

GOVERNMENT OF THE DISTRICT OF COLUMBIA

FEBRUARY 2020

ANNUAL PUBLIC REPORT FY 2019

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



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DC MURIEL BOWSER, MAYOR

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



February 1, 2020

The District of Columbia Child and Family Services Agency (CFSA) strives to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families. The enclosed Fiscal Year 2019 Annual Public Report (APR) highlights the efforts and achievements of CFSA per the nine requirements set forth by the *DC Adoption and Safe Families Act of 2000 (DC ASFA)*. The *DC ASFA* requirements focus on the timely placement of children in safe and stable living arrangements and implementation of a permanency plan of adoption, guardianship or another planned permanent living arrangement if family preservation or reunification services are unsuccessful.

CFSA continued to see a decline in the foster care population, ending FY 2019 with 796 children in care. During the fiscal year, 367 children achieved permanency, with 222 children being reunified with birth families, 45 children exiting care to guardianship or living with a relative, and 100 children adopted.

The District continues to work to end court oversight of child welfare under the lawsuit originally filed as *LaShawn A. v. Barry* in 1989. As you will read in the APR, CFSA recently negotiated a *LaShawn Exit and Sustainability Plan* which reduces the number of exit plan benchmarks from 88 to 23. Over the past few years, CFSA has made continued progress on many of the benchmarks. This progress was facilitated by the use of a continuous quality improvement (CQI) process that informs CFSA's allocation of resources, modifications to programs and services, and improvements to social work practice.

CFSA uses innovative approaches to support and strengthen families through neighborhood-based prevention resources to decrease the likelihood of children entering the foster care system. When children do enter care, CFSA works diligently to quickly reunify them with their parents or, when necessary, be placed with a loving, forever family.

Sincerely,

A handwritten signature in black ink that reads 'Brenda Donald'.

Brenda Donald
Director

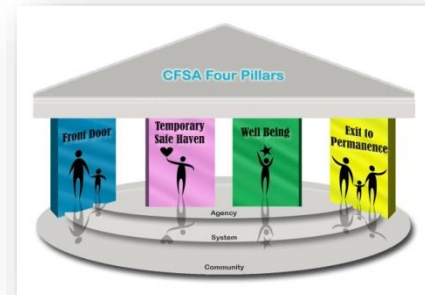
Mission

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

CFSA's Four Pillars Strategic Framework

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

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



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INTRODUCTION

The District of Columbia Child and Family Services Agency (CFSA) Establishment Act of 2001 requires CFSA to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions CFSA has taken to implement the District of Columbia Adoption and Safe Families Amendment Act of 2000 (DC ASFA), which mirrors the federal Adoption and Safe Families Act (ASFA) of 1997.¹ See Appendix A.

Both the federal and DC ASFA require timely placement of children in safe and stable living arrangements.² To that end, CFSA uses a trauma-informed approach to meet the statutory practice and process requirements, including “reasonable efforts” to place children in permanent homes and meet time requirements for CFSA to petition DC Superior Court for termination of parental rights for children who cannot be reunified with their parents.

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

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

At the end of the District’s 2019 fiscal year (October 1, 2018 – September 30, 2019), the total number of children in foster care was 796.³

Requirements of DC ASFA

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

¹ The District of Columbia legislated the DC ASFA in March 2000 (DC Law 13-136; 47 DCR 2850) to reflect the service delivery and best practice requirements included in the federal ASFA. In addition to federal compliance, DC ASFA requires CFSA to implement and maintain system-wide operational improvements for the District’s child welfare system.

² The terms “child” and “children” refer to clients from birth to age 20.

³ Source: FACES.NET Management Report CMT232

IMPLEMENTATION OF THE ADOPTION & SAFE FAMILIES AMENDMENT ACT OF 2000

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

Case Planning

CFSA's Permanency Practice policy requires social workers to develop formal written case plans within 30 days of opening a case. Case planning is a team effort with birth parents, the child (at an appropriate age), foster parents, and other service providers. The case plan review process requires reassessment and service plan updates every 90 days and case plan review and updates every six months.

The Agency continues to provide services and link families to community-based services to support the achievement of case and permanency planning for children served. As of the end of FY 2019, 93 percent (n=728) of foster care cases had a documented current case plan. Four percent (n=29) had an expired case plan and four percent (n=30) had no case plan.⁴

Permanency Hearings

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

Youth Transition Planning (YTP)

For youth ages 15 and older, CFSA develops a Youth Transition Plan (YTP) to help prepare the youth to successfully exit foster care at age 21. Initially, the youth's transition planning team reviews the YTP every six months. When the youth reaches age 20, the team reviews the YTP every three months. In FY 2019, there were 388 YTPs completed. There was a unique count of 386 youth eligible for a YTP during FY 2019, and a unique count of 232 children with a YTP completed⁵.

CFSA encourages youth to lead their own YTP meetings. Participants typically include the social worker, guardian *ad litem* (GAL), supportive caregivers and relatives and, as needed, CFSA's Office of Youth Empowerment (OYE) education or career specialists. The YTP planning domains include life skills, health, finances, education, employment, housing, transportation, social integration, sexual health and family planning.

⁴ Children in care for less than or equal to 30 days are excluded. Totals may not add up to 100% due to rounding.

⁵ Reported reasons for case plans and YTPs not completed include youth and/or family refusal to participate in planning as well as time management issues for social workers.

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

When safety concerns require CFSA to remove children from their homes, the first permanency goal is reunification with their families as soon as possible, unless deemed not clinically appropriate. To support successful and timely reunification, CFSA engages in a multifaceted approach. Strategies include case management; family engagement; shared parenting; regular, purposeful visits between parents and children and parents and social workers; the Parent Engagement, Education, and Resource (PEER) support team, described below; and connection to community and other governmental agency services (e.g., Healthy Families/Thriving Community Collaboratives, Department of Behavioral Health, Department of Human Services, Department of Disability Services). This comprehensive approach helps CFSA and the families address the issues that brought the child and family into the child welfare system. In FY 2019, there were 222 (52 percent) children that exited care to reunification.⁶

CFSA encourages the practice of shared parenting, which involves an ongoing, active, and supportive relationship between birth and resource families. Shared parenting is a team approach for both sets of families, emphasizing listening, sharing information, learning, collaborating, and making joint decisions. CFSA integrates shared parenting concepts into a variety of interconnected case planning steps and activities, in addition to resource parent training, birth parent orientation, facilitated “Icebreaker” meetings between birth and resource parents,⁷ family team meetings, case planning meetings, parent-child visits, parenting instruction programs and family events.

Permanency-Focused Teaming

CFSA’s permanency-focused teaming process consists of regularly scheduled team meetings that occur within the first seven months of a child’s entry into foster care. Each meeting has distinct purposes, decision points and participants:

- **Removal Review, Evaluate, Direct (RED) Team Meeting** – CFSA’s Child Protective Services or Permanency staff conduct a RED (Review, Evaluate and Direct) Team meeting the day after a child is removed. The meeting includes investigators, social workers and any involved health care providers, legal professionals or Kinship Unit staff. Participants share information that will facilitate a smooth transition for the child, including a plan for sibling visitation and an outline with specific action steps that support reunification.

⁶ Source: FACES.NET CMT367

⁷ Icebreakers are CFSA-facilitated meetings that typically occur seven to ten days after a child has been removed from the home. Icebreakers launch the shared parenting experience by providing a structured opportunity for the birth and resource families to get to know each other, discuss the child, and make a communication plan for the coming weeks and months.

- **Removal Family Team Meeting (FTM)** – Held within 72-hours of a removal, the Removal FTM includes family members and any identified supports (e.g., friends, clergy), caregivers, resource parents, service providers, and the GAL. The meeting introduces the family to the Agency, clarifies the reasons for the child’s removal, and develops a plan for securing resources and interventions to support the family. In FY 2019, 168 Removal FTMs occurred.
- **Permanency FTM** – The Permanency FTM is a discretionary meeting that is only held if the social worker determines that planning with families and team members is not sufficiently progressing toward the permanency goal. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting of necessary team members. In addition to birth families and social workers, the Permanency FTM can include relatives, resource parents, attorneys, advocates, and subject matter experts. Meeting topics can include assessment reviews, case plan objectives, and the identification of useful resources. In previous years, the Permanency FTM occurred 180 days after a child’s removal and was a fixed part of the teaming protocol. In FY 2019, 33 Permanency FTMs occurred.
- **Permanency Goal Review Meeting (PGRM)** – Held within nine to 12 months of a case opening, the PGRM is held on all permanency cases to review the progress for achieving the identified permanency goal. The PGRM team includes the permanency social worker, supervisor, program manager, program administrator, assistant attorney general, Kinship Unit program manager, and Quality Service Review supervisor. Depending on the specific case needs, the resource parent support worker, supervisor, adoption recruitment supervisor, subsidy supervisor, and Diligent Search Unit supervisor are brought in to participate in the meeting. The PGRM team reviews the child’s removal and placement history, a summary of birth parent contact, an explanation of what prevents the case from moving toward its permanency goal and strategy development to address barriers. While the PGRM is an internal meeting, the team identifies strategies to keep the birth family involved in the planning process.⁸ In FY 2029, there were 125 PGRMs held.

Parent Engagement, Education, and Resource (PEER) Support Team

The PEER support team is an in-house resource that advises, engages and supports birth parents whose children have been removed from the home. The unit includes a supervisor and five PEER support specialists, all of whom have had direct child welfare experience as parents who either took steps to prevent the removal of their children or who successfully reunified with their children. Based on their experience and additional training, PEER specialists uniquely serve as advocates, mentors and supporters for CFSA-involved parents. PEER specialists also provide parents with one-on-one support for achieving reunification with their children.

Family Treatment Court (FTC)

The District’s FTC promotes timely family reunification by offering parents with a substance use disorder the opportunity to participate in a comprehensive service program. The FTC program includes residential and outpatient treatment options, as well as court appearances either weekly,

⁸ At the time of this report CFSA was revising components of the PGRM, including the timing of the meeting, the criteria for eligible cases and the assignment of follow-up activities.

bi-weekly, or monthly (depending on the court phase). Participants must regularly report to the FTC judge and undergo random urinalysis. The participants also receive incentives, based on the achievement of program milestones. Milestones may include increments of sobriety time (30, 60, 90 days), completion of substance use treatment, reunification with a child or children, completion of a program (GED, parenting, employment readiness, etc.), gaining housing, and completing the Family Treatment Court program.

In addition to the judge, team members include the FTC coordinator, recovery specialist, assistant attorney general, social worker, and treatment providers. During FY 2019, there were 37 families involved with FTC. Of this number, 35 (95 percent) entered a substance abuse treatment program. Of parents who entered programs, 27 (77 percent) either completed treatment or were still active at the time of this report. In September 2019, seven parents completed the FTC program. Six parents were reunified with their children and had their case closed; the seventh parent was in the process of reunification at the time of this report.⁹

In FY 2019, there were 387 entries and re-entries into foster care¹⁰. Of those, there were 34 who had substance use indicated as at least one of the removal reasons¹¹ (See Table 6 in Statistical Analysis of Cases Section).

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

CFSA operates the District's Hotline for reporting child abuse and neglect 24 hours a day, 7 days a week. District regulations and CFSA policy require Child Protective Services (CPS) investigative social workers to commence investigations within two hours of an accepted report when a child's health or safety is in immediate danger. CPS investigates all other cases within 24 hours.

CFSA's Hotline RED team functions in a consultative decision-making capacity for the review, evaluation, and direction of case practice at the Hotline level as needed.

Formerly, CFSA established the Family Assessment (FA) pathway to engage and serve families through a less formal system of community-based supports. The Hotline RED team would determine, based on the nature and severity of the child's circumstances, whether to refer the family to FA Unit or to the Investigations (CPS-I) division. However, the Agency observed that the FA approach left some children vulnerable to risk and safety concerns. In April 2019, CFSA discontinued the FA pathway and reinstated the protocol of referring all accepted reports to CPS-I.

⁹ If a parent declines FTC, they are still provided with the referrals and supports for substance use treatment.

¹⁰ The unique count of children is 378. Source: BIRST pull date of 12/11/19

¹¹ Of the 34 substance use related entries into foster care, 33 were drug abuse by the parent and 1 was drug abuse by the child.

The Agency expects the transition to promote consistent clinical practices, greater continuity of business processes, and better child protection outcomes.

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

Through community-based partnerships and Agency work, CFSA continues to focus on preventing children and youth from coming into foster care in addition to provide the necessary services to reunify.

Front Yard – Families not known to CFSA

The District has maintained its approach to serving families that are not CFSA-involved but face challenges that put them at risk of Agency intervention. Such populations include young homeless families and grand-families caring for relative children. Although these families are not connected to CFSA as a result of abuse or neglect allegations, they can still receive services from one of the District's five Healthy Families/Thriving Communities Collaboratives (Collaboratives). As part of the broader child welfare system, the Collaboratives accept walk-ins and referrals from public agencies, community-based organizations, and the school system. The Collaboratives also take the lead on connecting families to District and community resources such as housing, employment and mental health services. The number of front yard family referrals made to the five Collaboratives for FY 2019 was 295.

Front Porch – Families known to CFSA, but with no open case

CFSA also partners with the Collaboratives to provide supportive interventions to families who had been the subject of an investigation but did not present safety or risk levels sufficient to open a child welfare case. The number of referrals made to the five Collaboratives for front porch families in FY 2019 was 373.

Front Door – Families known to CFSA, with an open case

CFSA is committed to ensuring that children and families are connected to supports that align with their identified needs. To this end, CFSA provides services as well as partners with community entities for services to support families. These services include screenings with CFSA's substance abuse specialists and referrals for treatment and services available in the District, connection with a family PEER coach, DC Family Treatment Court, and Project Connect for home-based care coordination.

When families are working toward closure of an in-home case or reunification in an out-of-home case, CFSA teams with the assigned Collaborative to help the families develop goals that support stabilization or permanency. The Collaboratives provide family preservation services for up to four

months to help these families achieve and maintain family unity within a safe environment. The Collaboratives also provide reunification support services to families with a permanency goal of reunification. In certain cases, the Collaboratives provide post-reunification services to ensure that families experience an effective and sustainable transition. The number of referrals made to the five Collaboratives for front door families in FY 2019 was 77.

Assessments Used to Determine Needs - Functional Assessments

CFSA uses functional assessments to inform case planning, gauge child and family progress toward goals, increase the parent's protective capacity and reduce safety concerns for the children. In addition to identifying and addressing the issues that brought the family to CFSA's attention, these assessments can identify underlying issues. To assess children, social workers use the Child and Adolescent Functional Assessment Scale (CAFAS) or the Pre-school and Early Childhood Functional Assessment Scale (PECFAS). Both tools determine baseline levels of functioning across eight life domains. For parents, the Caregiver Strengths and Barriers Assessment (CSBA) helps determine a parent's service needs and protective capacity. Social workers combine results of these functional assessments with information obtained from the family and other team members. The combined information from these assessments drives the social worker's overall clinical assessment, which forms the basis for the service plan. CFSA provides or refers families for services in the following areas:

- Mental health
- Substance use
- Housing
- Domestic violence services
- Parenting skills
- Education
- Employment
- Money management
- Transportation

Mental Health Redesign

In the fall of 2018, CFSA implemented the Mental Health Redesign, a practice change to expedite and improve access to mental health treatment by providing in-house services to children in foster care. Administered by CFSA's Office of Well Being (OWB), the redesign involved the hiring of three dedicated licensed clinical therapists to screen, assess, diagnose, and provide short-term mental health treatment to children entering care. In addition, CFSA contracted for a full-time psychiatric nurse practitioner who is assigned to the Agency's Healthy Horizon's Assessment Center.

In many cases, the need for a child’s diagnostic intake and mental health evaluation is based on information gathered during the initial screening. If such a need is determined, one of the licensed clinical therapists will conduct a diagnostic intake and mental health evaluation within 30 days of the child entering care. Regardless of previous assessments or diagnoses, every child who needs the diagnostic intake and evaluation will receive one. The clinical therapists also conduct ongoing therapy for these children, as needed. Therapists create and update the child’s treatment plan every 90 days. For those children who need medication, the psychiatric nurse practitioner prescribes and provides medication management at least every 30 days.

In FY 2019, 159 children received mental health evaluations. Of those, 94 were referred for therapy and 73 were engaged in therapy. Reasons that children that did not receive therapy support included the child or worker declined, the child returned to another jurisdiction, the child was connected to a core services agency (CSA)¹², or the child was connected to other mental health services.

Substance Use Unit

In 2019, OWB established the Substance Use Disorder (SUD) Unit to increase parent engagement and to facilitate interventions around substance use treatment and recovery. In addition to overseeing cases involved with FTC (described earlier), the SUD Unit works with families involved with Project Connect. The Project Connect model is intensive and home-based. It provides case coordination, as well as services and linkages in such areas as substance abuse assessment and monitoring, relapse prevention, advocacy, parent education and health. In 2019, CFSA moved its Project Connect operations in-house, creating a Project Connect team consisting of three resource development specialists, a substance abuse assessor, parent educator, registered nurse and the treatment and community providers. This new model leverages the SUD Unit’s ability to streamline client engagement and assessments.

Housing Strategies

In conjunction with other District agencies, CFSA supports families’ housing needs by exploring available city-wide resources in addition to the Department of Human Services funded services.

Once external options have been exhausted, CFSA employs internal supportive strategies. The Community Partnerships (CP) Administration manages the following three housing support programs designed to assist youth and families experiencing housing instability:

- **Rapid Housing Program** provides short-term rental payments to families in need of stable housing.

¹² A core service agency is an agency certified by the Department of Behavioral Health (DBH) to provide mental health services, consistent with Mental Health Rehabilitation Services (MHRS) standards and DBH or the Department of Mental Health Establishment Amendment Act of 2001.

- **Family Unification Program (FUP)** vouchers provide long term rental payments for families.
- **Flex Funds** can be used for utilities, housing related expenses, applications and other one-time fees.

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

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

Adoption Resources

CFSA assigns an adoption recruiter for any child or sibling group with a goal of adoption but not currently placed in an adoptive home. The recruiter develops individualized recruitment plans, in addition to strategies that reflect the needs and characteristics of each child or sibling group. The recruiter also examines the case management record to ensure that CFSA has exhausted all efforts to explore local and out-of-state family members and other supportive individuals. In addition to connections through the biological family, the recruiter explores the foster family as an adoptive resource. Some foster parents decide to become permanent caregivers when a child or sibling group in their home has a goal change from reunification to adoption. To streamline the process, all District resource parents are dually licensed for foster care and adoption.

When the Agency cannot identify a viable family or foster care connections, recruiters utilize broader media. Resources include local and national adoption websites; the Heart Gallery, a travelling exhibit that displays professional quality photographs of waiting children; and adoption exchanges, which connect children awaiting adoption with prospective caregivers.

On September 30, 2019, there were 204 children in care with the goal of adoption. Fifty percent (n=102) of those children were placed in a pre-adoptive home and 50 percent (n=100) were not placed in a pre-adoptive home.¹³ In FY 2019, there were a total of 100 adoptions finalized.

Alternative Planned Permanent Living Arrangement (APPLA)

CFSA's preferred permanency goals for children and youth include reunification with the birth parent, as well as adoption, guardianship, and legal custody with a suitable and committed caregiver. When the Agency has explored and eliminated the above-mentioned goals as permanency options, the social worker can submit a request for a goal change to APPLA. CFSA's director must approve all APPLA requests. Once this happens, the youth's case management team adjusts the service framework to focus exclusively on the youth's positive transition from foster

¹³ Source: FACES.NET Management Report ADP070. Two children were excluded from the calculations due to court ordered suspension of recruitment efforts.

care to independent adulthood. CFSA's Office of Youth Empowerment (OYE) provides direct case management to older youth in the Agency's care, and helps equip the youth with the skills, resources, and connections to achieve goals in the areas of education, career readiness, teen parenting, and financial literacy. As of September 30, 2019, there were 89 youth with a goal of APPLA.

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

Resource Home and Congregate Care Facility Licensing

The District of Columbia Municipal Regulations (DCMR) sets forth all licensing requirements for CFSA resource homes and facilities. Per CFSA policy, the Agency complies with DCMR licensing standards and applies these standards equally for foster, kinship, and adoptive homes. Standards also apply equally for employees and volunteers working in group homes and residential facilities.

To be licensed as a prospective kinship caregiver, foster or adoptive parent, or legal guardian, DCMR requires bi-annual documentation of criminal record checks including results from the National Crime Information Center, the Federal Bureau of Investigation, and local police departments. Record checks also include annual Child Protection Register¹⁴ clearances for any adult age 18 and over residing in the home. DCMR further requires background checks and clearances for all employees of group homes and youth residential facilities.

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

DC law requires the Family Court to hold initial review hearings within six months and permanency hearings for every child within 12 months after the child's entry into foster care. Hearings must also occur at least every six months thereafter for as long as the child remains in an out-of-home placement.

According to the most recent data available from the Family Court's 2018 Annual Report, 92 percent of cases filed in 2017 had a permanency hearing or were dismissed within the required timeline. In 2018, a permanency goal was set at every permanency hearing, and a goal achievement date was set 99 percent of the time. Judicial officers closed 403 post-abuse and

¹⁴ The Child Protective Register (CPR) is a confidential index of substantiated or inconclusive findings for child abuse and neglect investigations.

neglect cases over the course of the 2018 calendar year. Of these cases, 87 percent were closed because permanency was achieved, representing the highest permanency rate in over a decade.¹⁵

To further promote successful permanency efforts, CFSA collaborates with the Office of the Attorney General (OAG) and Family Court on the wider Court Improvement Project (CIP).¹⁶ As part of this collaboration, CIP has operated a data subcommittee since the fall of 2018. Subcommittee participants include Family Court administrators, an assistant attorney general, CFSA Permanency program managers, and CFSA data analysts. Participants reviewed 60 randomly selected cases with permanency goals of reunification, guardianship, and adoption. The goal is to identify issues and trends associated with permanency delays. Early review findings suggest that the following systemic child welfare issues impact timely permanency:

- Clinical barriers stemming from placement disruptions
- Changes in case team personnel
- Issues with finalization of adoption and guardianship
- Parental inconsistency with case plan activities (e.g., mental health and substance use treatments plans)

Court barriers also involve personnel reassignments and scheduling conflicts. The subcommittee observed that the clinical and court barriers have commonly resulted in late permanency goal changes and permanency goal extensions beyond statutory limits.

Recommendations from the review included the CIP committee in the next phase of the review examining the root causes of delays for children with the goals of reunification, guardianship and adoption, through better identification of needed interventions through redesigning the review tool protocol highlighting interventions to prevent delays. Additional recommendations include the CIP committee teaming with stakeholders with clinical and technical expertise who can develop strategies to streamline the of identifying, licensing and subsidizing guardians.

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

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

¹⁵ Superior Court of the District of Columbia, 2018 Family Court Annual Report, available at <https://www.dccourts.gov/superior-court/family-court-operations/family-court-annual-reports>

¹⁶ CIP participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes.

Notifications include information on the date, time, and location of the court hearing. Notifications also include instructions for contacting the court clerk (if necessary) along with the contact numbers for the assigned social worker and supervisor.

In addition, District Code requires notification to all parties in a case when the Agency files a motion to terminate parental rights. This provision requires the presiding judge to issue a summons and a copy of the motion to the affected parent or other appropriate persons. As general practice, proceedings to terminate parental rights do not advance unless proper notice has been issued. The same notification procedures apply to termination hearings as neglect-related hearings.

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

CFSA represents the District of Columbia in the Interstate Compact on the Placement of Children (ICPC).¹⁷ As a member, CFSA advises potential out-of-state adoptive parents of their rights and responsibilities. This includes a clause in each adoption subsidy agreement informing adoptive parents that their adopted child must receive Medicaid in the state in which the parent resides. When necessary, CFSA applies for Medicaid benefits or the state's medical assistance program on behalf of the child residing in another state with the understanding that the coordination of medical services for the child will be the responsibility of the adoptive parent and the Medicaid office in the state of residence.

In FY 2019, there were 47 requests received by the DC ICPC office for CFSA children for adoption out of the District. All requests were approved, and all 47 children were placed out of state. This included 44 children placed in Maryland, 1 child in Virginia, 1 child in Texas, and 1 child in Florida.

¹⁷ ICPC guidelines establish uniform legal and administrative procedures governing the interstate placement of children.

STATISTICAL ANALYSIS OF CASES

This section highlights entry, exit, permanency and disruption data for FY 2019. Data are disaggregated by fiscal year, age, legal status, permanency goals, months in care, and the primary reasons for entry and exit. The District continues to have a steady decline of its foster care population. The total number of children in foster care on September 30, 2019, was 796.

Table 1 below details the ages of children in care as of September 30, 2019. Children ages birth to 3 years old comprised 21 percent of the foster care population, while children ages 4-10 years old comprised 30 percent. Children ages 11-14 years old comprised 15 percent of the population and youth ages 15-20 years old comprised 34 percent of the foster care population.

Age	# of Children	Age	# of Children	Age	# of Children
<1 Year	23	7	34	14	30
1	46	8	38	15	44
2	50	9	34	16	42
3	44	10	36	17	46
4	27	11	32	18	55
5	35	12	26	19	42
6	38	13	30	20	44
Total Children= 796					

Source: *FACES.NET*¹⁸ CMT366

Of the 796 children in foster care at the end of FY 2019, 552 (69 percent) had a status of committed and 140 (18 percent) had a status of shelter care. The following definitions apply:

- **Commitment** – a child is committed at a disposition hearing following adjudication at a neglect trial or following a stipulation by the parent/caregiver. These children are placed in a foster home, therapeutic foster home, licensed kinship home, group home, or residential facility.
- **Shelter Care** – a child has been removed from home and temporarily placed in an agency facility (foster home, therapeutic foster home, licensed kinship home, group home, residential facility, etc.) pursuant to a shelter care hearing in order to protect the child while pending the disposition hearing. These children are in CFSA’s custody and the Agency is fully responsible for their health and wellbeing.

¹⁸ FACES.NET is CFSA’s statewide automated child welfare information system (SACWIS).

The tables below detail the legal status and goal distribution of children in care as of FY 2019.

Table 2: Children in Foster Care by Legal Status	
Point in Time: End of FY 2019	
Legal Status	# of Children
Administrative Hold	97
Committed	552
Conditional Release-Parent	1
Data Unavailable*	4
Protective Supervision	1
Relinquishment	1
Shelter Care	140
Total Children	796

*Four children had court-ordered goals but no legal status in FACES.NET.

Source: FACES.NET CMT366

Table 3: Children in Foster Care by Goal	
Point in Time: End of FY 2019	
Permanency Goal	# of Children
Adoption	204
Alternative Planned, Permanent Living Arrangement (APPLA)	89
Data Unavailable*	5
Guardianship	141
Legal Custody	1
Reunification	356
Total Children	796

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

Source: FACES.NET CMT366

he total number of entries as of FY 2019 was 378. The largest group represented was children less than one year old. The next largest entry populations were children age 1 followed by age 17.

Table 4: FY 2019 Foster Care Entries by Month

Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
<1 Year	5	3	3	3	7	5	4	7	2	2	2	3	46
1	3	1	3	4	5	4	3	2	0	2	1	1	29
2	4	2	1	0	3	3	1	5	1	0	0	1	21
3	2	2	2	1	2	2	2	3	2	2	1	1	22
4	4	1	5	1	1	0	0	2	1	1	1	0	17
5	4	0	1	3	1	4	2	0	2	0	0	1	18
6	3	1	1	1	1	4	2	4	0	1	0	1	19
7	2	1	2	2	2	2	1	0	3	2	0	0	17
8	4	3	1	4	2	2	1	0	3	1	1	0	22
9	3	1	0	5	1	0	1	2	2	0	4	1	20
10	1	3	0	2	1	1	2	0	2	1	1	0	14
11	2	1	2	2	3	0	1	3	0	0	0	0	14
12	2	1	0	3	0	0	1	1	0	0	2	2	12
13	5	1	2	0	3	0	2	1	2	1	2	1	20
14	1	4	3	3	1	1	4	1	0	0	2	1	21
15	2	3	0	5	2	1	1	2	3	1	1	1	22
16	3	1	1	1		2	1	0	1	3	4	0	17
17	3	2	4	1	2	1	3	6	0	1	1	2	26
18	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	1	0	0	0		0	0	1
Total	53	31	31	41	37	33	32	39	24	18	23	16	378*

*This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. Actual total is 387; there were nine children between birth and 14 years old who entered, exited then re-entered in FY 2019. Note: Age is calculated as of the entry date.

Source: BIRST¹⁹

¹⁹ BIRST is FACES.NET data visualization dashboard utilized by social workers, supervisors and program managers to observe the Agency's status on performance indicators, as well as to gauge unit and individual social worker progress and compliance with key case progress measures on their case-load.

Of the 378 entries, 52 percent had a legal status of commitment. Shelter Care and Administrative Hold accounted for 24 and 21 percent respectively.

Table 5: FY 2019 Foster Care Entries by Legal Status Month													
Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total*
Administrative Hold	16	4	3	7	5	11	3	3	12	5	3	7	79
Commitment	26	20	21	31	22	13	15	25	7	7	7	3	197
Conditional Release-Parent	0	0	0	0	1	0	1	1	0	0	2	1	6
No Court Involvement	0	2	0	0	0	0	0	0	0	0	0	0	2
Protective Supervision	0	0	0	0	2	1	1	0	0	0	0	0	4
Relinquishment	0	0	0	0	0	1	0	0	0	0	0	0	1
Shelter Care	11	5	7	3	7	7	12	10	5	6	11	5	89
Total	53	31	31	41	37	33	32	39	24	18	23	16	378*

*This total represents a unique count of children. For the purpose of this report, entries are defined as initial and re-entry into foster care. Actual total is 387; there were nine children between birth and 14 years old who entered, exited then re-entered in FY 2019. Note: Age is calculated as of the entry date.

Source: BIRST

The most prevalent reason for the entry into care was neglect (n=297). Comparatively, physical abuse was the second highest reason for entry into foster care (n=45), while the third highest entry reason was parental substance use (n=33).

Table 6: FY 2019 Primary Reason for Entry into Foster Care	
Primary Reason	# of Entries*
Neglect (Alleged/Reported)	297
Physical Abuse (Alleged/Reported)	45
Drug Abuse (Parent)	33
Caretaker ILL/ Unable to Cope	27
Incarceration of Parent(s)	23
Child's Behavior Problem	16
Alcohol Abuse (Parent)	11
Abandonment	8
Relinquishment	7
Sexual Abuse (Alleged/Reported)	6
Death of Parent(s)	5
Inadequate Housing	5
Voluntary	3
Child's Disability	1
Drug Abuse (Child)	1

*Children may have multiple primary reasons for entering care. CFSA placed 387 unique children in FY 2019. There was one instance not counted in table with an entry reason of “Non-Committed Child of Teen”.

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

Source: BIRST

Per the CFSA Establishment Act of 2001, the District continues to look at length of stay with a focus on children in care more than 24 months. The total number of children in care for 24 months or longer was 300 children with subpopulation breakdowns illustrated in the table below. Forty-one percent (n=125) of children in care for 24+ months had a goal of adoption . The second highest goal assignment was guardianship, comprising 28.3 percent (n=85) and the third largest goal assignment was APPLA, comprising 24.3 percent (n=73).

Table 7: Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay					
Point in Time: End of FY 2019					
Goal	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total
Adoption	39	36	19	31	125
APPLA	11	22	11	29	73
Data Unavailable*	0	0	0	1	1
Guardianship	31	22	16	16	85
Reunification	11	3	1	1	16
Total Children	92 (30.6%)	83 (27.7%)	47 (15.7%)	78 (26%)	300

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

Source: *FACES.NET CMT366*

The age distribution for the cohort of children in care for 24+ months varied in FY 2019. The highest concentration, however, was older children. Children ages 16-20 comprised 49 percent of this population. Of note, 14 percent (n=44) of the total 300 were 20 years old. Of those 20-year-olds, half (n=22) were in care for 60+ months.

Table 8: District Children Who Became Part of the 24+ Month Cohort in FY 2019 by Age and Length of Stay in Months					
Age in Years	24-35 Months	36-47 Months	48-59 Months	60+ Months	Total Children
2	11	0	0	0	11
3	9	3	0	0	12
4	3	4	2	0	9
5	6	2	1	1	10
6	1	3	4	1	9
7	2	5	2	2	11
8	5	2	2	4	13
9	1	5	2	3	11
10	6	4	1	4	15
11	3	3	2	3	11
12	4	1	2	1	8
13	0	3	2	1	6
14	4	3	2	2	11
15	1	6	4	5	16
16	6	5	3	3	17
17	8	4	4	6	22
18	13	8	4	9	34
19	7	11	1	11	30
20	2	11	9	22	44
Total Children	92	83	47	78	300

Note: Age is calculated as of September 30, 2019. The legal statuses of the 300 children in care for 24+ months reported 87 percent were committed.

Source: *FACES.NET CMT366*

In FY 2019, there were 423 exits from foster care. Of those exits, 19 percent had been in care between 0-5 months. The next highest proportion, 17 percent of children had been in care 13-23 months. The highest proportion of children had been in care 24+ months, comprising 48 percent of the population.

Table 9: FY 2019 Exits from Foster Care by Length of Stay in Months and by Month of Exit													
Months	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
>1	4	0	2	1	9	0	4	1	2	2	5	4	34
1-4	3	3	2	9	2	7	2	4	5	4	4	2	47
5-8	2	5	0	0	2	2	4	2	3	2	9	3	34
9-12	1	1	2	5	6	0	2	2	5	4	5	1	34
13-23	9	8	3	6	4	9	2	3	7	10	4	5	70
24+	11	29	14	13	7	15	26	20	21	22	13	12	203
Grand Total	31	46	23	34	30	33	40	32	43	44	40	27	423

Source: *FACES.NET CMT367*

Of the exits, children between the ages of 2 and 5 comprised 85 percent of the population and children age 21 comprised 11 percent of the population. The highest proportion of the exit population in FY 2019 was between the ages of 1-5 years old and 6-12 years old, comprising 30 percent and 31 percent, respectively of the exit population. Children between the ages of 13-20 years old represented 26 percent of the exit population.

Table 10: FY 2019 Exits from Foster Care by Age and by Month of Exit													
Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
0	0	0	0	0	2	1	0	0	1	0	1	1	6
1	3	2	0	1	3	1	3	2	2	0	1	1	19
2	4	7	1	1		1	2	3	4	3	6	1	33
3	0	5	2	2	1	4	3	3	2	1	3	4	30
4	0	2	0	2	0	2	2	1	5	3	4	1	22
5	3	7	0	0	1	2	2	2	3	1	2	0	23
6	1	3	3	3	2	1	3	0	2	5	1	0	24
7	2	2	0	1	3	3	2	0	3	2	1	0	19
8	1	1	0	4	2	0	1	2	6	2	3	1	23
9	0	0	2	3	1	1	2	1	1	1	2	2	16
10	1	2	0	0	2	1	2	0	2	4	2	2	18
11	1	2	2	1	1	2	1	2	1	2	2	0	17
12	0	2	1	2	1	1	2	1	0	4	0	2	16
13	1	0	0	2	3	0	1	3	2	0	0	1	13
14	2	2	2	0	2	2	0	1	0	1	2	4	18
15	4	3	2	1	0	1	3	3	1	3	0	3	24
16	1	3	0	1	0	0	0	0	0	1	3	1	10
17	2	0	1	2	1	1	3	1	3	2	3	0	19
18	0	0	3	4	0	2	2	3	0	1	0	0	15
19	1	0	0	0	0	2	1	0	1	0	0	0	5
20	0	1	0	0	1	0	1	1	0	3	0	0	7
21	4	2	4	4	4	5	4	3	4	5	4	3	46
Total	31	46	23	34	30	33	40	32	43	44	40	27	423

Source: *FACES.NET CMT367*

Table 11: FY 2019 Exits from Foster Care by Legal Status and by Month of Exit

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Conditional Release - Parent	0	1	1	0	1	4	1	0	0	0	3	0	11
Conditional Release - Third Party	0	0	0	1	0	0	0	0	0	0	0	0	1
N/A	12	35	12	12	6	11	20	15	20	25	15	13	196
No Court Involvement	1	0	0	0	0	0	0	0	0	0	0	0	1
No Legal Status	7	3	2	8	10	6	6	5	6	7	9	10	79
Protective Supervision	11	7	8	13	13	12	13	12	17	12	13	4	135
Grand Total	31	46	23	34	30	33	40	32	43	44	40	27	423

Source: *FACES.NET CMT367*

The total number of children who left care in FY 2019 was 423. Exit reasons for this population include reunification at 52 percent and adoption at 24 percent. The percent of the population that aged out comprised approximately 13 percent.

Table 12: FY 2019 Exits from Foster Care by Primary Reason and by Month of Exit

Exit Type	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Adoption	6	29	6	6	1	3	10	6	4	14	8	7	100
Death of Child	0	0	0	0	0	1	0	0	0	0	1	0	2
Emancipation	4	3	6	4	5	5	5	3	5	6	4	3	53
Guardianship	2	3	0	2	0	2	5	6	11	4	2	3	40
Living with Other Relatives	1	0	0	0	1	2	0	0	1	0	0	0	5
Placement/ Custody by another District agency	0	0	0	0	0	0	0	0	0	1	0	0	1
Reunification	18	11	11	22	23	20	20	17	22	19	25	14	222
Total	31	46	23	34	30	33	40	32	43	44	40	27	423

Note: Examples of other District agencies to which these children exit include (but are not limited to) Department of Behavioral Health, Department of Disability Services, Department of Youth Rehabilitation Services, and Department of Corrections.

Source: *FACES.NET CMT367*

Of the 423 exits in FY 2019, reunification and adoption goals were the among the highest for children that exited foster care. Twenty- four percent of children exiting care had a goal of adoption and 50 percent had the goal of reunification. Forty-eight percent (n=204) of children exiting care had been in care 24+ months.

Table 13: FY 2019 Exits from Foster Care by Goal and by Month of Exit

Goal	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Adoption	6	29	5	6	1	3	10	5	4	16	9	7	101
APPLA	5	3	4	6	3	6	4	3	5	7	3	3	52
Guardianship	2	2	3	1	3	4	6	8	7	4	2	5	47
Legal Custody	1	0	0	0	0	0	0	0	0	0	0	0	1
No Goal	3	2	0	1	0	0	0	0	4	0	0	0	10
Reunification	14	10	11	20	23	20	20	16	23	17	26	12	212
Grand Total	31	46	23	34	30	33	40	32	43	44	40	27	423

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

Source: FACES.NET CMT367

Table 14: FY2019 Exits from Foster Care by Permanency Goal and Length of Stay

Goal	<1 month	1-4 months	5-8 months	9-12 months	13-23 months	24+ months	Total
Adoption	0	0	0	4	18	79	101
APPLA	0	0	0	0	1	51	52
Guardianship	0	0	1	3	6	37	47
Reunification	34	46	30	27	44	31	212
Legal Custody	0	1	0	0	0	0	1
Data Unavailable	0	0	3	0	1	6	10
Grand Total	34	47	34	34	70	204	423

Source: FACES.NET CMT367

The table below shows that a total of 194 placement disruptions²⁰ were reported in FY 2019. The total number of children or youth disrupting from a placement was 140, and the universe of children and youth included in the placement count was 1,182. Of those totals, there were 15 disruptions (8 percent) from kinship foster homes and 145 disruptions (75 percent) from traditional foster homes.

Table 15: FY 2019 Placement Disruptions by Placement Type

Placement Type	Total Clients	Total Clients with Disruptions	Total Disruptions
Foster Homes (Kinship)	385	15	15
Foster Homes (Out of Town Inquiry)	16	0	0
Foster Homes (Pre-Adoptive)	34	3	3
Foster Homes (Traditional Foster Family Emergency (STAR Home))	3	1	1
Foster Homes (Traditional)	792	107	145
Group Settings (Diagnostic and Emergency Care)	52	8	8
Group Settings (Group Homes)	124	12	13
Group Settings (Independent Living)	28	8	8
Group Settings (Residential Treatment)	33	1	1
Other (Developmentally Disabled)	6	0	0
Other (Not in Legal Placement)	122	0	0
Total	1182	140	194

Note: Total Clients is a distinct count of clients in placement during fiscal year. Total Clients with Disruptions is a unique count of clients that experienced a disruption. Total Disruptions takes into account clients with multiple disruption episodes.

Source: Special FACES.NET query

²⁰ Placement disruptions are changes in a child’s foster care placement due to a provider being unwilling or unable to care for the child, the provider cannot meet the child’s behavioral or medical needs, or the provider’s contact ended, and the child moved from that placement as a result. Children whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plan within 30 days of re-placement to determine the child’s service and re-placement needs.

REACHING THE GOAL FOR THE NUMBER OF CHILDREN IN CARE

There is currently no numeric goal for the number of children in care, but the *Four Pillars Strategic Framework* – Pillar 1: The Front Door, provides that children are removed from their families only when necessary to keep them safe. In line with that goal, there has been a trending decline in the foster care population. The foster care population declined to less than 1,000 children in foster care in 2016 and as of September 30, 2019, the total number of children in foster care was 796. CFSA’s focus on prevention and community-based services, providing families in-home services, moving children to permanency and a decrease in the number of children who age out of foster care has contributed to the decline in the foster care population.

EVALUATION OF SERVICES OFFERED

CFSA continues to contract with its community-based partners and to coordinate with internal and District partners to provide families with a range of services that promote safety, stability, and wellbeing. During FY 2019, CFSA provided all services listed below to the applicable CFSA populations from all eight Wards of the District of Columbia.

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

As referenced earlier, the *Family First* prevention plan²¹ provides an overview of current and new prevention services for eligible children and caregivers within the District to support family-strengthening. This includes Collaborative services discussed earlier in this report and in this section. Evaluation of these services will be included in FY 2020 reporting.

Community-Based Family Support Services

CFSA’s contractual partnership with the Collaboratives (described in prior sections) supports both prevention and intervention services for families that are known and families that are unknown to CFSA. Support for known families includes preparation for reunification as well as post-reunification supports to prevent re-entry of children into care. The Collaboratives host three co-located CFSA nurses to support families with young children (birth to age six), and older children with identified needs (when requested by the social worker). The Collaborative services will

²¹ <https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan-2019>

continue in FY 2020 and will also be integrated into the *Family First* and *Families First DC* service framework (described in prior sections).

Family Preservation Services

In 2013, the District of Columbia competed for and won approval from the US Department of Health and Human Services to become a site for the federal Title IV-E Waiver Demonstration Project. The project essentially granted fiscal flexibility in the form of a five-year “waiver” from qualified child welfare jurisdictions spending federal funds solely on foster care services. Rather, as part of the project, jurisdictions could spend portions of the funds on prevention and family preservation services. Over CFSA’s five-year Title IV-E Waiver (2014 to September 2019), CFSA leveraged this fiscal flexibility through an initiative called *Safe and Stable Families*. The result was significant investment in preventing child abuse and helping families keep their children safe without entering foster care. Given the time-limited nature of the Title IV-E project, the Agency began early in 2019 to prepare for the end of Waiver funding and the transition to *Family First* slated to begin in FY 2020. See Appendix C for the Title IV-E Waiver Demonstration Project Final Evaluation Report. Planning included a number of programmatic adjustments that will bolster referral capacity, wind-down program operations and ensure long-term sustainability of programs. As stated earlier, the District received approval of the Family First Five-Year Prevention Plan focusing on services and supports for prevention and family preservation.

Time-Limited Family Reunification Services

As discussed earlier, the PEER support team advises, engages, and supports birth parents whose children have been removed from the home. PEER specialists provide parents with one-on-one support towards reunification by serving as advocates, mentors, and supporter for birth parents.

The following key supports for reunification, which have been described earlier in this report, will continue in FY 2020:

- Rapid Housing Program
- City-wide housing resources
- Family Treatment Court

Adoption Promotion and Support Services

CFSA promotes adoption through recruitment of prospective adoptive parents as well as provision of supportive services to pre- and post-adoptive parents. The strategies for outreach to prospective adoptive parents are described in the earlier section, *Adoption Resources*. For each child with a goal of adoption, CFSA assigns an adoption recruiter who develops individualized recruitment plans. According to the needs of the unique child or sibling group, the recruiter utilizes existing resources and strategies to implement the plan.

CFSA's supportive post-adoption or guardianship services include general information, trainings, resources and referrals. The Agency ensures service delivery through its partnership with the Family Works Together program (previously the Post Permanency Family Center).²² Prior to guardianship or adoption finalization, the assigned social worker notifies families of the availability of post-permanency services, which will continue in FY 2020.

Additionally, the Center for Adoption Support and Education (CASE) is another partnership CFSA has that supports adoption. Using an adoption-centered therapeutic approach, CASE supports CFSA staff through a variety of trainings and webinars, as well as through monthly consultations on intervention planning and matching. CASE directly supports individuals and families through an in-house therapist who is especially equipped to provide attachment focused therapy and to help families deal with more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and heavier court-involvement). This service will continue into FY 2020.

EVALUATION OF AGENCY PERFORMANCE

CFSA uses a variety of ways to measure performance outcomes. The information in the Statistical Analysis of Cases section above, as well as the Four Pillars Scorecard, LaShawn benchmarks, and Quality Service Reviews all discussed below allow the Agency to evaluate performance across several program areas.

CFSA has met all the requirements of DC ASFA, as outlined at the beginning of this report.

Federal standards for achievement of permanency include 12 months for reunification, 18 months for guardianship, and 24 months for adoption. On average, the Agency is not meeting the federal standards set for achieving permanency. By the end of FY 2019, the average time for reunification was 14 months, guardianship was 36 months, and adoption was 38 months.

Four Pillars Scorecard

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

Center for the Study of Social Policy

²² CFSA's contracted partner, Adoptions Together, Inc., administers the Family Works Together program.

The Center for the Study of Social Policy (CSSP) is CFSA's court-appointed monitor. The monitor independently assesses the District's performance toward the outcomes and exit standards set by the 2010 *LaShawn Implementation and Exit Plan* (IEP) in accordance with the 1994 LaShawn Modified Final Order (MFO).²³ Per the IEP, CSSP submits biannual reports on CFSA's progress toward meeting a total of 85 benchmarks. CFSA, in tandem with CSSP, evaluates changes in practice and program improvement over time, as well as the impact of such changes on positive permanency outcomes for children and families.²⁴

By June 2019, CFSA had met 74 out of 85 (87 percent) of the benchmarks. Of the 74, CFSA has maintained 42 benchmarks for at least five years, and 16 benchmarks between 18 months and four years. As a result, CFSA proposed and negotiated a *LaShawn Exit and Sustainability Plan* to replace the IEP. As of October 2019, CSSP will only monitor 23 benchmarks that still require achievement. CFSA is now focused both on maintaining the achieved progress and achieving the remaining 23 benchmarks.

Quality Service Reviews (QSR)

As an integral part of the Agency's continuous quality improvement efforts, the QSR process involves a qualitative method of gathering data. In addition to gathering data, the QSR Unit provides feedback to the impacted CFSA administrations (In-Home, Permanency and Youth Empowerment). Leadership uses the data and feedback to assess and improve individual child welfare case practice and broader system performance.

The QSR process identifies individual, family, and system strengths, as well as areas for improvement. The process also reinforces effective practice and informs positive change by providing real-time assessments and feedback on case practice and system performance. In calendar year (CY) 2019, CFSA reviewed a total of 133 cases using the QSR process.

In CY 2018, there were 137 cases reviewed. Eighty-nine percent of cases had an overall acceptable rating for practice performance. Seventy-three percent of cases had an overall acceptable rating for child and family status. The table below describes the Agency's overarching practice strengths and areas in need of improvement as identified in the recent CY 2018 annual QSR report.²⁵

²³ Due to CFSA's progress in meeting the exit standards of the LaShawn v. Bowser Implementation and Exit Plan (IEP), the Plaintiff, Court Monitor and CFSA renegotiated the IEP to the Exit and Sustainability Plan (ESP). The ESP was signed by the federal court in October 2019 and includes 23 exit standards plus additional commitments of CFSA. This plan supersedes and replaces the LaShawn A. v. Fenty Implementation and Exit Plan (IEP) dated December 17, 2010. The ESP can be found online at: <https://cfsa.dc.gov/publication/lashawn-exit-sustainability-plan>.

²⁴ The latest report can be found online at: <https://cssp.org/wp-content/uploads/2019/06/LaShawn-A-v.-Bowser-Progress-Report-for-Period-July-2018-March-2019.pdf>

²⁵ The CY 2019 report will be available in FY 2020 Quarter 3. The CY 2018 Annual Quality Service report is online at: <https://cfsa.dc.gov/publication/2018-annual-quality-service-review-report-qsr>

Practice Areas of Strength	Practice Areas in Need of Improvement
<p>Safety for Children at Home and at School <i>Children are living in nearly risk-free environments with protective strategies in place (as needed). CFSA continues to protect children from abuse, neglect, exploitation, and intimidation (both foster care and in-home cases). Parents and caregivers provide the appropriate attention necessary to protect the children from known risks.</i></p>	<p>Engagement and Assessment of Birth Parents <i>CFSA needs to continue to engage and assess parents, even when their youth may have a permanency goal of APPLA. To facilitate family connections, social workers must actively communicate and get to know their needs and their strengths. Mixed or inadequate working relationships between team members impacts effective engagement.</i></p>
<p>Planning Interventions <i>Social workers and service providers overall are ensuring that children achieve meaningful, measurable life outcomes (safety, permanency, well-being, education, etc.) Planning includes well-reasoned, agreed-upon goals, and intervention strategies that logically relate to the planned goals and outcomes so that families are successful after exiting the system.</i></p>	<p>Teamwork Functioning and Coordination <i>The team needs to reflect a family-centered and family-driven case planning process. In addition, team leadership must include engagement of other team members, not just clients and family members. Timelines and next steps must be clearly documented and discussed on a regular basis among team members. The unified team must also be clear on permanency goal options.</i></p>
<p>Supports and Services <i>The combination of formal and informal supports and services fit the child and family situation. Delivery of interventions is effective to help achieve sustained permanency.</i></p>	<p>Pathway to Safe Closure <i>Family and team members must all be clear on the permanency goal and steps to achieve it. It is essential for family to have a clear understanding if case closure is to be successful.</i></p>

NEXT STEPS FOR ADDITIONAL LEGISLATION OR SERVICES

CFSA will take actions necessary to conform to changes in best practice, federal and local law that support Agency efforts to keep families together and to enhance service delivery to children in foster care. The following actions will be taken in FY 2019-2020:

Law/Regulation	Action	Purpose/Justification
<i>Foster Parent Training Regulation Amendment Act of 2018</i>	Implement the law	Beginning in October 2019, the law requires that foster parents participate in specialized training within a specified timeframe if a foster child is placed in the foster home who: identifies as lesbian, gay, bisexual, transgender, or queer; a victim of sex trafficking; is a child with a disability; is a pregnant or parenting teen; has a history of violent behavior; and/or is 16 years of age or older.
<i>Close Relative Caregivers Subsidies Amendment Act of 2019</i>	Implement the law	The law provides a subsidy to families where a youth is being cared for and the adult providing the care is a brother, sister, aunt, uncle, nephew, niece, or cousin of the child and related to the child by blood, marriage, domestic partnership, or adoption.
<i>29 DCMR, Chapter 62 – Licensing of Youth Shelters, Runaway Shelters, Emergency Care Facilities, and Youth Group Homes</i>	Amend the regulations	The Agency plans to update the regulations for District congregate care providers to conform with practice. Emergency rulemaking was finalized that allows the Agency to license facilities with a maximum capacity of 15 residents to protect the safety and well-being of children.

**COMMENTS AND RECOMMENDATIONS SUBMITTED BY THE DISTRICT OF COLUMBIA
MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)**

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

December 12, 2019

The **Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN)** is pleased to review and provide comment for the Annual Public Report for fiscal year 2018. We commend Washington, DC's Child Family and Services Agency (DC CFSA) for their committed work to benefit the children and families of our beloved city. This year's report highlights an exciting year with challenging goals and new opportunities for strengthening families. MACCAN serves as a collaborative, advisory body for all activities of child abuse and neglect in DC, including commissioned members of the highest standing who are appointed by the Mayor and represent governmental agencies, community agencies, foster, adoptive, and resource parents, clinical, research, and legal professionals and the public. Public meetings include in-depth presentations and discussions on cross-cutting and collaborative issues to increase opportunities for partnership to reduce and prevent child abuse and neglect. As part of its charge, members of the committee provide the following comments on the FY 2018 Annual Report.

Adoption and Safe Families. The committee supports the use of innovative tools such as the "Exit to Permanence Roadmap" to support effective case planning. We encourage ongoing efforts to ensure quality control and fidelity for these tools for maximum effectiveness. We encourage CFSA to build companion tools in the future designed for families, resource parents, and partnering organizations (e.g., Collaboratives) focused on family strengths and family supports. All stakeholders can benefit from linked roadmap resources to achieve permanency promptly for children and families. We highlight grandparents are a resource for safe families this year note recent federal legislation that highlighted the national increase in grandparents raising foster children and created the national "Advisory Council to Support Grandparents Raising Grandchildren (Public Law No: 115-119; 2018)."

In 2019, CFSA moved to a Permanency FTM that was less formal and cumbersome and at the discretion of the social worker. With individualized planning and information exchange, timelines may vary. We encourage ongoing review of the new approach to ensure that the most effective and time sensitive methods will benefit team processes to achieve permanency. We note that custodian, kinship and guardianship remain alternatives that were not always consistently noted throughout the report. The Parent Engagement, Education, and Resource (PEER) Support program is an exemplar program providing community-based peer support using parents who successfully prevented the removal of their children or experienced reunification. We support efforts to evaluate PEER to increase the voluntary participation of the program and resources needed for its expansion. The five neighborhood Collaboratives are an essential partner program for the child welfare system in DC. The coordination between community resources and CFSA remains essential.

Older youths and those aging out of child welfare remain an area of concern for MACCAN. Alternative Planned Permanent Living Arrangement (APPLA) programs are an area where additional information on plans for progress review and improvement are beneficial. Educational needs, particularly special education needs for those turning 18 is another area of consider for youths as they age and prepare for transition to adulthood.

Substance Use, Mental Health and Educational Services. In 2018 the Family First Prevention Services Act (FFPSA) provided groundbreaking resources for prevention services for children and families at risk for entering foster care, which include opportunities for federal reimbursement for approved mental health services, substance use treatment, and in-home parenting skills training. Through the CFSA Mental Health Redesign, mental health treatment is provided in-house to children in foster care to provide timely short-term services within 30 days of entering foster care. This innovative program changes addressed previous concerns raised about the delay in mental health services. Project Connect, a voluntary and intensive home-based model for substance abuse, was moved to in-house operations team to leverage timely assessments. CFSA has leveraged in house operations for substance use and mental health programs to meet the immediate needs of its populations. Data on those not part of the redesign and already receiving mental health services is also of interest for expansion and quality control and improvement for mental health and substance abuse treatment.

The Family Treatment Court (FTC) program meets the needs of those with substance abuse issues with most participants who complete treatment. Given the rate of relapse for substance abuse treatment, FTC may need to consider supports for prevention and treatment of relapse of substance abuse among parents and child abuse and neglect. We encourage resources for relapse prevention and models for family strengthening to sustain mental health and substance treatment goals. Therapists have important roles in the family strengthening and transition to permanency. We encourage clarification of the role of therapists and other community supports in neglect and termination of rights cases. Parental consent and rights for mental health services are complex issues that need ongoing attention. Improved coordination with school services is an area of opportunity for improving child well-being when children are in care or at-risk. MACCAN would like additional data on education and special education in future years. Mental health and behavior problems and school functioning are important indicators of children in care.

Progress on Benchmarks and Improvements. Data analyses highlighted entry, exit, permanency and disruption for FY 2019. DC continues to have a steady decline of its foster care population. DC has been under a court-appointed monitor to provide independent assessment of its performance as result of the LaShawn Modified Final Court Order. Due to substantial compliance and the laudable accomplishments for achieving most of the benchmark and standards for about five years, CFSA may now focus on maintain progress and remaining standards. Through CFSA's quality control and improvement efforts, they identify areas of strength and improve for safety, interventions and supports and services.

In summary, DCFSa had a transformative year with increased in-house services and planning for prevention and the continued overall decline in the number of children in foster care. MACCAN applauds DCFSa for its hard work and the initiatives highlighted in this report. We look forward to

continuing to serve as an advisory body during the next year working together to improve the lives of children and families in DC.

Respectfully submitted,

The Members of the MACCAN

APPENDIX A: EXCERPT FROM THE CFSA ESTABLISHMENT ACT OF 2001

The Director must:

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

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

APPENDIX B: FOUR PILLARS SCORECARD



D.C. Child and Family Services Agency

Four Pillars Scorecard

FY 2019 Annual

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

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

Front Yard/Front Porch/Front Door							
Outcome: Families stay together safely.							
Indicator	FY18 Annual	FY19 Target	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4	FY19 Annual
Increase timely initiation of investigations*	91%	95%	90%	90%	91%	93%	91%
Increase families who accept community-based services following case closure	61%	85%	59%		55%		57%
Increase children who remain with family after engagement with the Collaboratives ¹	1%	90%	Annual Measure				99%
Reduce length of time in In-Home (months)	9	9	8	7	8	7	7
Reduce new reports while in In-Home	11%	10%	5%	4%	5%	5%	19%
Reduce foster care entries from In-Home*	173	140	50	45	35	15	145
Reduce new entries into foster care*	280	300	93	93	79	42	307
Reduce re-entries into foster care	80	80	Annual Measure				78
Temporary Safe Haven							
Outcome: Children and youth are placed with families whenever possible.							
Indicator	FY18 Annual	FY19 Target	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4	FY19 Annual
Increase placements with relatives (kin)*	24%	24%	27%	28%	28%	28%	28%
Increase placements in family foster homes*	82%	85%	82%	83%	83%	81%	82%
Increase licensed foster homes in the District	239	250	226	221	230	226	226
Outcome: Planning for permanence begins the day a child enters care.							
Increase children with one placement in the past 12 months	50%	55%	50%	48%	48%	47%	47%
Increase engagement with birth families	79%	TBD ²	Annual Measure				89%
Increase parent-child visits	91%	85%	88%	83%	82%	80%	83%
Increase birth family use of needed services and supports	74%	TBD ²	Annual Measure				89%
Increase shared parenting	24%	30%	18%	7%	13%	8%	12%

¹ Indicator language changed from FY18 which previously accounted for children entering foster care after Collaborative engagement.

² No target established for FY19; target will be included in FY20 scorecard.

Well Being

Outcome: Children and youth in foster care maintain good physical and emotional health.

Indicator	FY18 Annual	FY19 Target	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4	FY19 Annual
Increase timely medical evaluations for children/youth following placement	91%	93%	90%	94%	89%	95%	92%
Increase timely dental evaluations for children/youth following placement	57%	60%	55%	56%	54%	62%	57%
Increase children/youth who receive needed behavioral health services	81%	81%	Annual Measure				78%
Reduce births to youth in foster care	16%	18%	16%	15%	14%	14%	15%

Outcome: Children and youth in foster care get an appropriate education and meet expected milestones.

Increase children ages birth-5 in foster care who get a timely developmental screening*	96%	90%	96%	89%	92%	93%	92%
Increase youth in foster care who graduate from high school*	67%	70%	Annual Measure				73%

Outcome: Youth in foster care pursue activities that support their positive transition to adulthood.

Increase youth who have employment or internship experience	51%	55%	Annual Measure				46%
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Exit to Permanence

Outcome: Children and youth leave the child welfare system quickly and safely.

Indicator	FY18 Annual	FY19 Target	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4	FY19 Annual
Reduce time to reunification (months)	14	14	16	13	16	10	14
Reduce time to guardianship (months)	39	34	35	39	39	32	36
Reduce time to adoption (months)	33	32	31	59	48	31	38
Reduce youth who age out of foster care	15%	17%	13%	14%	12%	12%	13%

Outcome: Youth actively prepare for adulthood.

Increase youth engagement in after-care programming*	98%	95%	Annual Measure				96%
Increase youth graduating from college*	19%	10%	Annual Measure				11%
Increase youth enrolled in/completing vocational training or a certification program*	76%	65%	73%	75%	86%	100%	80%
Increase re-engagement of older youth in educational/career services	75%	60%	Annual Measure				75%
Increase youth who exit care with stable housing	98%	88%	92%	92%	92%	100%	94%

* Key Performance Indicators for the Mayor's Plan FY19



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

APPENDIX C: SAFE AND STABLE FAMILIES EVALUATION SUMMARY

Government of the District of Columbia
Child and Family Services Agency
Title IV-E Waiver Demonstration Project
Final Evaluation Report

Submitted by: The CFSA Waiver Implementation Team
along with Coordinated Care Services, Inc (CCSI) and
Community Connections of New York (CCNY)
September 2019

Executive Summary

Background – The District of Columbia Child and Family Services Agency’s (CFSA) title IV-E waiver (Waiver) demonstration project was designed to respond to the projected changes in the out-of-home and in-home populations as CFSA has experienced a steady decline in the foster care population over the past few years. Prior to the start of the Waiver, efforts were made to accelerate progress toward system reform and address the needs of the District’s most vulnerable populations such as families with young children, young parents, and substance – affected families working toward reunification. CFSA initiated its Waiver on April 24, 2014, aligning with these efforts. The District’s Waiver was expected to enhance services, supports and resources available to children and families at varying levels of involvement with the child welfare system, resulting in improvements in safety, permanency, and well – being outcomes for these children, youth and families. Overall the mission of the Waiver was to expand the availability of the following evidence-based programs to families served by CFSA:

- **Project Connect** – worked with high – risk families with CFSA involvement who are affected by parental substance abuse, mental health issues, and domestic violence.
- **HOMEBUILDERS®** - a home- and community-based, intensive family preservation services treatment program designed reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent removal.
- **Parent Education and Support Project (PESP)** – a range of parenting services and supports to families and used both evidence-based and non-evidence based, in-home parenting curriculum such as Effective Black Parenting Program, the Nurturing Parenting Program, Chicago Parenting Program, and the Incredible Years.
- **Home Visiting programs** – offered to expectant parents and families with new babies. The services addressed issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.
- **Father-Child Attachment program** – a home and community-based intervention for expectant and new fathers that drew from the Chicago Parent Program curriculum.
- **Parent and Adolescent Support Services (PASS) program** – program for District youth ages 10-17 who are committing status offenses. The PASS program works cooperatively with

families and services providers to reduce challenging behaviors before child welfare and/or juvenile justice intervention is needed.

- **Mobile Crisis Stabilization Services (MSS)** – an intensive family preservation services treatment program designed to rapidly respond, effectively screen, provide early intervention to families who are experiencing a crisis, identify services and alternatives that will minimize distress, and provide stabilization in the community.

These interventions were chosen because they were designed to ensure families would be able to access services tailored to their strengths and needs so that caregivers could learn developmentally appropriate parenting skills to improve parenting skills and ultimately lead to a) more children remaining safely in their homes and b) a reduction in time to achieve reunification when children were removed.

Methodology – The evaluation goals were met by way of a three-prong study approach: Process Study, Outcomes Study, and Cost Study. Studies were operationalized by four overarching designs to address four research questions and sub-hypotheses. While the research questions were distinct, they complemented each other and provided actionable insight to CFSA staff in order to make important programmatic decisions regarding program effectiveness. Given the breadth of research questions related to both program effectiveness/impact and overall Waiver implementation, several studies were conducted within the evaluation approach.

A quasi-experimental, pre-post design with comparison group of services offered before the Waiver was conducted to determine if there are significant differences in the number of families receiving preventive services over time, and to examine families' progress towards outcomes. A non-experimental, cross-sectional design without a comparison group (mixed methods) was used to determine if interventions were implemented with fidelity and to examine implementation factors. Lastly, a simple-cost analysis, and cost-effectiveness analysis were used to calculate the costs associated with the Waiver implementation; and to identify the differences in the costs related to outcomes for the pre-Waiver sample compared to a matched sample of families receiving services as part of the Waiver.

Findings – Through the efforts of the various evaluations, findings suggest that CFSA saw improvements in child and family outcomes from the Waiver. Although CFSA was unable to continue the expansion of all community-based prevention services initially designed, and referral numbers remained lower than expected throughout the course of the Waiver, outcomes for the three interventions evaluated over the course of the Waiver period: Project Connect, HOMEBUILDERS®, and MSS were strong for families served. Waiver-enrolled families had decreased maltreatment recurrence rates, increased time at home before subsequent placements, and reduced out-of-home placements as a result of Waiver services. Waiver funded services increased positive outcomes for children, youth and their families and showed improvements in

their overall well-being. Caregivers reported appreciating the individualized community-based supports they received and that these supports impacted all aspects of their lives. For process outcomes associated with implementation and sustainability, it is noted that over the course of the Waiver period, CFSA was extremely responsive to low utilization and marginal outcomes. Through regular internal reports and consultation from the Waiver implementation and evaluation teams, CFSA acted swiftly to alleviate barriers to utilization and adapt or replace interventions to fit District family needs. A byproduct of this responsiveness, CFSA experienced relatively prolonged implementation periods for some program, resulting in mixed data collection methodologies over time. Given the iterative implementations, the timeframes and data available for interventions across the evaluation period may vary depending on the time of implementation and discontinuance of specific interventions.

The total cost calculated for the three Fiscal Year period was \$9,705,632.42. Given the three-year total, the annual cost was an average of \$3,235,210.81. During this time, Project Connect was able to serve 81 families, bringing the average annual cost of Project Connect per family to \$85,137.13. These findings suggest that a cost of approximately \$3,200,000 annually may be necessary for a similarly sized child-serving catchment area to provide Project Connect for families diverting foster care. Overall, based on the number of families Project Connect served (avg. 38/year), the average annual cost per family was \$85,000.00.