parents can use when issues in the home have escalated and the parents need assistance in resolving the issues at hand.



Older Youth Enrichment Bootcamp for Youth Unable to Attend School

On May 1, 2018, OYE launched an Enrichment Bootcamp, a day program to serve CFSA youth in care from grade 6 (at age 12) to youth who have reached age 20 and are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change.



Child Care Vouchers and Subsidies

Child care vouchers (full cost) and subsidies (pre-determined rate) are available to help eligible families pay for child care. Child care vouchers are provided by the Office of the State Superintendent for Education, while child care subsidies are administered through CFSA.



Office of the Ombudsman

CFSA has established an internal Office of the Ombudsman in order to ensure the public has a point of contact within CFSA to communicate concerns directly to the Agency. The Ombudsman is responsible for responding to, investigating and resolving concerns, complaints, inquiries, and suggestions from CFSA constituents.



Child Welfare Training Academy

The Child Welfare Training Academy (CWTA) at the Child and Family Services Agency (CFSA) provides the District of Columbia's resource parents with the knowledge, skills, support, and coaching that effectively promote the safety, permanence, and well-being of children and families in the District of Columbia. This is provided through pre-service and in-service training that works to keep resource parents informed to effectively carry out their role as a trauma-informed caregiver for DC's children in foster care.

What are barriers to appropriate placements?

Fifty-three percent of Child Welfare professionals indicated that the correct supports are not in place to maintain stability. Respondents indicated that such services are not always adequate and may lack quality or availability.

Child welfare professionals indicated the **main reason for placement disruption is a child's behavior, regardless of the child's age**. This is indicative of a need to address the adult's capacity to manage and support the child's expressed behaviors as a result of trauma or other factors. Youth reported reasons for youth abscondence included **problems with the placement provider's rules, wanting to be with birth family, issues with caregivers, and depressing environments in group homes**. One youth indicated feeling bullied in the group home and not feeling safe.

When asked why youth abscond from placement, resource providers offered these reasons: **(1) fear of new environment, (2) resource parents' distrust of youth, (3) youth's disrespect for the caregiver, (4) a youth's dislike of house rules, and (5) a youth's mental health challenges**. These reasons are similar to youth and child welfare professionals' responses to the same question. For more information on other barriers identified and reasons youth run away, see Appendix.

Regarding barriers to resource parents accessing services for the children in their care, 22 of the 29 respondents reported that the top three barriers included **(1) the lack of available services, (2) geographic barriers, and (3) service overload**. Child welfare professionals and youth also identified **geographic and service overload barriers**. Birth parents and youth identified a lack of finances as a barrier, i.e., the inability to pay for services or to pay for transportation to get to a service provider.

Resource parents report lack of supports as primary barrier to placement stability

<ul style="list-style-type: none"> Resource parents are not trained/equipped to manage medical and behavioral challenges of youth (e.g., need hands on training) 	<ul style="list-style-type: none"> SSI/SSDI¹⁷ are not in place prior to exiting case and not addressed in after care planning
<ul style="list-style-type: none"> Support, including stabilization meetings, are reactive and occur after a crisis – must occur before placement distress 	<ul style="list-style-type: none"> Resource parents need more respite and counseling services (including for pre-adoptive parents)
<ul style="list-style-type: none"> Lack of timely services 	<ul style="list-style-type: none"> Social workers are not available 24/7 for support after hours or on weekends
<ul style="list-style-type: none"> Lack of quality services 	<ul style="list-style-type: none"> Lack of engagement with birth parents
<ul style="list-style-type: none"> Mental Health provider turnover 	<ul style="list-style-type: none"> Resource Parents report not having sufficient information to care for the child

Source: 2018 Needs Assessment Survey

What services are needed to improve placement stability?

Professionals' perceptions of better equipping resource parents included **conflict resolution training, services being poor quality or not timely, and after hours assistance needed when the home is in distress.**

Youth indicated issues around social workers mediating issues between youth and caregivers. Two youth indicated that some social workers try to do “too much” to maintain a placement, despite it not being a good fit or being challenging from the start. One youth also indicated that **ongoing placement check-ups are imperative to preventing disruptions.** Resource Parents reported that by the time a **disruption staffing or meeting needs to occur, it's generally too late** for its stated purpose to be effective. Like child welfare professionals and youth mentioned, regular “check-ups” need to occur to prevent placement disruptions.

Seventy-two percent of resource parents felt adequately trained but reported nothing could fully prepare anyone for the fostering experience. **Participants reported trainings need to be more therapeutic and offer more in-depth clinical support to problem-solve and help the resource parent develop new skills.** One resource parent suggested that more “hands-on” courses are needed, and that the training classes seemed more geared towards CFSA professionals than providers.

Both survey and focus group respondents indicated that a **support network** is necessary for them to adequately manage children diagnosed with autism, mental challenges, physical disabilities, and in some cases aggression.

¹⁷ Supplemental Security Income and Social Security Disability Insurance, respectively

SECTION 3: WELL BEING

CFSA's Office of Well Being (OWB) provides clinical supports and a service array that aligns with the health, wellness, educational, and other needs of children and families involved in the District's child welfare system. OWB further ensures effective teaming with social workers to complete screening tools and functional assessments for children and families, and to provide effective, timely delivery of appropriate services and supports.



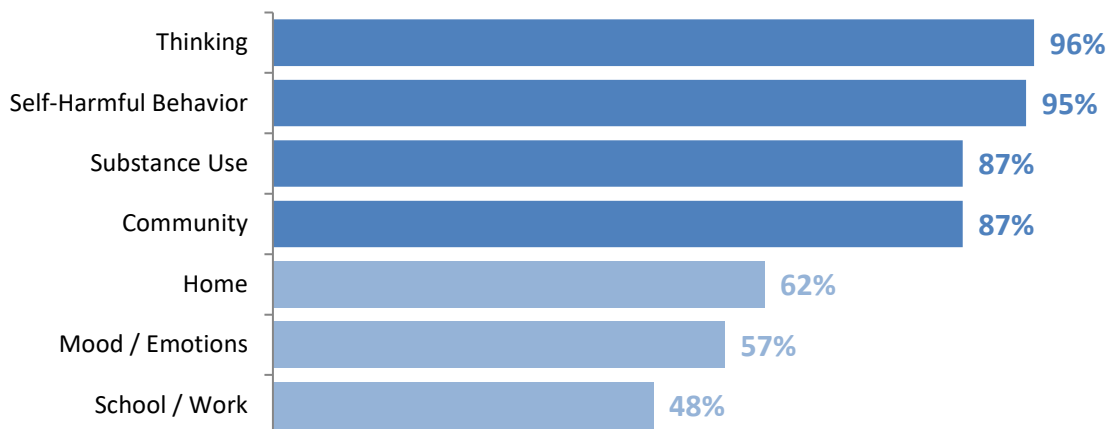
DEMOGRAPHICS AND PROFILE OF CHILDREN'S WELL BEING

How are the children in foster care functioning?

As noted in the Temporary Safe Haven section, the Child and Adolescent Functional Assessment Scale (CAFAS)[®] is used by social workers to assess a child and youth's day-to-day functioning every three months across critical life subscales, determining whether functioning improves over time. The Pre-school and Early Childhood Functional Assessment Scale (PECFAS)[®] is the pre-school version of the CAFAS. As mentioned in the Temporary Safe Haven section, the **majority of youth (84 percent) score in the low acuity range**, meaning they are functioning well. The score is determined by scoring on individual domains. The **highest risk scores were for school/work, mood/emotions, and home** in FY18 Q1.

Most CAFAS domains scored overwhelmingly no risk

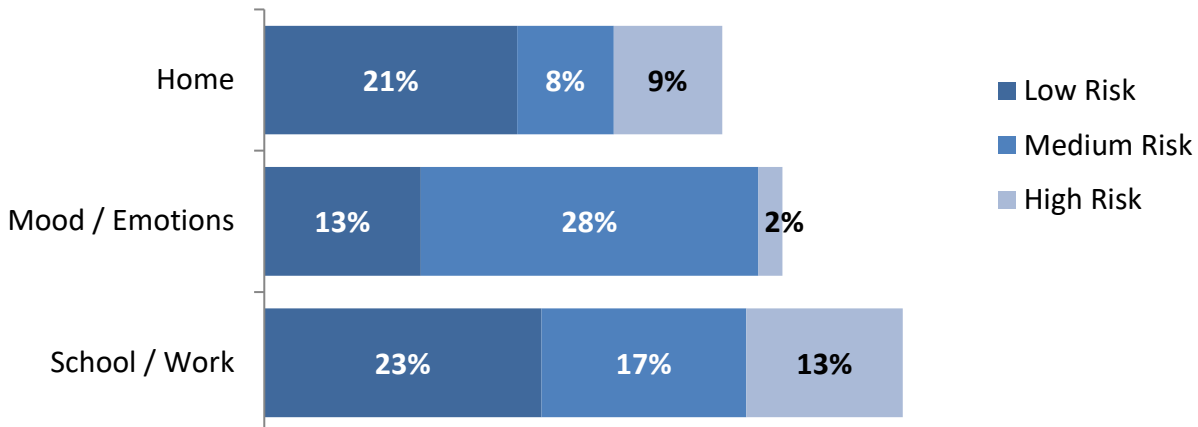
9 out of 10 scores for Thinking, Self-Harmful Behavior, Substance Use, and Community were scored no risk



Source: Special FACES Report of CAFAS/PECFAS domain results October 2016-January 2018

Thirty percent of scores were medium or high risk on mood/emotions and school/work. More children scored high risk for school/work between the two.

Three out of 10 scores were above low risk on mood/emotions and school/work
More children scored high risk on school/work

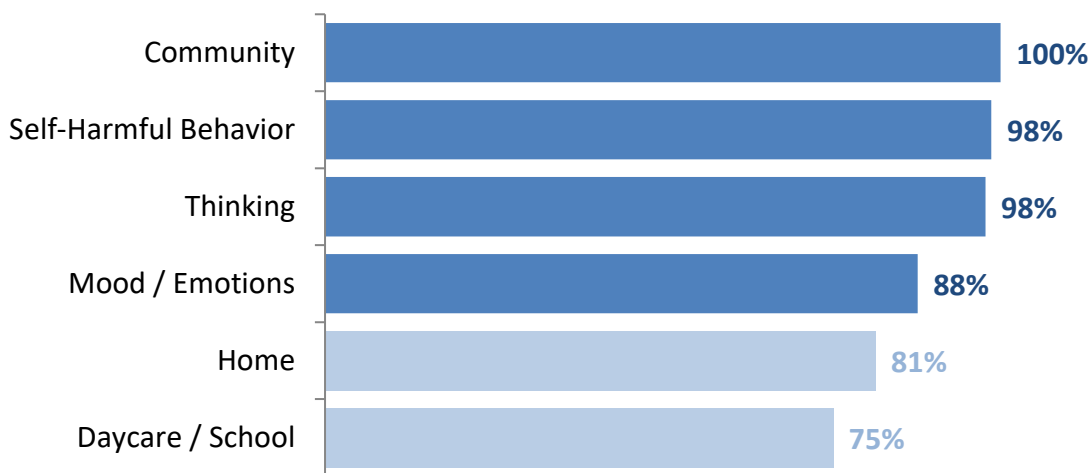


Source: Special FACES Report of CAFAS/PECFAS domain results October 2016-January 2018

How do younger children (birth to 5 years old) fare functionally?

The vast majority of scores were no risk on the PECFAS scale. The individual domains that scored at the highest risk were (1) daycare/school, (2) mood/emotions, and (3) home which mirrors those that were elevated on the CAFAS.

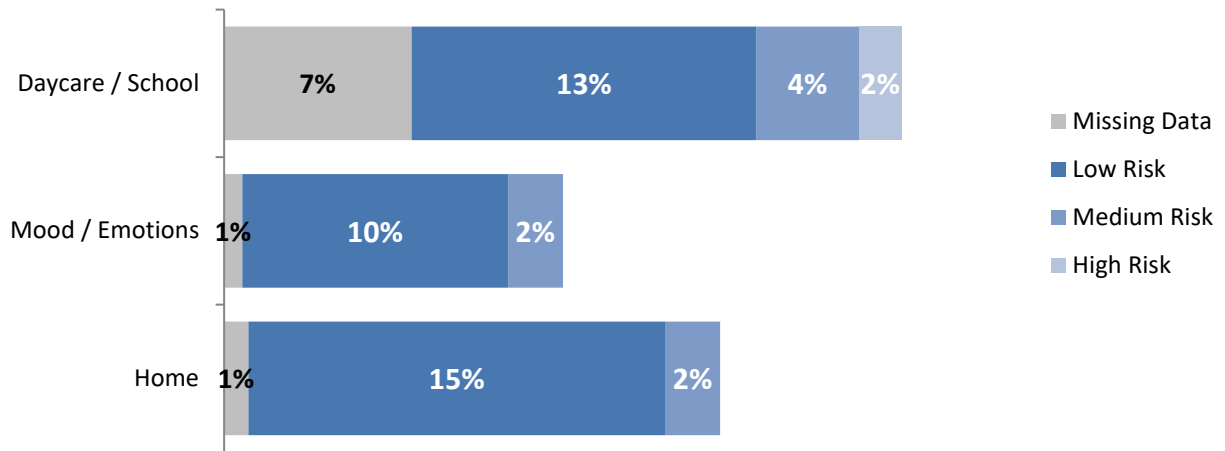
At least 9 out of 10 scored no risk on all domains except home and daycare/school



Source: Special FACES Report of CAFAS/PECFAS domain results October 2016-January 2018

For those that did score a risk level, low risk was the most common score. Medium and high risk was slightly more prevalent on the daycare/school domain.

Low risk was the most common score for those PECFAS scores with a risk level



Source: Special FACES Report of CAFAS/PECFAS domain results October 2016-January 2018

What services are currently available to support the well being of children and families involved in the foster care system?



Education Specialist Consultation (Pre-K through College)

The Education Units within Office of Well Being and the Office of Youth Empowerment are essential teams that provide educational and post-secondary educational services beginning in pre-k through college graduation.



School Transportation

CFSA will provide time-limited transportation assistance in certain scenarios for school stability.



Mentoring and Tutoring

Provide mentoring and tutoring services by contracted service providers.



Educational Training Vouchers

The Education and Training Voucher (ETV) is an annual federal grant provided to states to fund youth who have aged out of the foster care system and who are enrolled in college, university and vocational training programs. They must enroll before their 21st birthday and may continue to receive support until age 23. Funds may be used for tuition, dorm fees, books, student loan repayments and qualified living expenses.



Older Youth Enrichment Bootcamp for Youth Unable to Attend School

The Office of Youth Empowerment launched an Enrichment Bootcamp, a day program to serve CFSA youth in care from grade 6 (at age 12) to youth who have reached age 20 and are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change.



Career Pathways Unit

The Career Pathways Unit is responsible for identifying older youth who are not on track to attend a college or university and provide them with opportunities to obtain certification or experience in a designated field with the intent that they will transition into a full-time

career. Employment services and vocational supports are provided and are an essential part of preparing youth for a self-sustaining income before, during, and after their transition from foster care.

Youth Financial Management



CFSA partners with Capital Area Asset Builders, who manages the Making Money Grow financial literacy program and is on-site four days a week to enroll and monitor youth participants in the matched savings program. Youth ages 15- 20 are eligible and the on-site representative engages with them in managing finances, understanding the importance of credit, and building assets in a fashion that best matches their learning style. Individual plans are developed that include both short-term and long-term financial goals.

Youth Transition Planning



Planning begins at age 14 for youth and continues every 6 months until the youth reaches permanency or age 20. When a youth reaches age 20, the youth's transition planning team begins to meet every 90 days (or more frequently if needed) until the youth reaches age 21.

Physical Health Support



CFSA has nurse care managers to case manage children in foster care with medical needs according to the referrals submitted by social workers. Social workers can submit a nurse referral at any time throughout the life of a case including at point of case closure.

Mental Health Support



CFSA utilizes the Departments of Behavioral Health city-wide provider agencies for children, youth and adults mental and behavioral health services.

Substance Use Services



CFSA collaborates with the Department of Behavioral Health (DBH) to serve adults and youth (ages 12-20) who are impacted by substance use. The Substance Use Program Specialist in the Office of Well Being (CFSA) receives referrals from Social Workers and works to engage the referred clients to participate in a substance use assessment. Levels of care for treatment range from detox, outpatient, intensive outpatient and various levels of residential treatment. Treatment outcomes are monitored by the Substance Use Program Specialist at CFSA.

Generations Unit/Parenting Teens Program



The Generations Unit, a specialized unit within the case carrying team, provides extra support and guidance to pregnant and parenting youth in care (both mothers and fathers) so they can achieve their personal transition goals while balancing the responsibilities of parenthood. The unit was developed to meet the specialized needs of this population and specific community partnerships have been formed.

How are children faring at school?

School Stability and School Transportation

Information regarding school stability is tracked by academic year. Of the 94 school age youth who entered care during the 2016-2017 school year, **9 out of 10 children (90 percent) remained in their school of origin subsequent to their removal and entry to care.** For the timing of school changes for the 10 youth who changed school, see Appendix.

In regards to stability in education and placement, nine of the eighteen survey respondents (50 percent) indicated “no” to being maintained in the same school post removal. **Focus group**

youth stated having to move schools due to placement and education issues alike. It should be noted that education stability by the Office of Well-Being is tracked only for the school year of the child’s entry in care. This accounts for the discrepancy between youth self-reporting and the Office of Well Being tracking.

In FY2017, there were 230 requests for school stability transportation for children who were removed and entered foster care. Of that total, **157 (68 percent) children received the requested transportation.** School stability transportation was provided for an average of 169 days. **For those who did not receive transportation, the majority (34 percent) were approved for special education transportation by OSSE.** For a full list of the status of those not approved, see Appendix.

Academic Performance

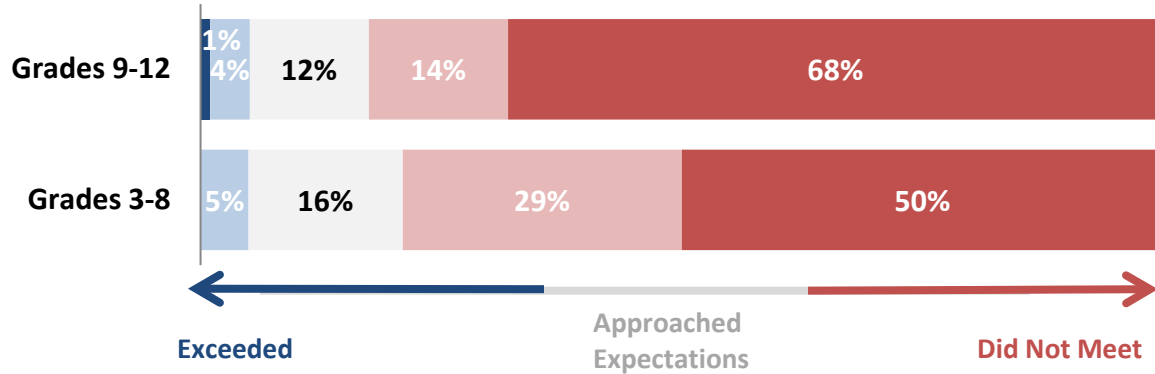
CFSA negotiated agreements with the Office of the State Superintendent (OSSE) and Prince George’s County Public Schools (PGPCS) to access the standardized test scores of all District foster youth attending DC Public Schools (DCPS), Public Charter Schools (DCPCS) and PGPCS who are required to take standardized tests. The scores provide an indicator of each youth’s reading and math proficiency levels.

Below, find a breakdown of the PARCC scores¹⁸ from school year 2016-2017 provided to CFSA by Prince George’s County Public Schools and the DC Office of the State Superintendent for Education.

For English and Literacy performance, the majority of youth scored a Level 1 (“Did not meet expectations”) in Grades 3-8 (50 percent) and Grades 9-12 (68 percent). Similarly, for math, the majority of youth did not meet expectation in Grades 3-8 (50 percent) and Grades 9-12 (53 percent). **This data indicates that youth involved in CFSA are not performing at grade level when looking at standardized test scores.**

¹⁸ <https://parcc-assessment.org/>

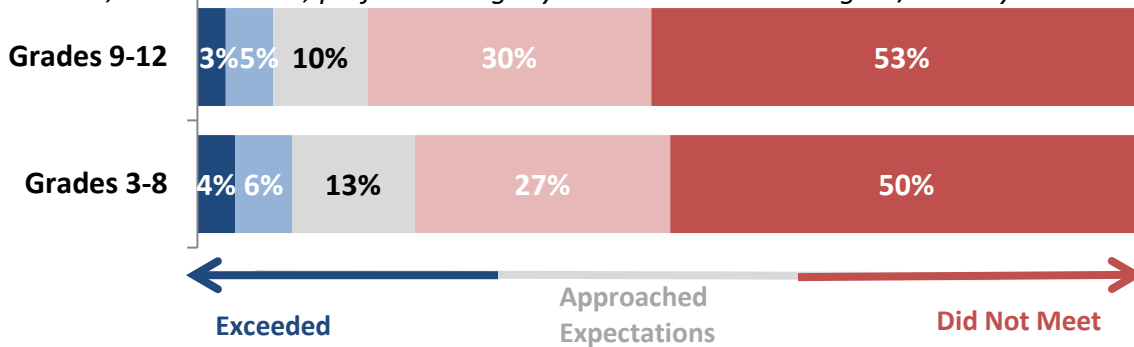
8 out of 10 youth did not approach expectations for English and Literacy PARCC Scores



Source: District of Columbia Office of the State Superintendent for Education and the Prince George’s County Public Schools

8 out of 10 youth did not approach expectations for math

However, those who did, performed slightly better than on the English/Literacy test



Source: District of Columbia Office of the State Superintendent for Education and the Prince George’s County Public Schools

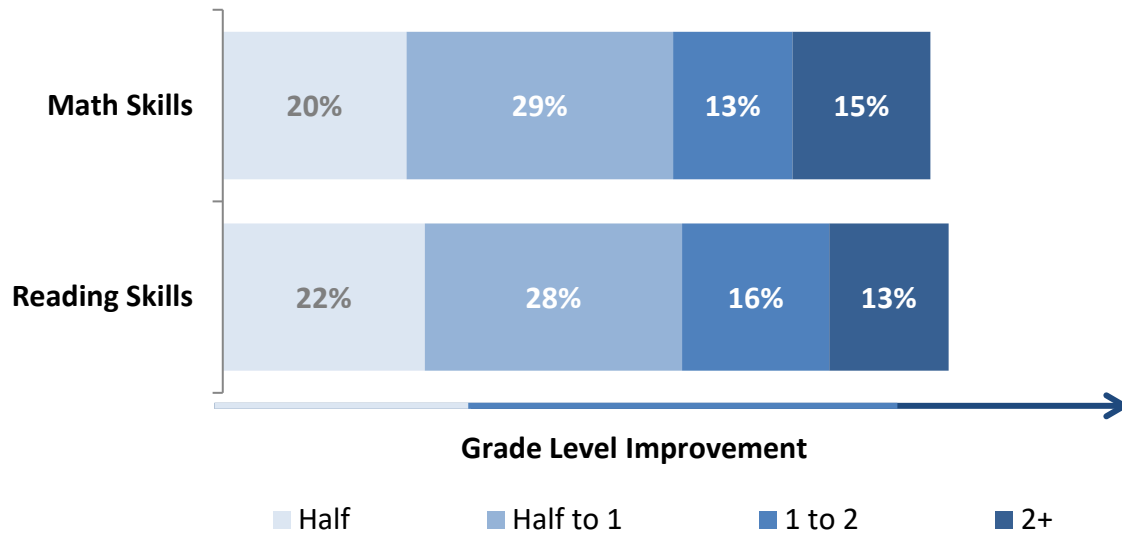
Tutoring and Mentoring Supports Provided

In FY 2017, CFSA had two contracted tutoring providers: A Plus Success, LLC and Soul Tree, LLC. A total of 243 youth received tutoring services in FY 2017.

CFSA is able to measure a student’s academic progress from in-home tutoring service by comparing the student’s pre-service assessment diagnostic test results with the student’s post-service assessment (a re-assessment of the student using the same diagnostic tool) results. Post-service assessments are generally administered every six months.

A comparison of the pre-service assessment and post-service assessment for 124 youth who received tutoring services from one of our two tutoring vendors, for six months to a year during FY2017, revealed the following measures of improvement in students’ academic skills:

8 out of 10 children improved at least one half grade level with tutoring



Source: Performance Oversight Hearing FY 2017 and FY 2018 Q1 responses

Best Kids, Inc. is CFSA's mentoring provider. In FY 2017, 132 youth received mentoring services. Outcomes for the youth can be found below.

- Cognitive Functioning:
 - 87 percent of surveyed youth increased their scholastic competence and educational expectations.
 - 85 percent of surveyed youth increased their grades.
- Emotional/Behavioral Functioning:
 - 97 percent of surveyed caregivers report youth increased their feelings of empowerment.
 - 82 percent of surveyed caregivers report youth increased their self-esteem and self-expectations.
- Social Functioning:
 - 82 percent of surveyed youth report increased feelings of parental trust.
 - 86 percent of surveyed youth report increased social acceptance and relationships with their peers.
- Risky Behaviors:
 - 88 percent of surveyed youth report increased feelings of risk avoidance.
- Involvement of Caregiver: The caregiver has an intricate role in the mentoring relationship they provide support and encouragement to the youth as well as insight to the mentor with regards to issues and behaviors.

There is no wait list for children to receive tutoring or mentoring services. When possible, youth are referred to community based services in order to maintain services post-permanency. CFSA staff responsible for administering both the tutoring and mentoring services have indicated that there is no need for further slots for services.

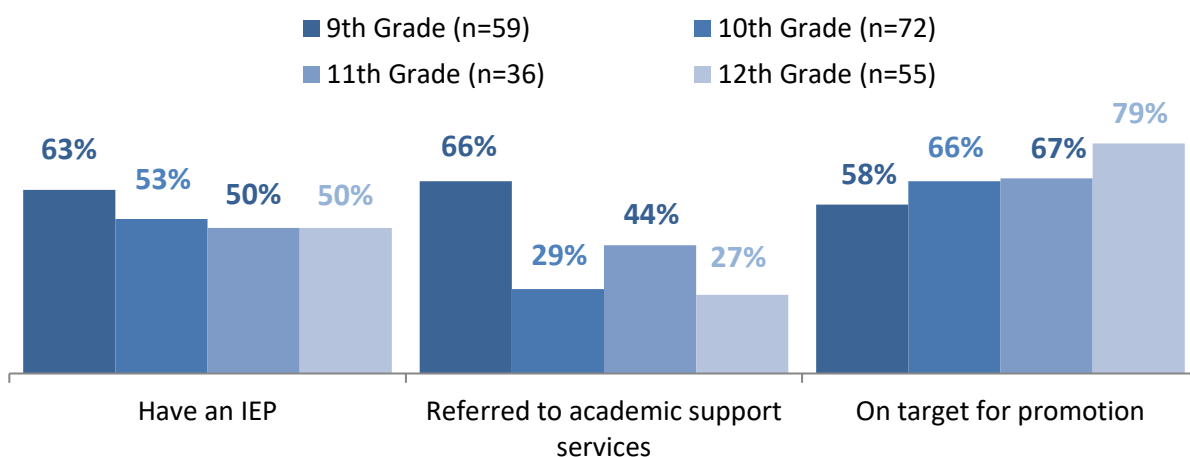
Resource parents completing the survey **identified education services, including tutoring, as a needed service.** The focus group parents echoed the education services as a need for supporting the children in their care. **Providers further communicated that children experiencing with multiple disruptions become more embarrassed in school as they struggle academically while trying to deal with the trauma they've experienced.** Providers believe that tutoring would help the children stay on course and mitigate negative behaviors as a result of poor school performance after placement disruptions.

Education of High School Aged Youth

The following section covers comprehensive education details for children and youth in foster care during FY 2018 (as of May 2018). CFSA's Office of Youth Empowerment (OYE) provides support services for youth currently and previously in foster care, up until the age of 21 for youth currently in foster care, and up to age 23 for youth receiving federal Educational Training Vouchers (ETV).

There were 222 youth enrolled in high school as of May 2018. The figure below depicts youth who were attending grades 9th through 12th along with their academic performance outcomes and receipt of support services. Ninth graders were more likely to have an IEP and to be referred for academic support services. The data below demonstrates on average that 68 percent of youth are on target for promotion across grade levels.

Overall, 41% of youth in grades 9-12 were referred to academic support services



Source: Office of Youth Empowerment Monthly Report: May 2018

School Suspension

Between October 2017 and January 2018, there were **18 students (9 percent) in foster care who were suspended while attending a DC Public School**. Information is not available for youth enrolled in other schools.

Older Youth Enrichment Bootcamp for Youth Unable to Attend School

On May 1, 2018, OYE launched an Enrichment Bootcamp, a day program to serve CFSA youth in care from grade 6 (at age 12) to youth who have reached age 20 and are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change. **As of its launching, the Bootcamp has received 25 referrals with 23 youth participating**. CFSA accounts for 60 percent (15) of the referrals, while NCCF accounts for 40 percent (10). The average use for each participant is two days, including the following services: school enrollment, community service opportunity, job readiness, O*Net Assessment (Career Exploration and Skillset Tool), school assignments, and job applications.

The number one reason for a referral to OYE's Enrichment Bootcamp was school suspension

Reason for Referral	# of Youth	% of Youth
School Suspension	18	72%
School Enrollment Change	5	28%
Placement Disruption	2	8%
Total Referrals	25	
Accepted	23	92%
Not Accepted (<i>youth did not meet age and grade requirement</i>)	2	8%

Source: Office of Youth Empowerment Monthly Report: May 2018

Youth Attending College

As of May 2018, 49 youth were enrolled in college. **Of these, 10 (20 percent) were on academic probation and 16 (33 percent) were connected to academic support services**. The average cumulative grade point average was 2.39.

Of the 49 youth, 33 percent (16) remained in foster care while 67 percent had exited care. Of those youth who exited care, about half had aged out (17, 52 percent) and about half had exited to guardianship (16, 48 percent). The majority of these youth were in their freshman (28, 57 percent) or sophomore (11, 22 percent) years. Ten students were in their third (5) or fourth (5) year of college. Fourteen students (29 percent) were both in college and employed; 3 were employed full-time and 11 were employed part-time.

How are we doing transitioning youth to adulthood?

Employment

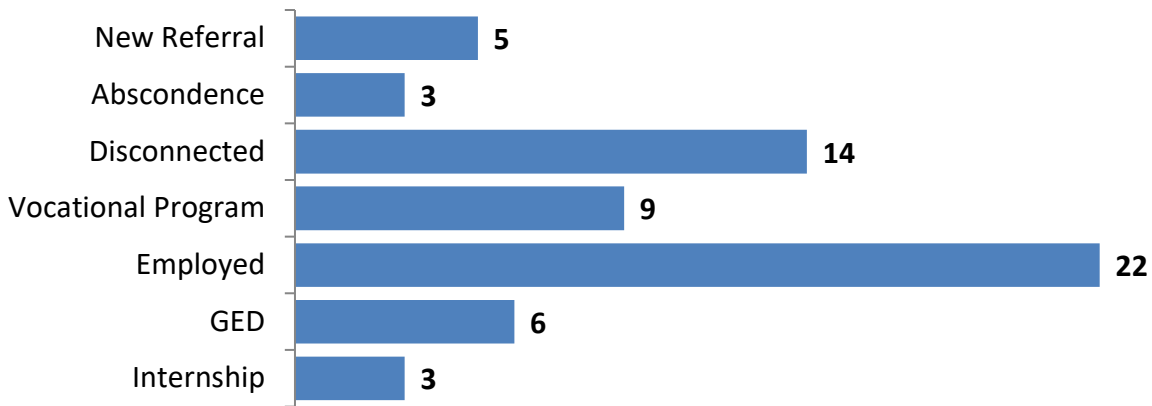
During FY 2017, **the Career Pathways unit served 121 youth in care**. During FY 2018 Q1 and Q2, the unit served 92 youth. In FY 2017, there were 35 youth enrolled in vocational programs, 18 of whom successfully completed their programs of choice. At the end of FY 2018 Q2, there were nine youth enrolled in vocational programs, two of whom had completed their programs by the end of the quarter. **Attendance issues were the most common reason for non-completion in FY 2017**. Other, less common reasons for non-completion included mental or behavioral health concerns, or inability to fulfill course requirements (e.g., one youth failed an exam, and another youth left the course to pursue a full-time employment opportunity).

OYE continues to partner with local employers and programs to provide subsidized employment opportunities for youth in care. These experiences typically occur in the form of internships, wherein youth gain workplace experience and industry knowledge while receiving a stipend from the District of Columbia. Host sites include District government agencies, hospitals, culinary institutes, community organizations, and retailers. **In FY 2017, 31 youth took part in an internship**, and as of FY 2018 Q1, 13 youth have been taking part in an internship.

In FY 2017, the number of youth in foster care between the ages of 18 and 21 totaled 182. Of this number, **55 percent were employed** (36 were employed full-time and 65 were employed part-time). At the end of FY 2018 Q2, there were 147 youth, ages 18 to 21, in care. Of this number, 22 were employed full-time and 29 were employed part-time. The majority of youth who are not employed are either enrolled in an academic or vocational program.

Between the FY 2018 through May 2018, **social workers had referred 62 youth to the Career Pathways Unit**. Their status is below. **Thirty-five percent of youth are employed**, followed closely by disconnected youth (23 percent). A breakdown of the status of youth who were disconnected is in the table below.

Most youth referred to Careers Pathway Unit were employed



Source: Office of Youth Empowerment Monthly Report: May 2018

Disconnected Youth are Most Commonly Seeking Employment while Disconnected

Status	# of Youth	% of Youth
Actively seeking employment	4	29%
Referred to the District’s Department of Employment Services’ Office of Youth Programs; Awaiting Program Start	3	21%
Enrolling in vocational programming with anticipated start in June, 2018	3	21%
Recently gave birth, next steps to be determined six weeks post-birth	1	7%
Currently committed to psychiatric facility	1	7%
Youth unresponsive to outreach efforts; specialist following up with team	2	14%
Total	14	100%

Source: Office of Youth Empowerment Monthly Report: May 2018

Transition to Adulthood

Although survey respondents did not rate independent living inclusive of financial planning as one of the needed services for older youth in their care, the topic did come up across multiple respondents in the focus group as a needed service. The Office of Youth Empowerment offers financial planning services for youth. Similar to improving communications with resource parents, **this is indicative of a need to improve communication methods.**

Youth indicated services and **life skills for anger management** and domestic violence services are needed. Twenty percent indicated **employment/financial stability**. One youth nearing age 21 indicated feeling rushed to exit. The focus groups also discussed specific services needed in life domain areas (i.e., housing, financial management, employment, education, and transportation).

Eight youth (44 percent) indicated that **youth transition meetings were effective**. Participants in the focus group agreed that the transition teams listen to the youth and allow the youth to take more control of the meeting in order to gain results.

On the question of youth being involved in the case planning process (including court attendance), 15 of the 18 survey respondents (**83 percent**) **reported usual and regular case planning involvement**. Focus group youth added participating during court hearings and feeling that their attorney addressed what they wanted to say.

How are we doing with physical, mental and behavioral health?

Physical Health

HHAC assigns nurse care managers (NCMs) to children in foster care based on medical necessity. Conditions include acute and chronic diseases such as asthma, obesity, poor dental hygiene, seizures, cardiac abnormalities, delayed immunizations, positive toxicology, mental health disorders (i.e. depression, bipolar), developmental and intellectual delay, and autism.

In FY 2017, HHAC assigned NCMs to 409 children at some point during the year. In FY 2018 Q1, HHAC assigned NCMs to 185 children. **There has not been a wait list for a nurse care manager.**

Mental and Behavioral Health

Global Appraisal of Individual Needs - Short Screener (GAIN-SS) Results

CFSA's Healthy Horizons Assessment Center (HHAC) screens all children age 11 and over who enter foster care. HHAC staff use the GAIN-SS screening tool to quickly and accurately identify clients who may benefit from further assessment or referral based on one or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or problems with crime and violence).

It is important to note that the screening is self-reported. As a result, the screening may under-report some concerns. In FY 2017, HHAC screened 335 of 356 eligible youth who came into care, who consented to the screening. If youth are identified as having concerns, e.g., substance use, HHAC refers the youth to the Office of Well Being's (OWB) substance use team for further screening.

As reviewed in the Temporary Safe Haven section of this report, **mental health supports was a common theme identified as service needs by survey respondents.**

Although anger management wasn't represented in the youth focus group, one youth discussed receiving behavior modification services. Two youth discussed the need for improved quality of mental health services. One youth discussed feeling more supported through mentoring than through therapy. Another youth felt that the therapist wasn't neutral when providing family therapy.

Currently, CFSA utilizes the Departments of Behavioral Health city-wide provider agencies for children, youth and adults mental and behavioral health services. **In October 2018, CFSA will launch a "Mental Health Redesign" where the Office of Well Being will employ therapists and a psychiatric nurse for children and youth who are entering and re-entering foster care to expedite mental health services for a period of six months.** CFSA will contract with a provider to offer a continuation of therapeutic services after the six months.

Substance Use

Substance Use Referrals – Parents

In FY 2017, there were a total of **593 adult substance use referrals**, 70 percent of which came from Entry Services. Of these, **54 percent (319/593) were scheduled for intake** with the District's Addiction Prevention and Recovery Administration (APRA). **Twenty-nine percent of those who entered treatment completed it.**

This pattern of referral submission does not change significantly from FY 2017 to FY 2018 Q1. There were 234 adult substance use referrals in FY 2018 Q1. Of these, 187 were referred for an assessment by a CFSA administration. Forty percent of clients (75/187) in FY 2018 Q1 were scheduled for an APRA intake assessment.

Substance Use Referrals – Older Youth

In FY 2018 Q1, there were a total of 37 referrals for youth to participate in a substance use assessment. In FY 2017, there were a total of **152 youth substance use referrals**. Of those 152, **93 (61 percent) were scheduled for an APRA appointment.** Of the 28 clients who started treatment only two youth (1 percent) completed treatment.

It is unclear the reasons for low completion rates among youth with a substance use history. Data show that out of the youth who received an APRA assessment in FY 2017, there was a high rate of **unsuccessful attempts (34 percent) to schedule** and subsequent escalations to the Agency substance use specialist (41 percent) for assistance. This information might be an early indication of at least one of the challenges for maintaining a youth in this service.

What are Barriers to Services?

Service Wait Times

As mentioned in the prevention section, sixty seven percent of child welfare professionals indicated that they currently had a client experiencing delays in service. Common themes for delays in services included a **waitlist for therapy, lack of appointment availability, lengthy process prior to beginning service, and a need for mentors and tutors**¹⁹.

Conversely, **36 percent of resource provider respondents indicate a 7-to-29 day** wait for services while 32 percent stated a 60-day or longer wait for services. Twenty-seven percent were experiencing such delays at the time of the survey. In ranking order, delays included **mental health services, service vouchers (e.g., child care, day care, furniture, and food), medical services, and educational services.**

¹⁹ Respondents did not differentiate between availability and timely access to the mentor or tutoring services.

SECTION 4: EXIT TO PERMANENCE

When a child is removed from his or her home, strategic clinical teaming occurs and is essential to develop and execute a practical case plan that will expedite permanency for the family, and for the children if the goal changes to guardianship or adoption. As a last resort, if youth exit foster care without permanency then they actively prepare for adulthood and have lifelong connections.



DEMOGRAPHICS AND NUMBER OF FAMILIES SERVED

CHARACTERISTICS OF PERMANENCY

By the end of FY 2017, 430 children had exited foster care. At the end of FY 2018 Q1, 101 children had exited foster care. Between FY 2017 and FY 2018 Q1, children who exited care were over 80 percent African American, which is the primary race for the majority of children in foster care. Over 8 percent of Hispanic children exited in either period which is close to the percentage of Hispanic children in the DC foster care system.

Length of Stay

What is the length of stay for children and youth in foster care?

Median Length of Stay (Entry Cohort by calendar year)²⁰

Among all children entering care for the first time during the calendar year, it took close to two years (22 months) for the first half of children entering care to exit care in 2015.²¹ Overall, the median length of stay in foster care was longer for younger children (ages birth-to-5) than other age groups.

Length of stay (in months) for children increased overall, particularly for children ages 1-5

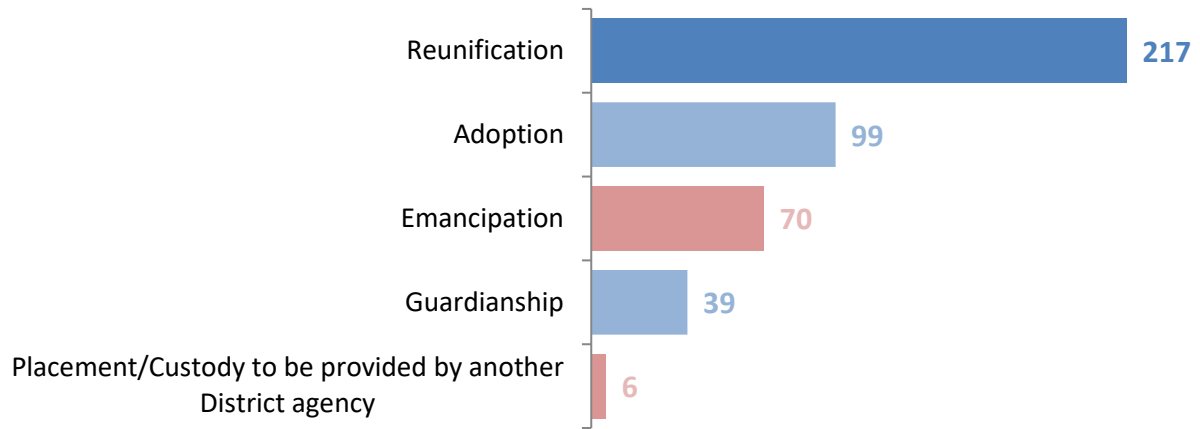
Age at Entry	2012 Entry Year	2013 Entry Year	2014 Entry Year	2015 Entry Year
All Ages	17.9	20.5	22.8	22.0
Under 1	22.9	22.0	20.5	--
Age 1-5	17.9	20.6	22.1	21.6
Age 6-12	14.9	18.4	16.6	--
Age 13-17	11.8	18.6	27.6	13.4

Source: The Center for State Child Welfare Data's Multistate Foster Care Data Archive (through 12/31/2016)

²⁰ Cells are blank if the outcome is not yet observable as of the census date (12/31/16)

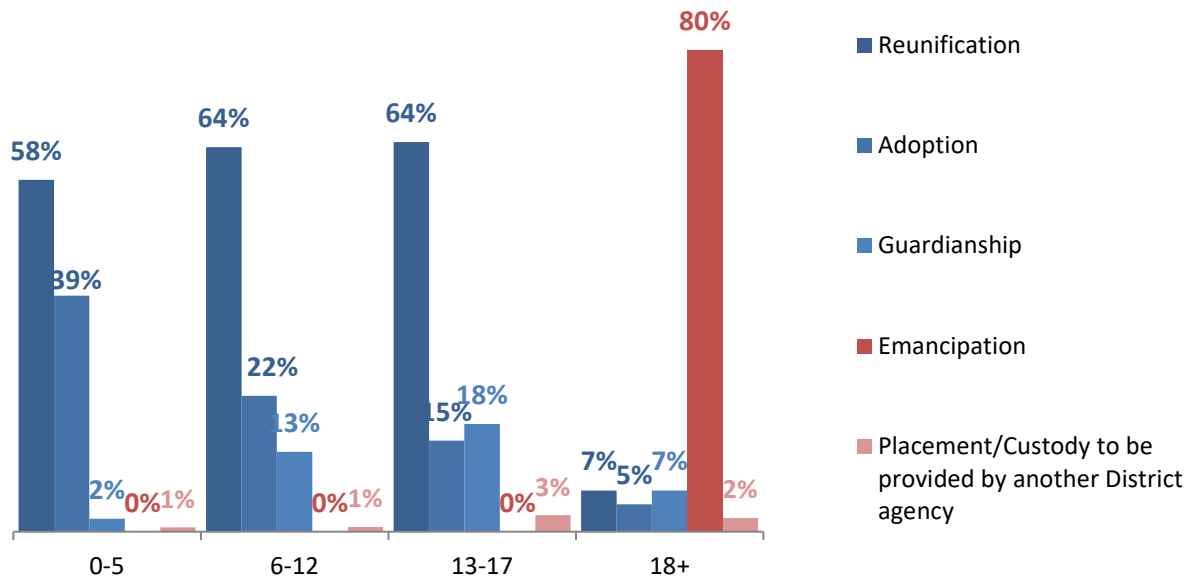
Exits in Fiscal Year 2017

In Fiscal Year 2017, one out of every two children who exited care exited to reunification



Source: FACES management report CMT367

Children aged zero to five are the most likely age group to exit to adoption



Source: FACES management report CMT367



SERVICES FOR EXITS TO PERMANENCY

What services are currently available to support exiting to permanency

Please note: Many of the services that support birth parents are referenced in the Prevention section of this report.

Services Provided For Reunification



Parent Engagement Education and Resource (PEER) Support Unit

CFSA established in May 2018 the PEER Support Unit. It is composed of PEER Support Specialists, all with first-hand with the child welfare system. This experience, combined with additional qualifications, makes them uniquely capable to serve as advocates, mentors, and supporters for CFSA-involved parents. Their involvement is intended to support interactions of social workers serving out-of-home families.

Services Provided For Adoption and Guardianship



Post Permanency Supports

Permanency Specialty Unit – Pre- and Post-Adoption Support

Five social workers comprise the CFSA Permanency Specialty Unit (PSU) to provide both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption.

Post Permanency Family Center (PPFC) & Center for Adoption Support and Education

CFSA contracts with two non-profits to provide support. More information on these programs can be found in the following sections of this document.



Guardianship and Adoption Subsidies

To ease the potential financial challenges that may come with welcoming a new child or sibling group into the home, CFSA provides adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs as specific needs arise.

Services Provided For Youth Emancipating from Foster Care



Aftercare Services

Aftercare services are designed to ensure that when young adult leave foster care. CFSA works with a community partner that continues to provide independent living supports and connections to community resources for up to two calendar years post-transition.



Rapid Housing

Rapid Housing provides funding to support eligible youth through age 23. To be eligible, youth must be employed or have consistent income that would allow you to live in housing of their choice. Rapid Housing assistance is also available to youth attending college full time who have at least a 2.0 GPA. Assistance is also available to youth attending college part time and residing off campus.

EXITS TO REUNIFICATION: SERVICES TO BIRTH FAMILIES

The Agency recognizes that more focus on supporting birth parents must occur to strengthen a parent's capacity to address the reasons for involvement with the child welfare agency and enhance his or her resiliency to facilitate reunification. Please note, much of this information is also reviewed in the prevention service of this report.

What domains are scored at the highest risk using the functional assessment parents?

As covered in the Prevention section of this report, the top three barriers in the Caregivers Strengths and Barriers domains are identified as daily **parenting routines, mental health and coping skills, and basic needs and management of financial resources**.

What do birth parents indicate are needed for supportive services, and what barriers do they report?

The top 3 service needs reported by birth parents were **housing, mental health and substance use**. Additionally, they highlighted **child care, employment/financial stability, and parenting skills**. Specifically, participants highlighted a need for **parenting classes that assist parents dealing with teen behaviors**.

Two survey respondents indicated that they **needed substance use services**. There was **no indication of any barriers or delays in receiving those** services. For those birth parents currently receiving substance use services, respondents did not indicate whether or not the services were useful.

One respondent indicated that there were **financial barriers to accessing support services** and two reported **communication and relationship issues with the social worker**. For more information see Appendix.

Do birth parents believe the supports are in place to maintain permanency?

Regarding the question, "In your experience, provide up to three reasons why reunifications fail or succeed?" five respondents indicated that **failures are the result of birth parents lacking motivation or follow-through**. One respondent indicated that reunification failures result from poor relationships with the social worker, including trust issues. The PEER responses highlighted a need for **additional post-permanency support services**.

Child welfare professionals reported services were **of poor quality, not timely, and providers may be unresponsive** thus hindering birth parent follow through. Additionally, they highlighted a **lack of practical resources** like job training. Finally, they indicated that **birth parents need more support from resource parents**.

What supports are in place to help parents navigate the system?

When child welfare has to remove children, the key to protecting and returning them to a permanent home quickly is working effectively with their parents. CFSA established in May 2018 the **Parent Engagement, Education, and Resource (PEER) Support Unit**. It is composed of PEER Support Specialists, **all with first-hand with the child welfare system**. This experience, combined with additional qualifications, makes them uniquely capable to serve as advocates, mentors, and supporters for CFSA-involved parents. Their involvement is intended to support interactions of social workers serving out-of-home families.

On individual cases, the PEER Support Unit helps to facilitate reunification through intensive, sensitive, and caring one-on-one support for birth parents. This includes honoring parents' ability to draw on family strengths and resources. In terms of overall child welfare practice, the PEER Support Unit also has a role to play in:

- Assisting **CFSA in creating a culture that is more parent-focused and parent-friendly**.
- Using a **parent lens to provide input on decisions** (about policies or practices, for example), increasing consideration for the parental perspective and potential impact.

In keeping with CFSA's strategic focus on the Four P's (Prevention, Practice Improvement, Placement Stability, Permanence), the PEER Support Unit seeks to:

- Shorten the time to permanence for children through reunification, guardianship, or adoption.
- Reduce repeat maltreatment and foster care re-entry.
- Increase placement stability.

EXITS TO ADOPTION AND GUARDIANSHIP

How does CFSA increase the matches for child-specific recruitment for adoptive homes?

Child-Specific Adoption Recruitment

CFSA will recruit adoptive families for children with no identified adoptive resource. The recruitment team does not close out a case until either (1) a letter of intent is signed, a petition is filed and the child is placed in the pre-adoptive home; or (2) the child's goal changes to guardianship or reunification.

In July 2018, there were 28 children awaiting child-specific adoptions. Sixty-one percent were ages 12-21. Eighty-five percent qualified for child-specific adoption as a result of behavioral characteristics

What supports are available for post-permanency for adoption and guardianship?

Permanency Specialty Unit – Pre- and Post-Adoption Support

Five social workers comprise the CFSA Permanency Specialty Unit (PSU) to provide both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption.

During FY 2017, **PSU staff provided services for 319 children**, who were referred through telephone calls, emails, walk-ins, and the newly implemented Guardianship Help Line. As of FY 2018 Q2, the unit has served 99 referred children.

Post Permanency Family Center (PPFC)

CFSA contracts with Adoptions Together, a community-based organization that serves children and families throughout the District, to operate the Post Permanency Family Center (PPFC) regardless of the time since permanency was achieved. In effect, PPFC is a “one stop shop” for **direct service case management, advocacy, family counseling, monthly respite services, and crisis support 24 hours a day and seven days a week**. The program also offers parenting classes in addition to support groups for children, teens, and adults. CFSA's PSU staff notifies families that PPFC supports are available to assist their transition to post-adoption or guardianship.

Center for Adoption Support and Education (CASE)

CFSA also contracts with CASE, which provides lifelong services to those children who have been adopted. Utilizing an adoption-centered therapeutic approach, CASE **offers a variety of competency trainings, including parent and family education, as well as other permanency-related workshops and seminars**. CASE is especially equipped to manage more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and heavier court-involvement). Services include integrated family therapy, individual therapy, lifelong connection therapy, support when the Court of Appeals overturns an adoption, and case consultation. In FY 2016, CASE served 32 families (with a capacity for serving approximately 45).

Adoption and Guardianship Subsidies

To ease the potential financial challenges that may come with welcoming a new child or sibling group into the home, **CFSA provides adoption and guardianship subsidies**, including coverage of certain non-recurring adoption or guardianship costs as specific needs arise. For FY 2017, CFSA issued (on average) **monthly adoption subsidies for 1,318 children**, and **guardianship subsidies for 788 children**. Over the first six months of FY 2018, CFSA issued adoption subsidies

for 1,280 children (on average), and guardianship subsidies for 781 children. Over the first six months of FY 2018, the program served 513 caregivers and 792 children.

EXITS TO EMANCIPATION: TRANSITION AND AFTERCARE SERVICES

What supports are available for youth who have emancipated from foster care?

Pre-Aging Out Transition and Aftercare Services

In February 2017, CFSA contracted with the Young Women's Project (YWP) to provide pre-transition services for youth ages 20½ to 21 years old, and aftercare services for youth ages 21 to 23. To address the needs of both age groups, YWP established the Center for Young Adults (CYA), a comprehensive program that **provides a broad range of supports, including skill-building activities, support groups, jobs, individual coaching, and community connections.** CYA also provides a safe environment for young adults to address challenges and work toward life goals. Built on a foundation of youth development and youth-adult partnership, CYA integrates work and best practices from successful models across the country, including YWP's own 21 years of comprehensive, outcomes-based programming with DC's most at-risk youth. For a list of the key components of the program, see Appendix.

In FY 2017, **69 youth were referred to CYA for aftercare services.** In FY 2018 Q1, of 14 youth who aged out of care, CFSA referred 12 to CYA six months prior to their transition. In FY 2018 Q2, CYA accepted referrals from CFSA for 15 youth aging out of care. As of March 2018, 93 youth were enrolled, with 63 youth actively participating in the CYA program. Of the 93 youth, 77 had already aged out of foster care, and 16 of were in their final sixth month of care.

In addition to the above, CFSA's Aftercare Services coordinator and Contract Monitoring Division (CMD) specialist completed a program report in January 2018. The report examined YWP's services during the contract period, wherein CFSA reviewed 26 total cases, including pre-transition, transition-active, and transition-closed cases. **Noted strengths included documentation of monthly stipend distribution to the young adults, the provision of individual coaching, and the quality of resumes and cover letters.**

FY 2020 KEY RESOURCE PRIORITIES	Accountable Unit	Completion Timeline
<ul style="list-style-type: none"> ■ Further assess risk level for homeless families beyond the 25 and younger to determine if the definition of the target population needs to be expanded. 	FFWG	FY 2019 Q2
<ul style="list-style-type: none"> ■ Explore ready and available mental health services for children and parents. There has been a significant reduction of treatment providers which puts children at risk of entering the formal foster care system. 	FFWG	FY 2019 Q2
<ul style="list-style-type: none"> ■ Explore if substance use treatment services that are ready and available for parents with an open in-home case. There has been a significant turnover of therapists and a reduction of treatment providers which delays treatment for parents who have been engaged to participate. 	FFWG	FY 2019 Q2
<ul style="list-style-type: none"> ■ Explore domestic violence services that are ready and available for parents with an open in-home case. 	FFWG	FY 2019 Q2
Temporary Safe Haven		
Placements		
There is a lack of reliable, automated data on placements, disruptions, replacements, placement results and exit reasons are not available. CFSA proposes addressing this by:		
<ul style="list-style-type: none"> ■ Move towards the ability to use an automated placement matching system (began September 2018). This will include new reports to inform disruption analyses. The Agency expects to launch the automated FACES matching system in January, 2019. The new system will provide a match based on youth and provider preferences (these preferences will be adjusted over time once enough data is collected). ■ See placement memo 	Placement Administration	FY 2019 Q2
Placement options are not fully aligning with the needs of children coming into care. CFSA proposes addressing this by:		
<ul style="list-style-type: none"> ■ Develop a group home for youth with intellectual and behavioral challenges. <ul style="list-style-type: none"> ○ Issued a request for proposal for a group home for youth with intellectual and behavioral challenges. ○ Awarded contract to Innovative Life Solutions who came online in August 2018 with five beds. 	Placement Administration	August 2018

FY 2020 KEY RESOURCE PRIORITIES	Accountable Unit	Completion Timeline
<p>Why needed: Some youth with intellectual and behavioral health challenges adjust better in a structured environment of group care.</p>		
<ul style="list-style-type: none"> ■ Increased the number of SOY foster homes, by six beds for a current total of 24 beds (in 11 homes) for youth with mental and behavioral health challenges. ■ Will increase the number of SOY foster homes by an additional 10 beds <ul style="list-style-type: none"> ○ Recruitment for homes with SOY capacity is ongoing. The SOY Coordinator looks for the “stars” within our current licensed resource parent pool and provides them the additional training and support needed to effectively manage the SOY population. ○ A \$500 signing bonus will continue to be offered to individuals who complete the 30 hours of specialized training. Further, we review the success of individual SOY homes in order to target additional needed supports. <p>Why needed: Through case reviews and daily placement work, we know we have, at any given time, approximately 5-10 youth with chronic placement stability issues.</p>	<p>Recruitment Program</p>	<p>FY19 Q1</p> <p>FY19 Q3</p>
<ul style="list-style-type: none"> ■ Added three professional resource homes for pregnant and parenting youth <ul style="list-style-type: none"> ○ The homes were selected after an orientation, written application process and in person interview. The interview panel evaluated prospective resource parents on their experience, engagement, flexibility/adaptability and conflict resolution skills. <p>These RPs will complete 20 hours of in-service training, provide monthly progress reports, and serve as their own support cluster.</p> <p>Why needed: After review of our current population of pregnant and parenting youth and their success in different placement types, it was determined that they were most successful in foster homes as opposed to independent living settings.</p>	<p>Recruitment Program</p>	<p>FY 2019 Q1</p>
<ul style="list-style-type: none"> ■ With FY20 contracts, improve services and clinical practice in the congregate care array for both traditional and therapeutic group care providers to 	<p>Contract Administration</p>	<p>FY2019 Q2 (RFP released)</p>

FY 2020 KEY RESOURCE PRIORITIES	Accountable Unit	Completion Timeline
<p>ensure the staffing and interventions in each type of placement meet the youth's needs.</p> <ul style="list-style-type: none"> ○ During summer 2018, the scopes of work for both traditional and therapeutic congregate settings were revised. ○ RFPs to be released to secure 40 traditional congregate beds and 12 therapeutic congregate beds by January 15, 2019. <p>Why needed: Through team meetings, contracts monitoring findings, disruption staffings and a deep dive into the frequency of disruptions and abscondences from group settings, it was determined that traditional congregate providers varied substantially in both their service array and ability to effectively manage the range of youth behaviors.</p>		FY2020 Q1 or before (contract in place)
Obtain a better understanding of the challenges faced by contracted service agencies placing children. CFSA proposes addressing this by: Where they want to have seen NCCF recruitment strategies and resource to be developed		
<ul style="list-style-type: none"> ■ Work with NCCF to better understand and resolve issues around challenges NCCF has in placing youth. 	Placement Administration	FY 2019 Q2
Resource Parent Recruitment and Support		
Need a better understanding of the demographics and preferences of both CFSA and private agency resource parents. A lack of systematized information on resource parent population and a limited matching system to track youth and provider preferences makes difficulties make successful matches. CFSA proposes addressing this by: Addressed in placement memo		
<ul style="list-style-type: none"> ■ Update Providers in FACES through a FACES data fix. 	Placement Administration	FY 2019 Q1
<ul style="list-style-type: none"> ■ Implement a process to keep the information current. 	Placement Administration	Ongoing
There is a need to maximize support provided to Resource Parents. CFSA proposes addressing this by:		
<ul style="list-style-type: none"> ■ Increase Resource Parent Support Worker contact requirements and adjust practice strategies. 	Recruitment Program	FY2019 Q1
<ul style="list-style-type: none"> ■ Train both Resource Parent Support Workers and Social Workers on Triple P Parenting to emphasize hands-on parenting skills. 	Child Welfare Training Academy	FY2019 Q1
<ul style="list-style-type: none"> ■ Obtain a greater understanding of the reasons why some recruited resource parents continued through licensure while others dropped out of the process. 	Recruitment Program	FY 2019 Q2

FY 2020 KEY RESOURCE PRIORITIES	Accountable Unit	Completion Timeline
<ul style="list-style-type: none"> ■ CFSA, through the Office of the Ombudsman, is re-instituting its exit survey process with resource parents that drop out of the licensing process. 	Recruitment Program	FY 2019 Q1 - ongoing
Well Being		
<p>There is a gap in accessing ready and available mental health services for children and parents. The barriers to accessing mental health treatment impact the stability and permanency for families in the foster care system. CFSA proposes addressing this by:</p>		
<ul style="list-style-type: none"> ■ Establish mental health services in-house for children entering care (and their parents). 	Office of Well being	FY 2019 Q1
<ul style="list-style-type: none"> ■ Contract with a psychiatric nurse <ul style="list-style-type: none"> ○ Upon a new entry and a re-entry nurse will complete a risk assessment, make sure the child is able to be released to placement, and make an appointment for a comprehensive mental health evaluation within 5-7 business days. At that evaluation the nurse will assess if the child is already connected to a CSA (and attending) or needs an in-house therapist. They will also determine if a child needs diagnostic assessment. A treatment recommendation form will be completed and sent to the immediate team within 48 hours. 	Office of Well being	FY 2019 Q2
<ul style="list-style-type: none"> ■ Establish mental health services in-house for children in foster care (and their parents). 	Office of Well being	FY 2020 Q4
<ul style="list-style-type: none"> ■ Solicit a contract with a Medicaid mental health provider for long-term mental health care for children and youth requiring additional care/treatment beyond services accessed through Health Horizons. 	Office of Well being	FY 2019 Q2
<p>There is a need to explore substance abuse services for both youth and adults. CFSA proposes addressing this by:</p>		
<ul style="list-style-type: none"> ■ Provide social worker training to deepen understanding of the cycle of addiction and deepen engagement with youth and families who struggle with substance abuse. 	Child Welfare Training Academy	FY 2019 Q3
<p>There is need to further understand youth needs related to domestic violence (DV), including resources and supports. CFSA proposes addressing this by:</p>		
<ul style="list-style-type: none"> ■ Build social worker capacity to support youth involved in domestic violence by providing training and education support to staff and youth. 	Office of Well being	FY 2019 Q3

FY 2020 KEY RESOURCE PRIORITIES	Accountable Unit	Completion Timeline
<p>There is a need to identify more effective ways to communicate services to foster parents and youth. CFSA proposes addressing this by:</p>		
<ul style="list-style-type: none"> ■ Develop more effective, technology-based methods to communicate available services directly to foster parents, youth, and social workers (beyond emails, pamphlets, fliers). <ul style="list-style-type: none"> ○ Institute an electronic, searchable community resource directory for use by CFSA staff and partners that will have CFSA and community resources available in it. The electronic system will allow for automated referrals. ○ Complete the procurement process. The resource will be available 120 days from contract signature. 	Office of Public Information	FY 2019 Q2
<ul style="list-style-type: none"> ■ CFSA has developed a new model of educational support services that maximizes the use of our education specialist staff to produce better educational outcomes for our foster youth. This model of services will be provided by the education specialists at both OYE and the Office of Well Being to standardize our educational practices in the agency. ■ The new model consists of 3 different types of service delivery: <ul style="list-style-type: none"> ○ Direct and intensive supports to our most at-risk youth using an evidence-based Student Engagement Model, called <i>Check & Connect</i>, and other interventions ○ Education specialist assignment to each supervisor and their social work units at CFSA, NCCF and other partnering agencies to provide a clear point of contact (POC) for consultative support on individual cases and issues as needed ○ Training and education events and incentives ■ Regarding employment and disconnected youth, CFSA has been awarded a 3-year grant from Youth Villages to implement their LifeSet model here at OYE. Staff will have 4 specialist with very small caseloads (8-10) who will focus on employment and transition. This team will be led by a supervisor from Youth Villages who ensure model fidelity. Youth will have 24/7 access to their specialist (or an on-call designee) to support in their time of need. Engagement is the focal point of the model and what drives practice. 	Office of Youth Empowerment and Office of Well-Being	FY2019 Q2

FY 2020 KEY RESOURCE PRIORITIES	Accountable Unit	Completion Timeline
Permanency		
There is a need for parenting programs, in particular for parents of teenagers.		
<ul style="list-style-type: none"> ■ The Family First Prevention Workgroup will explore, decide on move forward to fund evidence-based and promising parenting programs for higher risk populations to address the Caregivers Strengths and Needs Assessment most frequent need related to parenting. 	Prevention planning workgroup	TBD
There is a need for continued child specific recruitment for youth ages 12 – 20 with higher needs who are awaiting an adoption resource.		
<ul style="list-style-type: none"> ■ Continue adoption specific recruitment activities. 	Recruitment Program	Ongoing
There is a need for a more defined set of policies, procedures and practices governing the lead-up to reunification and the post-permanency (reunification) period:		
<ul style="list-style-type: none"> ■ Implement the multi-step case teaming process in the first seven months following a removal which is focused on ensuring that barriers to reunification are identified and updated; specific plans to address them are in place; and follow-up on implementation of the plans happens every 30-90 days. 	Program Operations	FY 2020 Q1