District of Columbia Government
Child and Family Services Agency

FY 2019 Needs Assessment




October 1, 2019

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INTRODUCTION

The District of Columbia (DC) Child and Family Services Agency (CFSA or Agency) completes an annual comprehensive *Needs Assessment* that directly informs CFSA's *Resource Development Plan*. That is, the *Needs Assessment* assists child welfare decision-makers in developing the 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. Additionally, the *Needs Assessment* and *Resource Development Plan* are intended to inform CFSA's fiscal year (FY)[1] 2021 budget development.[2]

CFSA STRATEGIC AGENDA AND PRIORITIES

As a part of CFSA's continuous quality improvement (CQI), the *Needs Assessment* review quantitative and qualitative data to assess how services and supports are facilitating the implementation of the Agency's commitment to the values-based *Four Pillars Strategic Framework.* Established in 2012, the following four key practice areas are included in the framework:

- **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.

In 2018, CFSA incorporated the following four priorities (Four Ps) into the Agency's practice vision. The *Needs Assessment* aligns with each of the Four Ps and complements CFSA's strategic *Framework*:

- **Prevention:** Strengthening and focusing support of the CFSA's contracted partners, the community-based Healthy Families Thriving Communities Collaboratives that support and serve families before they become involved with CFSA.
- **Placement Stability:** Developing an array of options to meet the needs of children and youth who enter foster care, encouraging the first placement as the best placement, increasing the number of kinship placements, improving wraparound services, and increasing support for resource parents.[3]

[1] October 1 – September 30

[2] Annual completion of the Needs Assessment and Resource Development Plan by October 1 is a requirement of the LaShawn A. v. Bowser 2019 Exit and Sustainability Plan.

[3] The *Needs Assessment* uses the term "resource parent" as 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 THIS DOCUMENT

Assessing Needs

The *Needs Assessment* has four sections: Prevention, Temporary Safe Haven, Well Being and Exit to Permanence. Each section has guiding questions followed by data and analysis with narrative descriptions. To develop the document, the Performance Accountability and Quality Improvement Administration and other staff members within the Office of Policy, Planning and Program Support (OPPPS) met with executive leadership and managers from CFSA's Community Partnerships, Entry Services (includes Child Protective Services (CPS) and In-Home Administration), the Permanency Administration, and the Office of Youth Empowerment (OYE). These forums occurred three times during the year to allow program areas and leadership the opportunity for cross-cutting discussions on the *Needs Assessment* findings and subsequent resource planning.

Identifying Key Priorities

The FY 2021 *Resource Development Plan* (RDP) will address needs identified through the assessment process. The RDP will include FY 2020 updates in addition to new resource needs identified for FY 2021 development. While the RDP will ultimately inform the FY 2021 budget programming, CFSA will remain responsive and flexible to emerging needs and will shift existing resources accordingly.

GUIDING QUESTIONS

OPPPS staff focused on two particular areas to inform the data collected for each section of the *Needs Assessment*: (1) the number and demographic characteristics of children and families involved in the District's child welfare system, and (2) the child welfare system's services and placement array.

NUMBER AND DEMOGRAPHIC CHARACTERISTICS OF CHILDREN & FAMILIES SERVED

How many children and families does CFSA serve?

How many families are receiving services in each category and sub-category? How much service capacity is needed?

What is the profile of the children and 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 services does CFSA and its partners offer?

What services and placements are being offered by CFSA, sister agencies and partner providers? Are services located near and accessible to children/families?

Are services meeting the needs of the District's children and families?

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

METHODOLOGY

OPPPS staff used multiple quantitative and qualitative data sources to inform the *Needs Assessment.*[4] The main data sources included but were not limited to the following examples:

- CFSA's statewide automated child welfare information system (SACWIS), which is known locally as FACES.NET and is the central repository for all client-level information
- Manual databases to capture program-specific information
- The Collaboratives' Efforts to Outcomes (ETO) database
- Surveys, focus groups and interviews (both internal and external stakeholders)[5]
- Qualitative case reviews and quantitative analysis

Unless otherwise specified, data covers the time frame of FY 2018 through FY 2019-Q3 (September 30, 2017 to June 30, 2019).

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

[5] Surveys were sent to 271 participants and 135 (50 percent) of respondents completed the survey. Respondents included: youth, birth parents, and resource parents (72) and child welfare professionals (199). A total of 27 additional participants completed focus groups. While the surveys and focus groups provide valuable insight they are not a representative sample and the information cannot be generalized across the child welfare system.

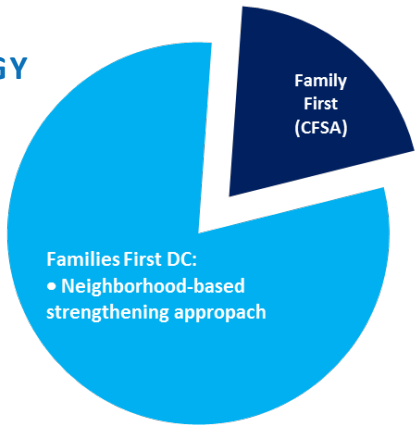
SECTION 1: PREVENTION

For the past decade, CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to one that supports and strengthens families. CFSA's investments in community-based prevention and our partnerships with sister health and human services agencies have resulted in a 60% reduction in the number of children and youth in foster care from a high of 2,092 in FY 2010 to fewer than 900 today, even as the city's population has increased by 100,000 residents.

The federal government passed the Family First Prevention Services Act (FFPSA) on February 9, 2018. As a result of FFPSA, starting in FY20, the District will have the ability to claim title IV-E funding historically reserved for foster care payments, for prevention services. This new legislation has created new possibilities for how CFSA plans for and develops evidence-based prevention services to meet the needs of pregnant or parenting youth and children who are at imminent risk of foster care placement. CFSA submitted the District's Family First Prevention Services Five-Year Plan to the Children's Bureau on April 10, 2019: *Putting Families First in DC*. DC's federal prevention plan submission was designed to articulate the District's city-wide prevention services array goes far beyond the limited target populations allowed under the legislation. Further outlined below, DC has invested resources in primary prevention strategies to serve vulnerable families before child welfare involvement is ever needed. Implementation will begin on October 1, 2019 at which time children identified as "candidates for foster care" will be eligible to receive additional evidence-based services to prevent entry into care consistent with Family First eligibility and claiming rules. See section on "Preventing Child Abuse and Neglect in Partnership with the Community" for more information below.

FAMILIES FIRST DC: PRIMARY PREVENTION STRATEGY

In addition, DC has embraced a family strengthening vision that is broader and bolder than Family First, and Mayor Muriel Bowser has reinforced that vision with a companion initiative: Families First DC. In the FY 2020 budget, the Mayor has proposed $3.9 million to fund 10 Family Success Centers in targeted neighborhoods east of the Anacostia River, where approximately three-quarters of the children and families served by CFSA live.[6]



[6] All 10 neighborhoods are located in Wards 7 and 8. These neighborhoods were selected based on analysis of social determinants of health, violence prevention priority areas, and substantiated reports of child abuse and neglect.

PRIMARY, SECONDARY AND TERTIARY PREVENTION

CFSA's approach to prevention activities focuses on populations identified as being in the Front Yard, on the Front Porch or at the Front Door (as defined below) of the child welfare agency. CFSA bases its identification of vulnerable populations on systemic experience and research that shows, all but for an intervention, there is the potential for the child to end up in foster care.

Primary Prevention: Front Yard – Families not known to CFSA

Families in the Front Yard have no child welfare involvement but nonetheless face challenges that could put them at risk for coming to the Agency's attention. Two primary examples of these Front Yard families include young (under age 25) homeless families with young children and "grandfamilies" (i.e., grandparents responsible for caregiving their children's children). Although these families are not currently connected to the child welfare system, they may be connected to one of CFSA's five contracted community-based Healthy Families/Thriving Communities Collaboratives (Collaboratives).[7] Part of the District's broader child welfare system, the Collaboratives often take the lead on connecting families to other District and community resources to address specific needs such as housing, employment and mental health.

Secondary Prevention: Front Porch – Families known to CFSA but with no open case

Front Porch families have experienced a Child Protective Services (CPS) investigation or a family assessment (FA) response to a CPS Hotline allegation. Although CFSA discontinued FA responses in April of 2019 (see "Secondary Prevention" section below), these assessments formerly served families with allegations of abuse or neglect that had safety or risk levels not rising to the level of opening an in-home case or child removal. The families were often referred to the Collaboratives to provide family stabilization and other support for their specific needs. Families who have experienced a CPS investigation who need family stabilization and other support for their specific needs and do not have a child removed or in-home case opened continue to be referred to the Collaboratives.

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

Families at the Front Door have either an open in-home case and are working toward case closure or an open Family Court-involved out-of-home (foster) case and are working toward reunification. At times, families may have short-term needs requiring additional community-based supports provided by a Collaborative. Collaboratives provide these specific services and team with the CFSA social worker to support the successful closure of the CFSA case.

[7] The Collaboratives are strategically located in five neighborhoods in the District that have high representation of families in contact with the child welfare system. CFSA co-locates social workers and community-based nurses to serve the local neighborhoods.

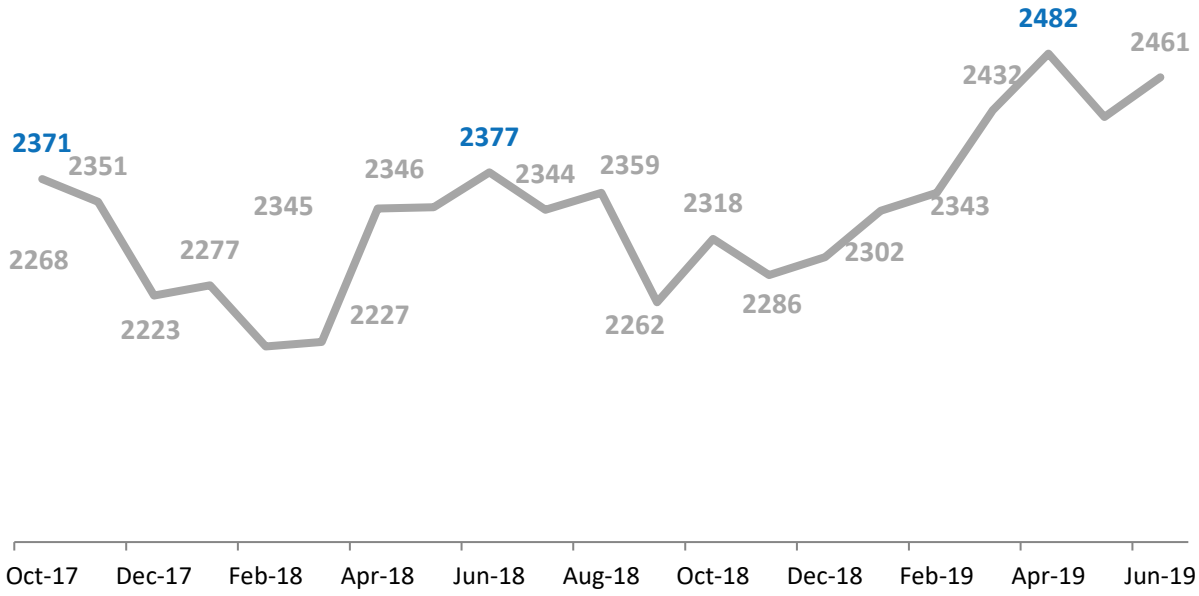
DEMOGRAPHICS AND NUMBER OF FAMILIES SERVED

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

Recent Trends

Overall, the total number of children served (in-home and in foster care) has risen between FY 2018 and FY 2019-Q3. Throughout FY 2018, the Agency served the most children during the month of June. In FY 2019, the number of children served climbed higher during Q2 and Q3, reaching a total of 2,482 children being served during the month of April.

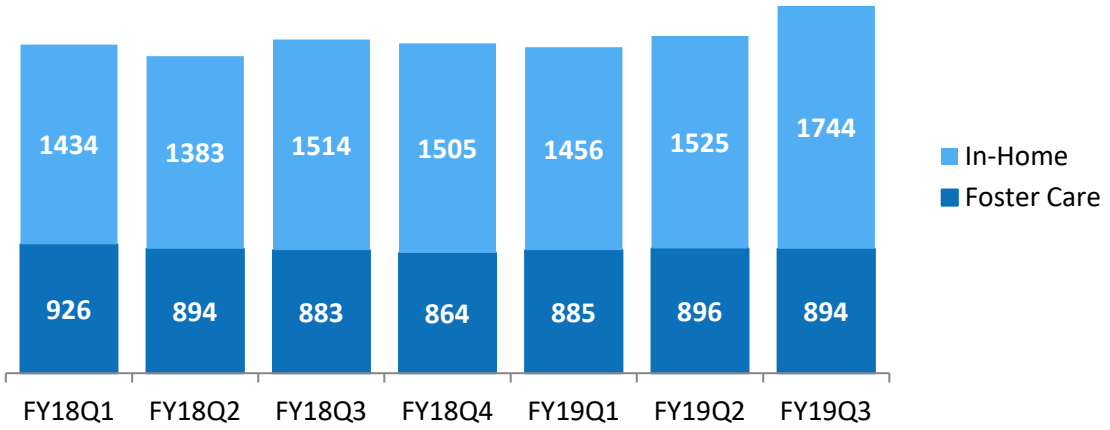
Since the peak of the 2,482 total children served, the number served has slightly decreased.



Source: BIRST – Total Children Served

In FY 2019, on average each month, CFSA served a total of **1575 children in their homes (in-home services) and 892 children in foster care (out-of-home services)**. The total number of children receiving both foster care and in-home services rose during FY 2019-Q2 and Q3, but more substantially for children In-home.

There has been a recent increase in the number of children served in-home in the last quarter.



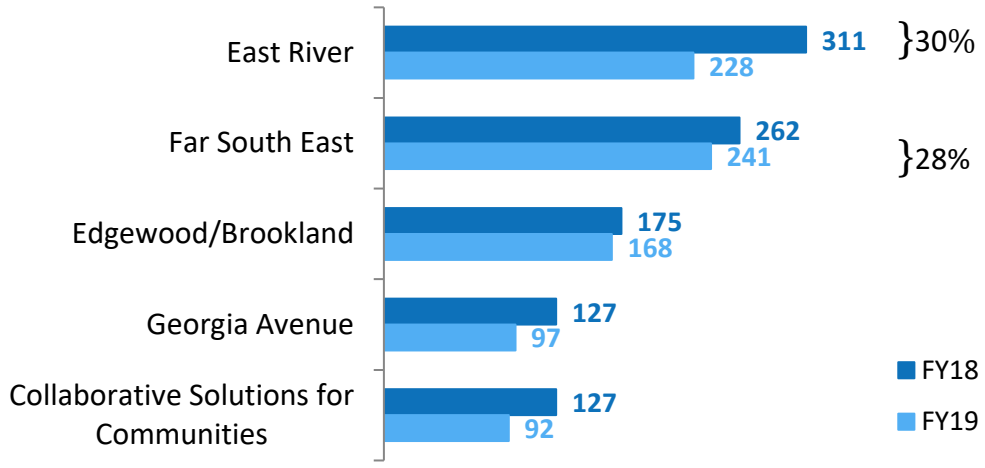
Source: FACES Management Report CMT232, pulled September 30 for each fiscal year.

Families Served by the Community Based Collaboratives

The Collaboratives served a total of 1,789 families between October 2017 and June 2019 in the Front Yard, Front Porch, and Front Door categories of prevention (FY 2018 and FY 2019 through Q3; see page 8 for descriptions of each category). Data on Collaborative referrals come from three pathways:

- Referrals from a CFSA or private agency social worker for Front Porch or Front Door cases
- Referrals from other District agencies (e.g., DC Public Schools or the DC Department of Human Services)
- Self-referrals (including walk-ins)

East River and Far Southeast Collaboratives served approximately 58 percent of families served by all of the Collaboratives in the District of Columbia.



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**.[8] As part of its research and data analysis, CFSA identified the following two vulnerable Front Yard populations more likely to be at risk for child welfare involvement due to a lack of available or accessible primary prevention services. As noted above, CFSA identified the vulnerable populations based on systemic experience and research showing that without a viable intervention, there is potential for the child to end up in foster care. The list below identifies the vulnerable populations targeted to receive services.

- **Families with young children experiencing homelessness:** 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.
- **Grandfamilies:** Offer community-based supports and services to prevent out of home placement.
  - Grandparents as well as uncles and aunts providing long-term placement and caregiving.

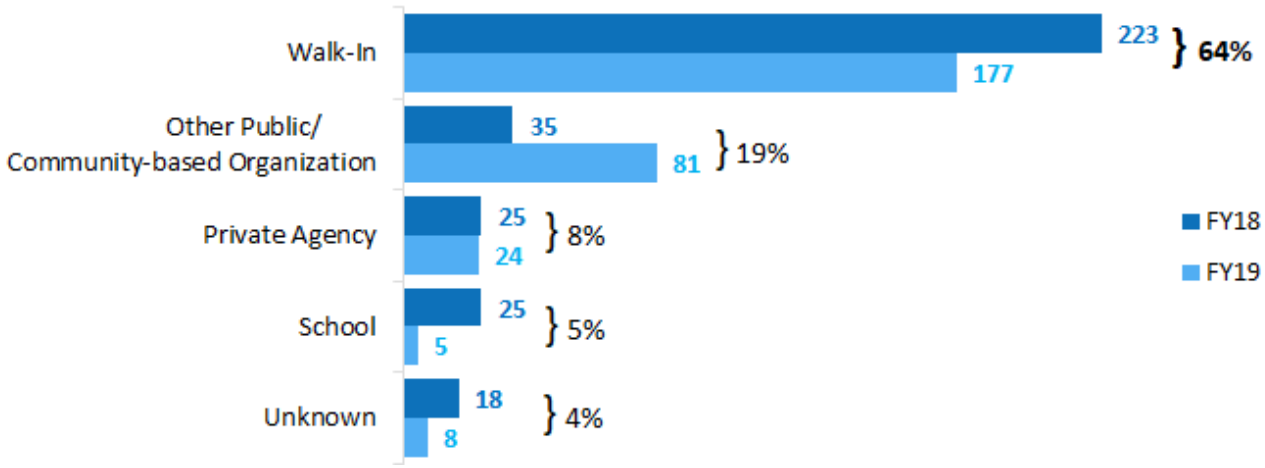
The five Collaboratives individually provide access to prevention services for those families without CFSA involvement, i.e., those who independently seek services. The funded capacity per Collaborative is based on maximizing accessibility of services according to the geographic locations.

Number of Families Served in the Front Yard

Of the total 1,789 families served between October 2017 and June 2019, the Collaboratives served **621 families** via the Front Yard i.e. primary prevention services (e.g. individualized case management, public promotion of positive parenting, parent education courses on child development, and family support services for housing, employment, etc.). The **majority of families resided in Ward 7**.

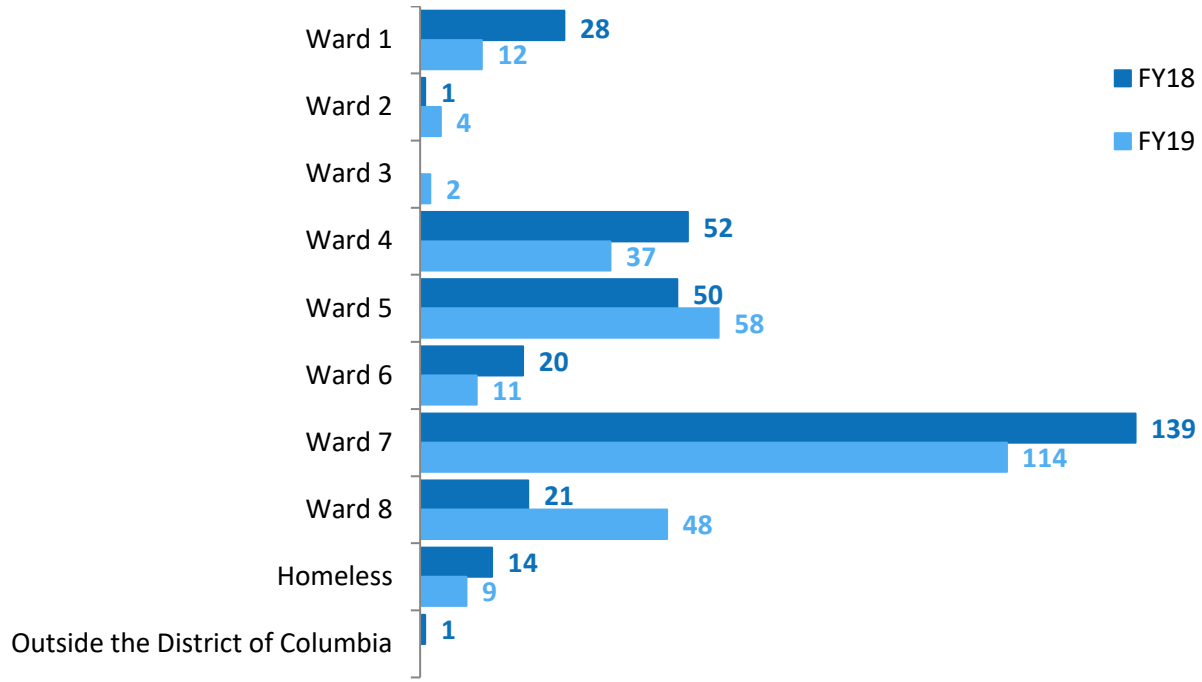
Most families served at the Front Yard were walk-in clients (64 percent) between October 2017 and June 2019.

8 https://www.childwelfare.gov/pubPDFs/riskprotectivefactors.pdf



Source: Community Partnership Collaborative Data

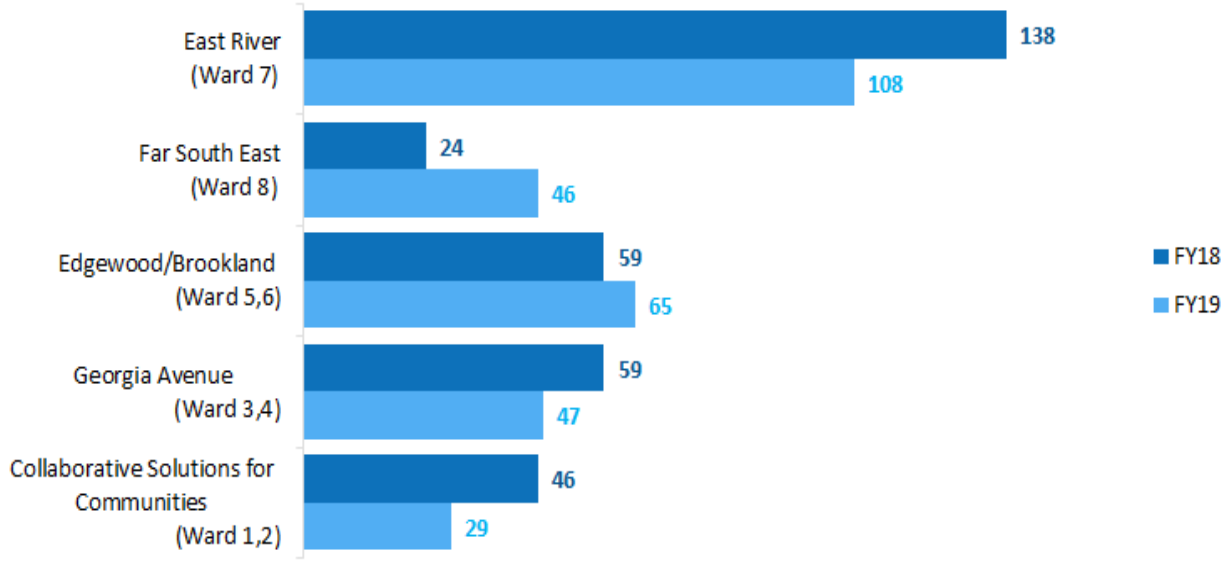
Between October 2017-June 2019, the Collaboratives served 621 Front Yard families, mostly from Ward 7.



Source: Community Partnership Collaborative Data

Families typically receive services in the ward where they reside. However, if the family needs a certain service that is not available through their ward's Collaborative, the family may receive services from a Collaborative located in another ward. The graph below shows the distribution of Front Yard families among the Collaboratives.

The East River Family Strengthening Collaborative (Ward 7) served 40 percent of Front Yard families in FY 2019.



Source: Community Partnership Collaborative Data

Secondary Prevention Recipients (Front Porch)

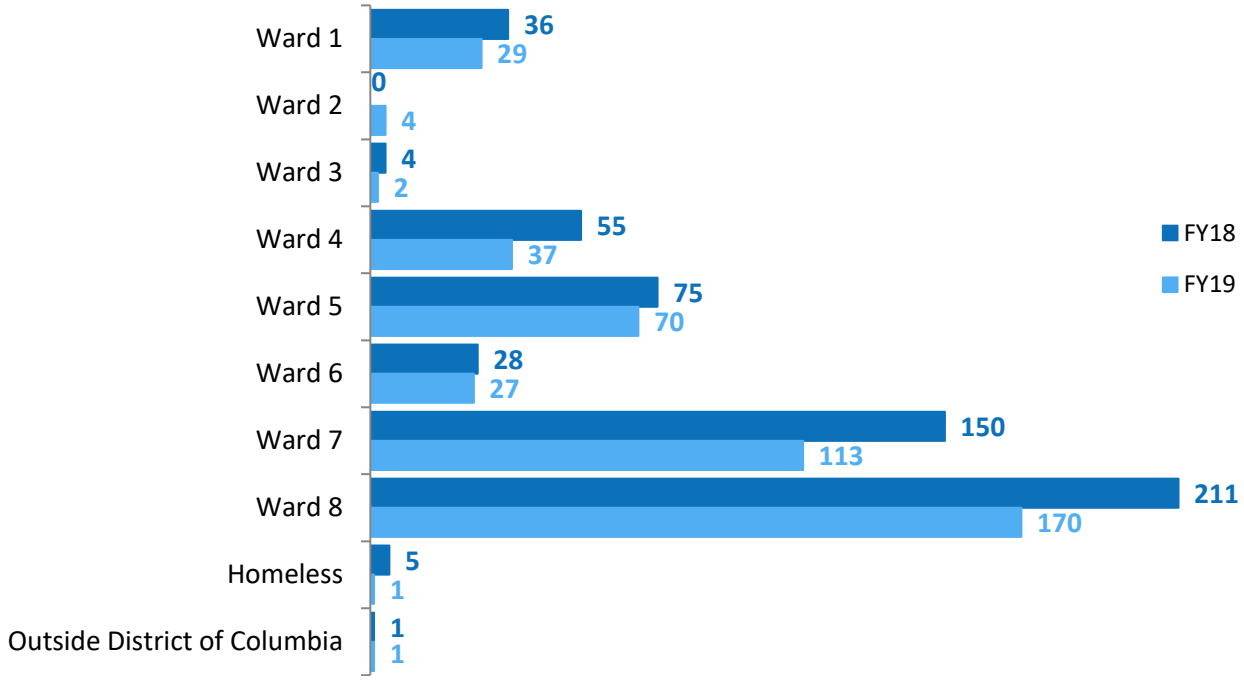
CFSA and the Collaboratives make every effort to direct and serve a family within their ward of origin. There are exceptions for special services that may only be available from a Collaborative outside of the ward where the family resides. At the Front Porch, Collaboratives are able to provide primary 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:

- CPS Investigation (CPS) referrals closing with any risk level but unfounded or inconclusive dispositions, where additional short-term assistance to families are needed to promote family stability.
- CPS Investigation (CPS) 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.

Number of Families Served on the Front Porch

Between October 2017 and June 2019, **1,019 families received secondary prevention services.** The majority of those families resided in Wards 7 and 8**.**

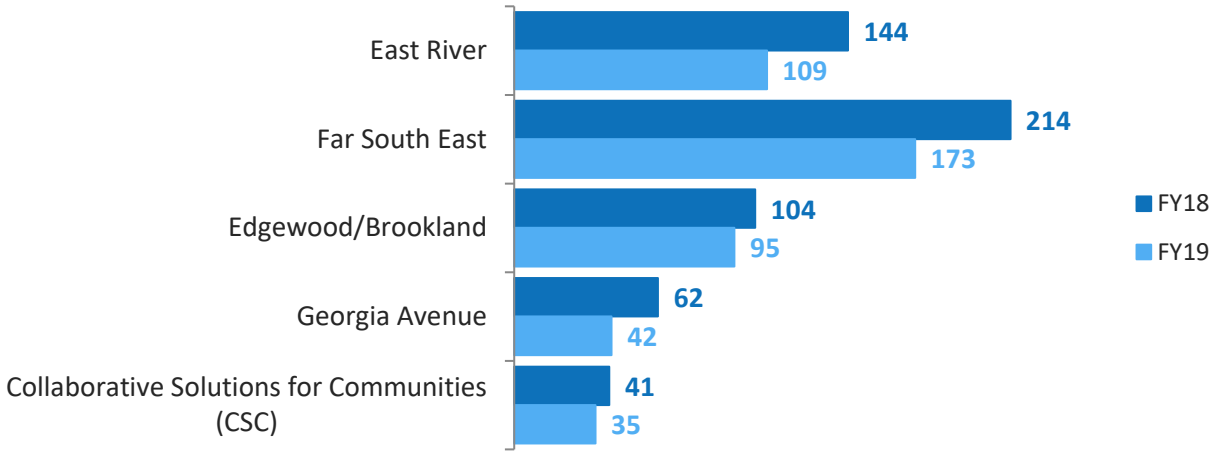
Most Front Porch families are served in Wards 7 and 8.



Source: Community Partnership Collaborative Data

For both FY 2018 and FY 2019, the Far South East Family Strengthening Collaborative (Far South East) served the majority of Front Porch families, followed by the East River Family Strengthening Collaborative (East River).

Far South East served the majority of Front Porch families in FY18 and FY19



Source: Community Partnership Collaborative Data

Tertiary Prevention Recipients (Front Door)

Collaboratives are also able to provide tertiary level prevention services for families where child maltreatment may have already occurred, and services can help mitigate the impact of maltreatment. These services focus on 1) preventing initial entry into foster care, or 2) preventing

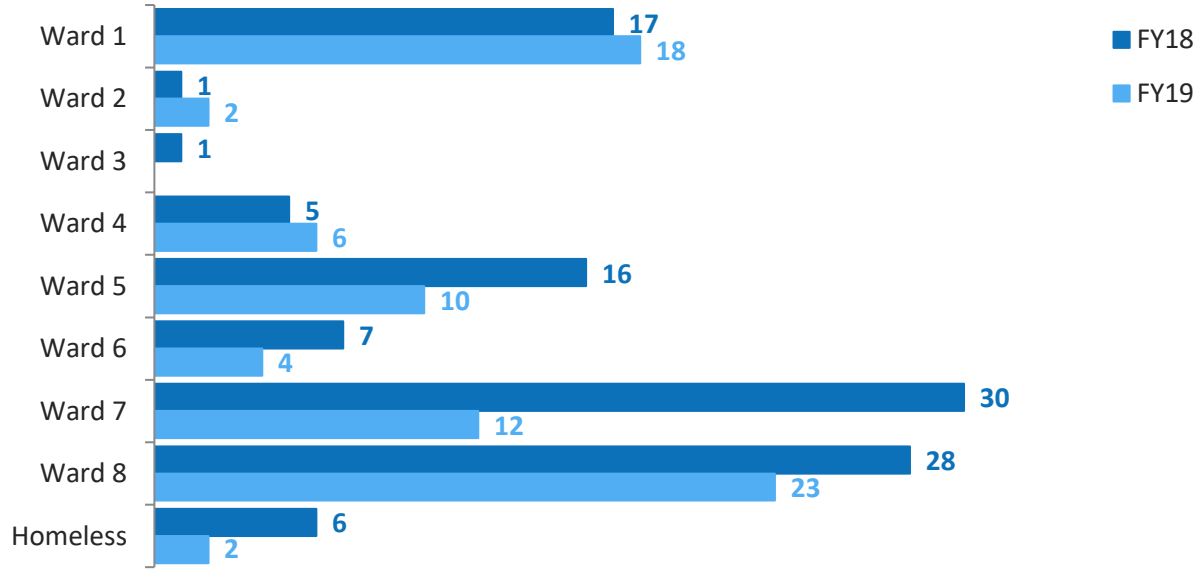
re-entry or recurrence of child abuse and neglect (for those families referred from CFSA). Families may have an open case or may be in the process of closing an in-home or out-of-home case. CFSA and the Collaborative social workers work together on in-home and out-of-home cases. The following case criteria apply to families at the Front Door:

- **Permanency (out-of-home):** The children are safe and have been reunified; the court case has been closed but there is a demonstrated need for additional services and support to ensure sustainable reunification and connections to community resources.
- **Entry Services (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.

Number of Families Served at the Front Door

Between October 2017 and June 2019, **188 families (in-home and out-of-home cases) received step-down services from the Collaboratives**. Families are offered the full array of services offered by the Collaboratives at the time of step-down from an in-home or out of home case. The family is referred to the appropriate services to meet their needs. These step-down services help families transition from court-involved or CFSA-involved services to community-based services that address the family's stabilization needs.

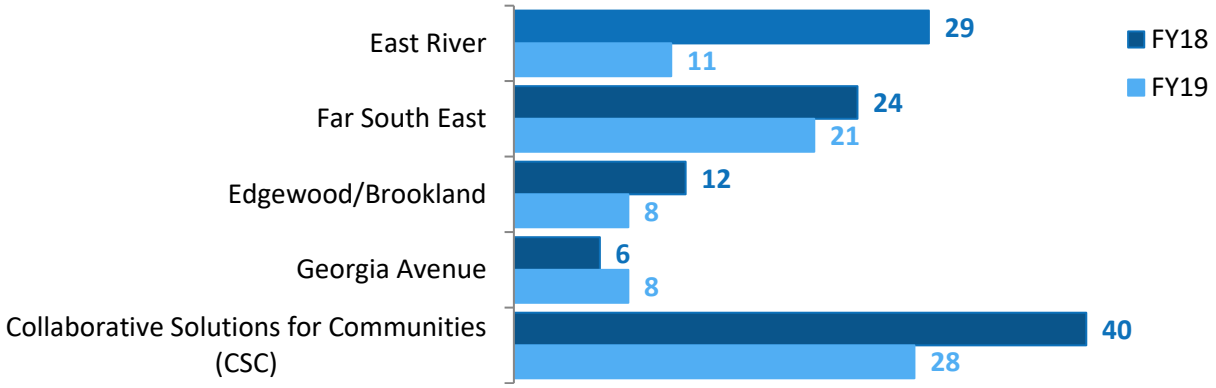
The majority of families receiving step-down services in FY 2018 and FY 2019-Q3 resided in Ward 7 (22 percent), Ward 8 (27 percent), and Ward 1 (19 percent).



Source: Community Partnership Collaborative Data

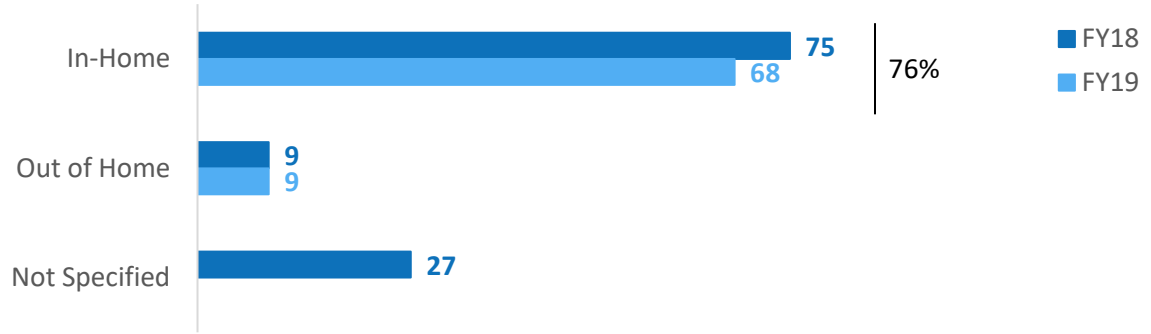
Collaborative Solutions for Communities (CSC) primarily serves Wards 1 and 2. However, in both FY 2018 and FY 2019, CSC also served most Front Door families from Wards 7 and 8. [9]

CSC served the majority of families (36 percent) while Far South East served 24 percent and East River served 21 percent.



Source: Community Partnership Collaborative Data

CFSA's In-Home Administration referred 76 percent of Front Door families for step-down services.



Source: Community Partnership Collaborative Data

Services Requested by Families

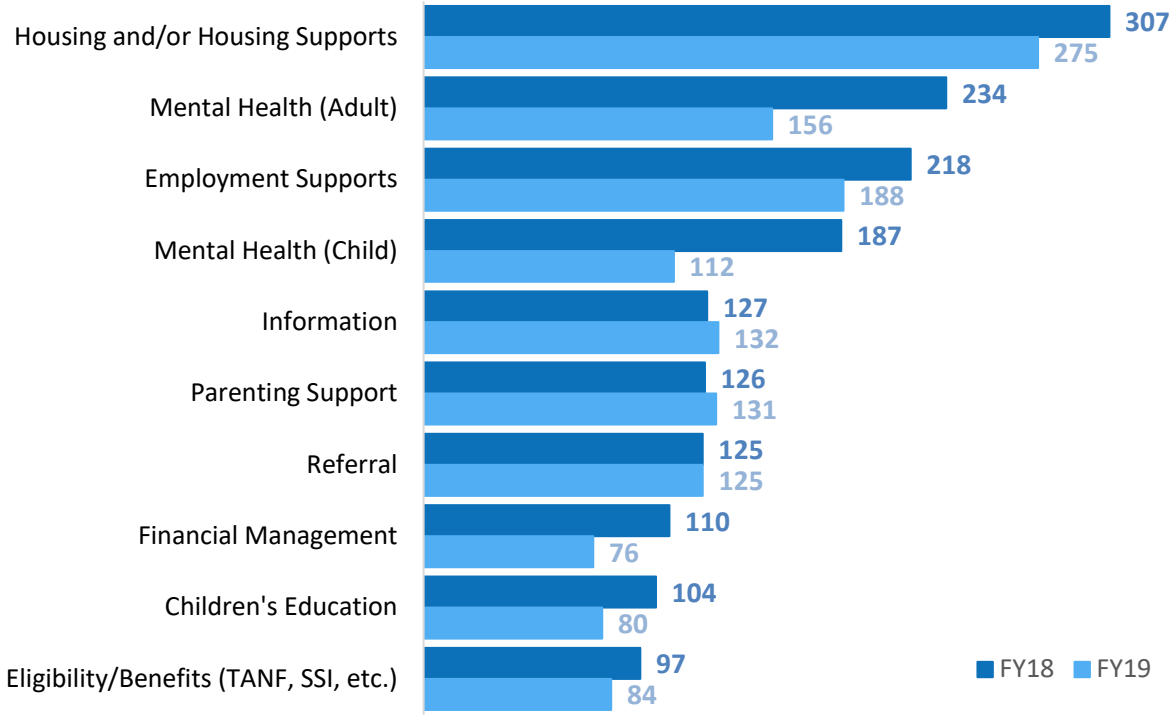
CFSA asks each Collaborative to report on the services that families request directly to them, as well as services recommended by the agency[10]. The top requested service for FY 2018 and FY 2019 was housing (or housing supports), including family requested and CFSA recommended. For services requested by CFSA, the

[9] A family may obtain services at a Collaborative outside their ward when the local Collaborative is unable to meet the family's particular needs. For example, only CSC and East River provide evidence-based parenting curricula. If East River's parenting class is full, a Ward 7 or 8 family may go to CSC for that class.

[10]The Collaboratives store their case management data in the Efforts to Outcomes platform (ETO). Using the ETO, the Collaboratives provide data to CFSA through agreed-upon management reports. During FY 2018 and FY 2019, the service elements that CFSA requested and the Collaboratives agreed to provide were what services were requested by the agency and what services were requested by the family. CFSA has requested that the Collaboratives provide information on the individual services completed by the family in FY2020.

next service types with the highest number of requests in FY 2018 and FY 2019 were adult mental health services and employment supports.

Top 10 Collaborative services requested by CFSA[11]

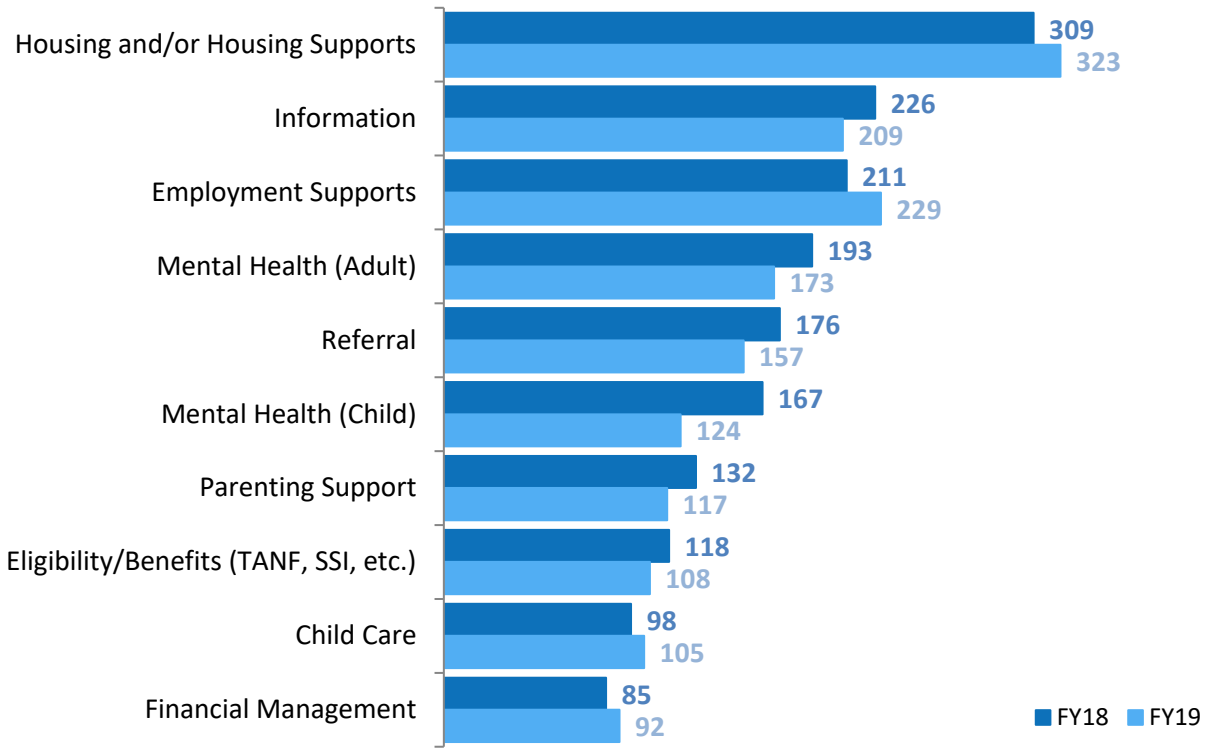


Source: Community Partnerships Collaborative Data

For the services requested by the family in FY 2018 and FY 2019, the next top two requests after housing and/or housing supports were information (providing family with a list of resources including contact individuals) and employment supports.

[11]The Federal government provides grants to States to run the Temporary Aid for Needy Families (TANF) program. Supplemental Security Income (SSI) is a Federal income supplement program designed to help individuals who are aged, blind, and disabled and who have little or no income.

Top 10 Collaborative services requested by the family



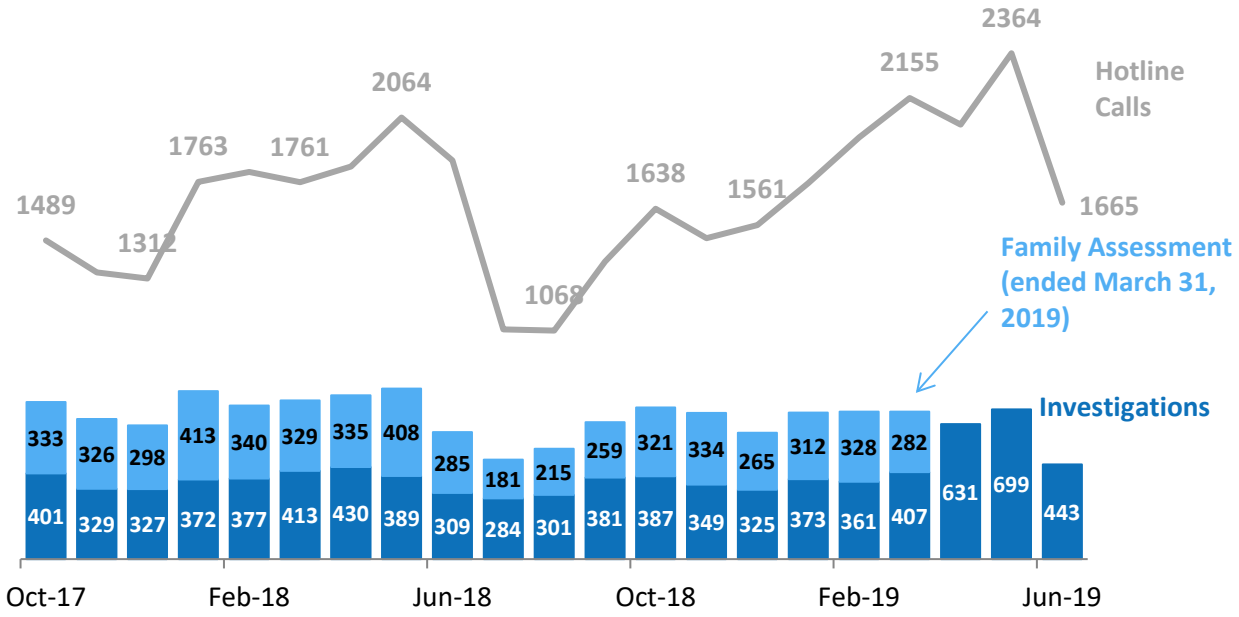
Source: Community Partnerships Collaborative Data

How many families are served through Child Protective Services and In-Home?

Hotline Reports

Although there are seasonal variations in the number of Hotline calls received, CFSA noted a nine percent increase in calls received for October-June of FY 2019 compared to the same time frame in FY 2018. Conversely, the number of calls accepted into either the FA track or CPS investigations declined by nine percent during the same period. Isolating the number of calls accepted for investigations, the total number has increased by 19 percent.

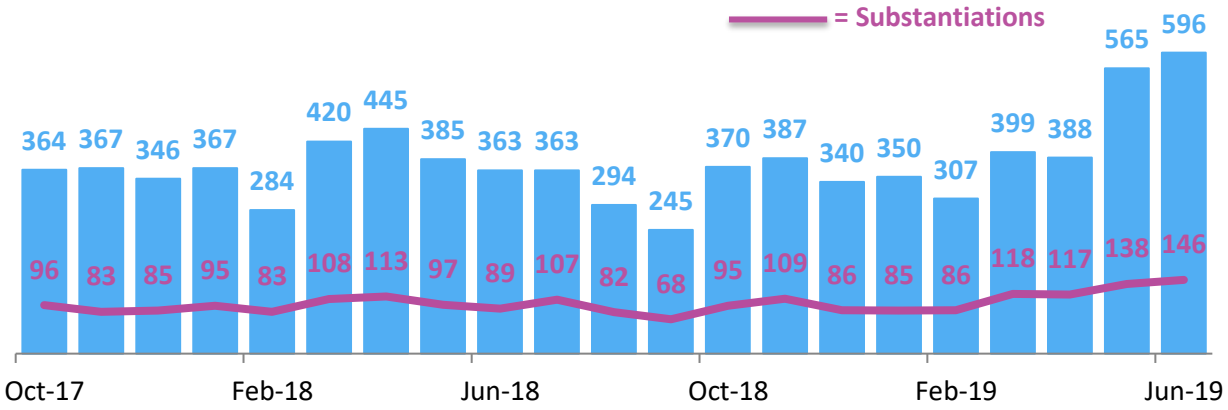
Hotline calls in FY 2019 (Q1-Q3) were nine percent higher than calls received in FY 2018 for the same time frame. However, the percentage of calls accepted for a CPS response declined nine percent over the two fiscal years.



Source: BIRST – Intake Hotline Calls

In FY 2018, CFSA closed a monthly average of 354 referrals for the investigative track, with **an average of 26 percent of the referrals** having at least one allegation with a substantiated finding. In FY 2019, CFSA closed a monthly average of 411 referrals on the investigative track, with an average of 26 percent of the referrals having at least one allegation with a substantiated finding.

On average for each month in FY 2018 and FY 2019 (through Q3), 26 percent of closed referrals had a substantiated finding.



Source: BIRST Referrals Tab

Preventing Child Abuse and Neglect in Partnership with the Community

CFSA utilized an inclusive approach towards creating the proposal for identifying candidates for foster care and selecting evidence-based services to include as part of the plan. A work group was convened that included key partners across city government agencies and non-governmental agencies in the District.[12] The full work group met seven times between June 2018 through February 2019, and three sub-groups (Upstream Prevention, Target Population Data, and Services/Outcomes) met additional times to review available data and formulate options and recommendations for the full work group. The work group reviewed data on FY 2018 entry cohorts (and exit cohorts for youth exiting foster care to reunification or guardianship) for the potential sub-population groups, the evidence-based services likely to be eligible for funding, and how these factors matched the existing availability of services in the District and needs of the likely consumers of these services. In the District's Family First Prevention Services Five-Year Plan, CFSA identified the target population to receive services under the new federal legislation. Please see below, and click here for more information about the District's plan.

Proposed target sub-population groups of Family First Prevention-Eligible Children
Front Porch
Children served through the Collaboratives following a CPS investigation or closed CFSA case
Children who have exited foster care through reunification, guardianship or adoption and may be at risk of re-entry
Children born to mothers with a positive toxicology screening
Front Door
Children served through CFSA's In-Home Services program
Pregnant or parenting youth in/recently exited foster care with edibility for services ending at age 21
Children of pregnant or parenting youth in foster care or recently exited foster care (non-ward children with eligibility for services ending five years after exiting foster care.
Siblings of children in foster care who reside at home and have assessed safety concerns

[12] Workgroup participants included representatives from CFSA, Casey Family Programs, Center for the Study of Social Policy, Chapin Hall, the Healthy Families/Thriving Communities Collaboratives, Council of the District of Columbia, D.C. Children's Trust Fund, DC Health, Department of Health, Department of Small and Local Business, Executive Office of the Mayor, Health Resources & Services Administration, Office of the Deputy Mayor for Health and Human Services, Parent Watch Inc, Superior Court of DC, Workforce Investment Council of the District of Columbia, Department of Human Services, and Department of General Services

Additional Vulnerable Populations

What do we know about the Commercial Sexual Exploitation of Children?

CFSA continues to monitor youth identified as being sex trafficked or at-risk of being sex trafficked. CFSA's Child Welfare Training Academy (CWTA) holds ongoing trainings for Agency staff, resource parents, the District of Columbia Public School System (DCPS), the Office of the State Superintendent of Education (OSSE), the Department of Human Services (DHS), the Department of Youth Rehabilitation Services (DYRS), and any other youth-serving agency that requests training as well as community partners to better understand and identify signs of sex trafficking. Trainings cover federal and local laws and policies regarding the commercial sexual exploitation of children (CSEC), best practice guidelines and mandated reporting aspects.

CFSA contracts with Courtney's House to provide services to survivors of CSEC and children at risk of being sex trafficked. Courtney's House provides trafficking survivors with trauma recovery services and an opportunity to heal in a safe environment. The capacity listed on the contract is up to 20 youth in foster care for direct intensive services. The program provides 24-hour crisis intervention services through its Survivor Hotline.[13] OWB assessed that this is sufficient to meet the need for services with Courtney's House.

CSEC referrals to the hotline in FY 2018:

- There were 126 total unique referrals.[14]
- There were 117 total unique clients.
- The client age range was 1 to 17.[15]
- The average client age was 13.
- There were 27 substantiated referrals.

CSEC referrals to the hotline in FY 2019-Q3:

- There were 66 total unique referrals.
- There were 64 total unique clients.
- The client age range is 5 to 20.[16]
- The average client age is 14.
- There were 14 substantiated referrals.

Source: FACES Management Report INV148

What do we know about positive toxicology in newborns?

The federal Comprehensive Addiction and Recovery Act (CARA) of 2016 acknowledges that substance abuse may inherently impact parenting, especially for the most vulnerable children, i.e.,

[13] Courtney's House provides services (including support groups) and education to parents, guardians and caregivers on how to address a child's risk for or survival from CSEC. CFSA partners with the DC Department of Behavioral Health (DBH) to train therapists and maintains ongoing communication with the District's Metropolitan Police Department (MPD) to ensure that prosecution of traffickers occurs whenever possible.

[14] A unique referral is a non-duplicative referral. A client is counted one time even if he/she received services more than once during a time period.

[15] Children under the average age for alleged CSEC victims were associated with sex trafficking referrals as they were found in a "trap" house or transacted as a commodity for drugs or sex.

[16] See Footnote 10.

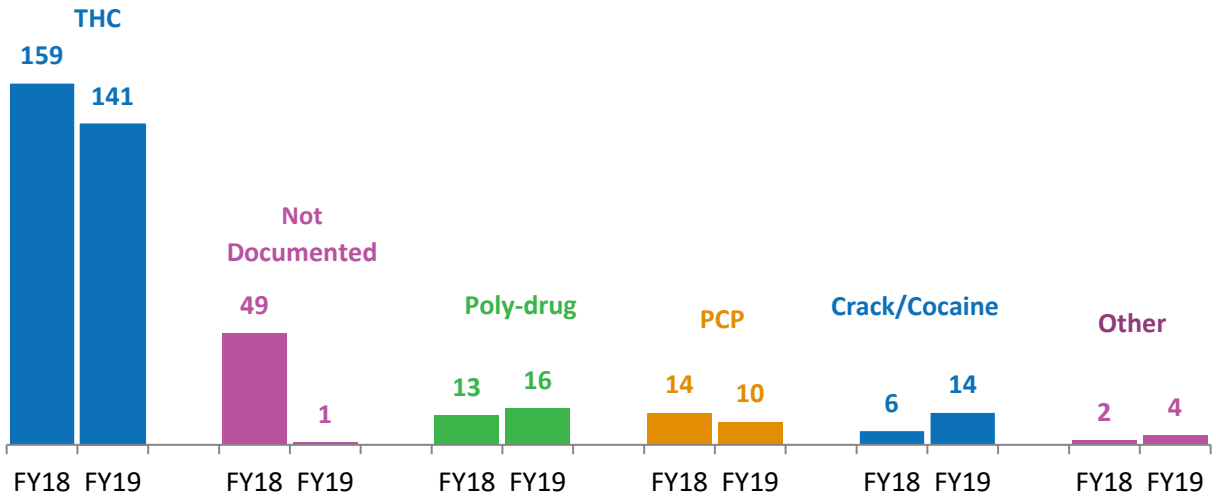
newborns. The legislation requires hospital reporting of infants born with positive toxicology reports, and investigations of such reports by all state child welfare agencies.

CFSA has implemented CARA's mandate to report, track, and appropriately intervene on behalf of children born with a positive toxicology test, regardless of whether the substance is legal or illegal. As part of the intervention, CFSA is required to develop a documented "plan of safe care" for the family, mother and newborn. The plan of safe care must address the substance use of the mother while appropriately intervening (as necessary) to insure the safety of the newborn and its ability to thrive. The plan of safe care must also be clearly documented and entered into CFSA's child welfare information system, known locally as FACES.NET. In FY 2018, CPS social workers entered plans of safe care in 86 percent of the 243 positive toxicology referrals. As of FY 2019 to date, CPS social workers have entered plans of care for 88 percent of the 186 positive toxicology referrals.

In FY 2018, as part of the CARA federal initiative, CFSA began to document data on the types of drugs identified in newborns with reported positive toxicology results. The initial data showed that 65 percent of all drug types were attributed to THC, the active chemical in marijuana. PCP and "poly-drug" types (i.e., the infant testing positive for multiple drugs) were the second and third type of drugs most frequently detected in the toxicology tests. Undocumented drug types accounted for 20 percent of the FY 2018 referrals.

In FY 2019**,** THC represented the most documented drug type for 76 percent of the positive toxicology referrals. Poly-drug types (tested positive for more than one substance) and crack cocaine represented 17 percent of the remaining drug types detected in newborns, and PCP and other drugs (barbiturates, opiates, or methadone/suboxone) represented the last seven percent. The percentage of undocumented drug types in FY 2019 fell to less than one percent as data collection improved due to the due diligence of data collecting efforts.

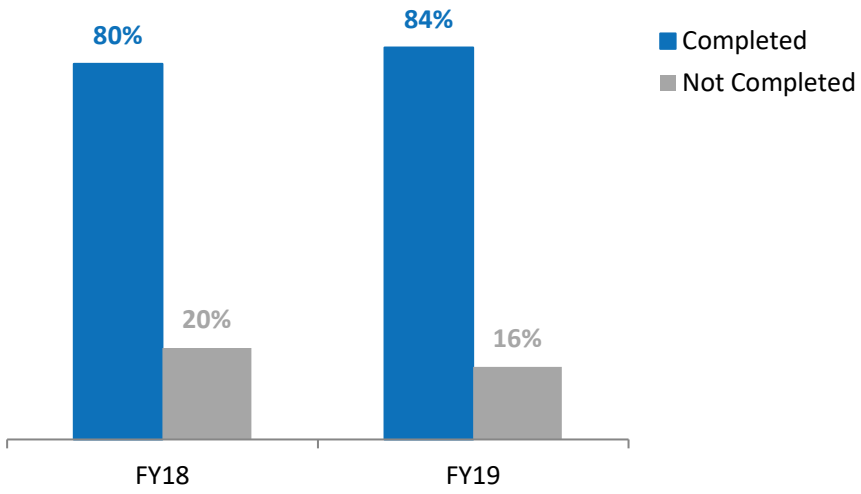
Most newborns with positive drug tests in FY 2018 and FY 2019 were positive for THC.



Source: FACES Management Report INT059

For each positive toxicology referral, CFSA assigns a CPS nurse to address the family's medical needs and to ensure sleep safety for the newborn. The CPS nurse conducts and documents the mandatory nurse care visit. In FY 2018 when CFSA first implemented CARA-based policies, 80 percent of all positive toxicology referrals assigned to a CPS nurse received their visits. In FY 2019, that rate has increased to 84 percent. Data has shown that a majoriy of the referrals when a nurse visit did not occur was due to the family being out of jurisdiction.

In 8 out of 10 referrals, a CPS nurse completed and documented the mandatory nurse visit.

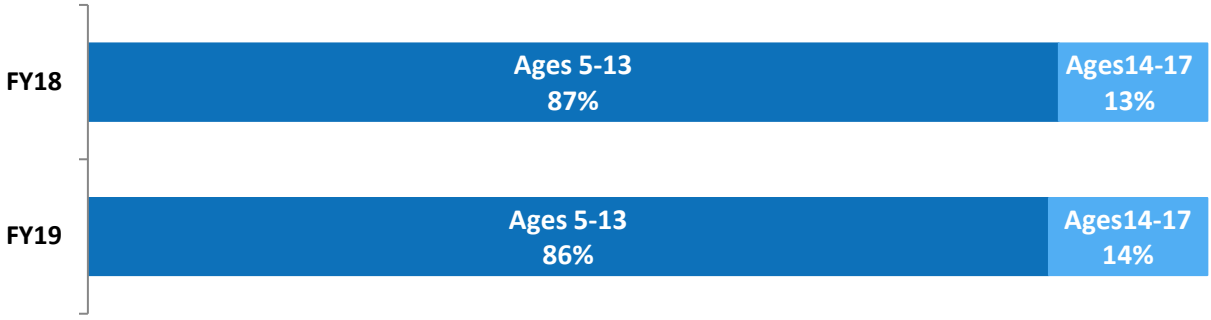


Source: FACES Management Report INT059

What is known about educational neglect?

CFSA's Educational Neglect Triage Unit is responsible for processing educational neglect reports for students age 5-13 with 10 or more unexcused absences, including students enrolled in DCPS, DC Public Charter Schools (DCPCS), and parochial and private schools. The Triage Unit screens and gathers additional information on the educational neglect reports to provide critical information needed to determine whether a child welfare response is warranted. Any referrals received for children above the age of 13 can be referred to truancy court.

In FY 2018 and FY 2019, almost nine out of 10 children in educational neglect referrals were between the ages of 5-13.

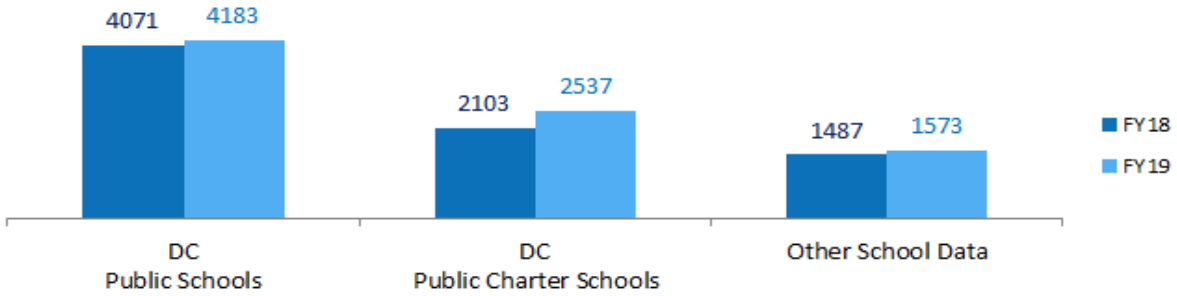


Source: FACES Management Report INT057

The reports received for students triaged by the Educational Neglect Unit have consistently lacked documentation of the number of absences, which has prevented an assessment of the average number of days that these children have missed school at the time of the referral. Follow-up is made with school personnel to obtain this information.

Over 50 percent of the educational neglect referrals received in FY 2018 and FY 2019 were received from DCPS schools. Given that 53% of all students in DC are students in DCPS settings[17], the percentage of reports is in line with the percentage of children attending DCPS schools. Of the remaining half, 30 percent of the referrals received were for students attending DC public charter schools (DCPCS), and the remaining 20 percent were from other or unknown school types.

Over fifty percent of educational neglect referrals received in FY 2018 and FY 2019 were from DCPS schools.

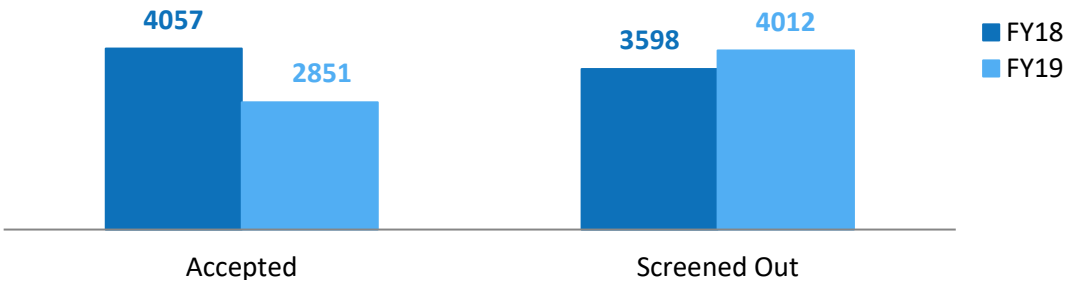


Source: FACES Management Report INT057

CFSA does not open investigations on the majority of educational neglect referrals received because the referrals do not meet the standard for a child welfare response. The rate of screen outs has increased slightly over FY 2018 due to the DC Council revisiting the definition of “educational neglect," and many reports of absences and tardiness not meeting the definition at the time of referral. The number of referrals received over the course of both fiscal years remained fairly consistent, except for a 19 percent increase of DCPCS referrals from FY 2018 to FY 2019.

[17] Source: OSSE 2018-2019 School Year Enrollment Audit Report Data, https://osse.dc.gov/node/1390091

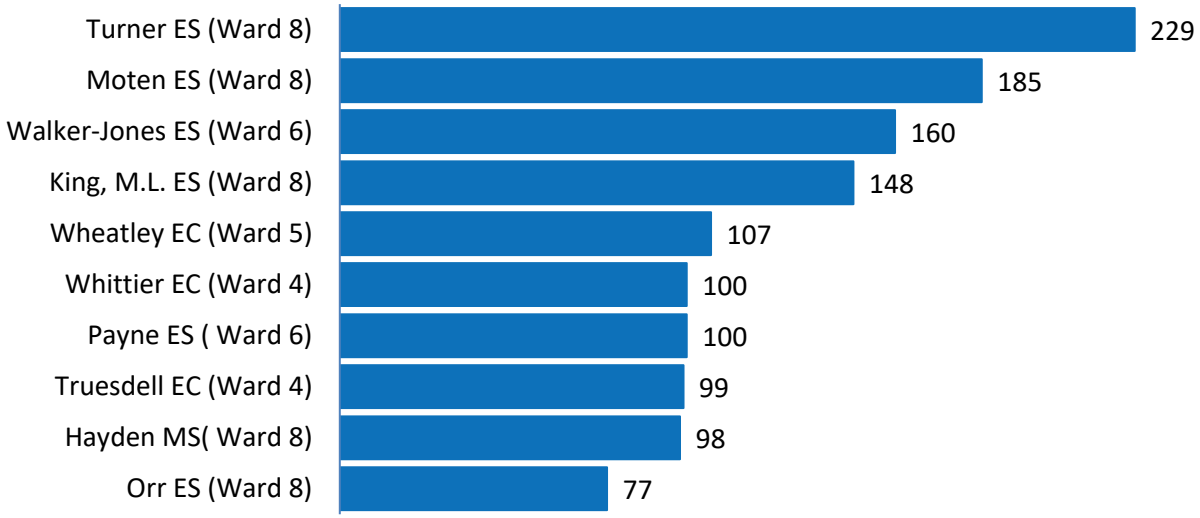
Educational neglect screen-outs increased in FY 2019.



Source: FACES Management Report INT057 and monthly Educational Neglect reports

More than half (56%) of the DCPS schools that referred the highest number of students for educational neglect were in Ward 8; Turner and Moten elementary schools in Ward 8 reported the highest referrals.

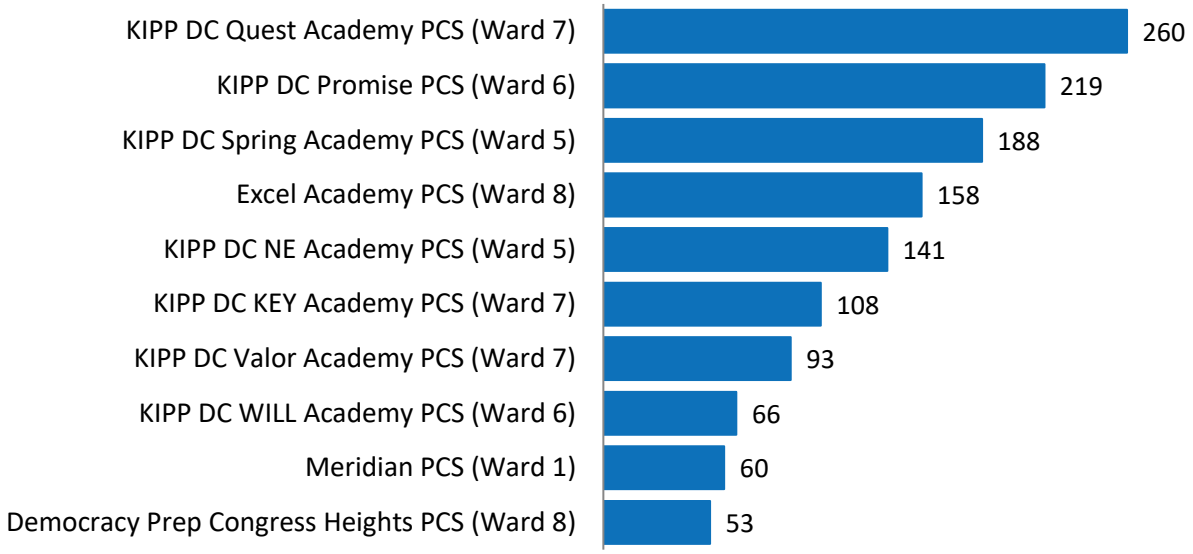
DCPS schools with highest number of educational neglect referrals



Source: FACES Management Report INT057 and monthly Educational Neglect reports

The DCPCS schools that referred the highest number of students were located in Wards 7 and 8. KIPP Quest Academy in Ward 7 had the highest number of referrals for charter schools in FY 2019, and other schools from the KIPP network comprised seven out of the ten schools with the highest number of accepted reports.

DCPCS schools with highest number of reports



Source: FACES Management Report INT057

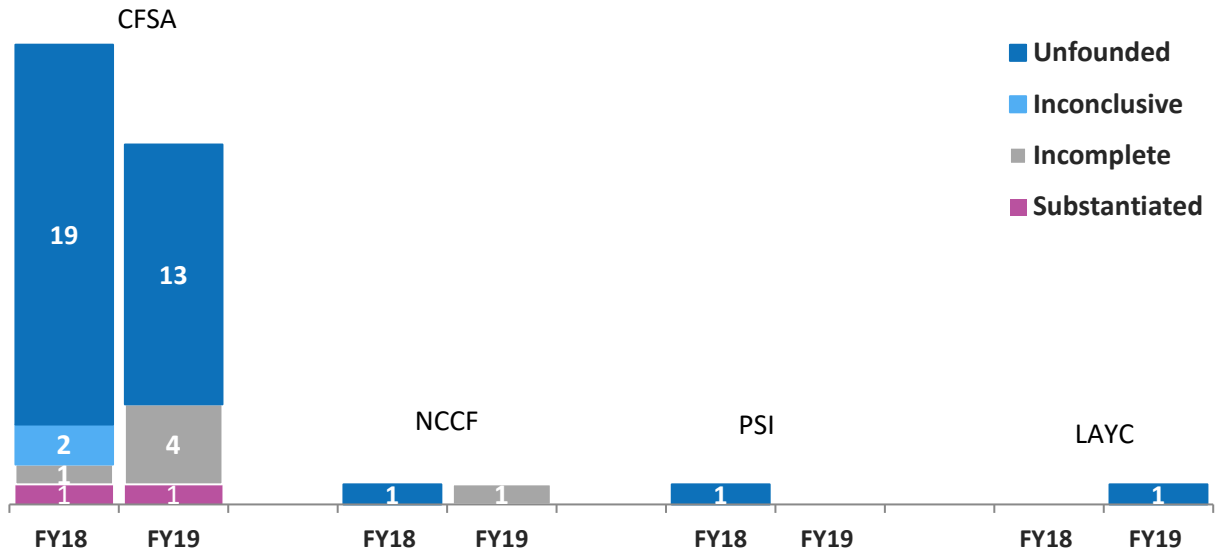
What does CFSA know about allegations of abuse and neglect against resource parents?

In total during FY 2018 and FY 2019 (through June 2019), there have been 45 calls to CFSA's CPS Hotline alleging abuse or neglect by resource parents located in the District of Columbia[18]. Only two of these calls (4 percent) resulted in a substantiated finding. One of the substantiations (FY 2018) was later unfounded, following appeal, and expunged from the Child Protection Register (CPR)[19]. The second substantiation (FY 2019) resulted in the closure of a kinship foster home. The final substantiation rate against resource parents in this timeframe is two percent.

Two percent of referrals of abuse and neglect against D.C. resource parents were substantiated in FY 2018 and FY 2019.

[18] Approximately 50% of children in foster care reside with resource parents located in Maryland, and any reports of abuse or neglect against these resource parents would be investigated by the state of Maryland. Data regarding calls was not requested from CFSA's private agency partner but will be requested for the Needs Assessment next year.

[19] The CPR is a database of names for individuals substantiated for allegations of abuse and neglect used for clearance requests CFSA receives from entities in the District of Columbia.



Source: FACES Management Report INV004, PRD141

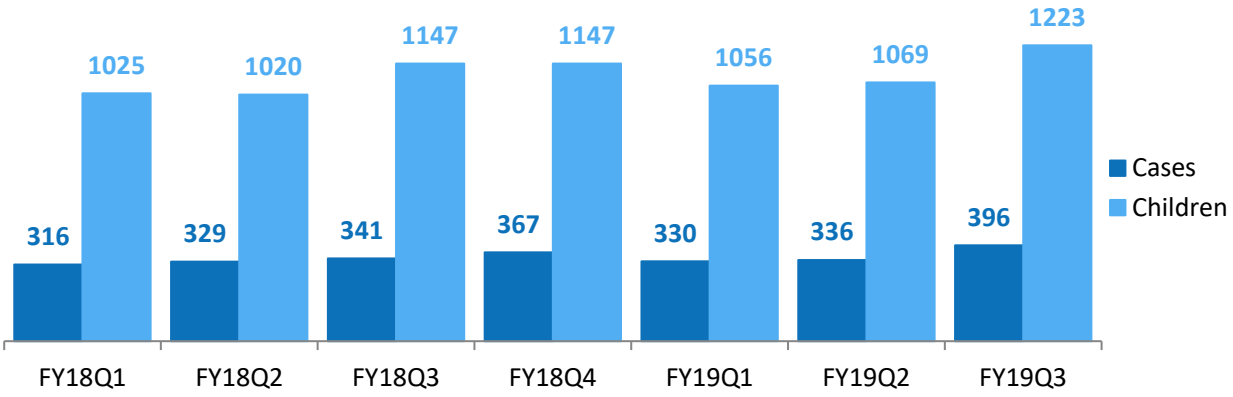
What is the profile of families currently receiving prevention services?

When families are served in their homes of origin, they are served through several different administrations within CFSA and CFSA-contracted agencies. The In-Home Administration within Entry Services serves the largest portion (76%) of this population.[20] In-home cases are opened when an investigation is closed with a substantiated allegation and a determination that the children can safely be served within their birth family, i.e., a removal of the child is not necessary to protect the child's safety. Children who continue to reside with their birth parents are served by social workers outside of the In-Home Administration within Entry Services under two circumstances: when a child is reunified with a parent after spending time in foster care, or when at least one child is removed due to immediate safety concerns but CFSA determines that other siblings may remain safely in the home. In those instances, the in-home child would also be served by the social worker from Program Operations, Office of Youth Empowerment, or the private agency that serves the child in foster care.

- FY 2019 demographic information about children and families served through In-home cases include: There is a median of 2 children per family.
- 45 percent of caregivers are ages 31-40 years old**,** followed closely by caregivers ages 21-30 years old (36 percent).
- Gender breakdowns are fairly equal between male and female children.

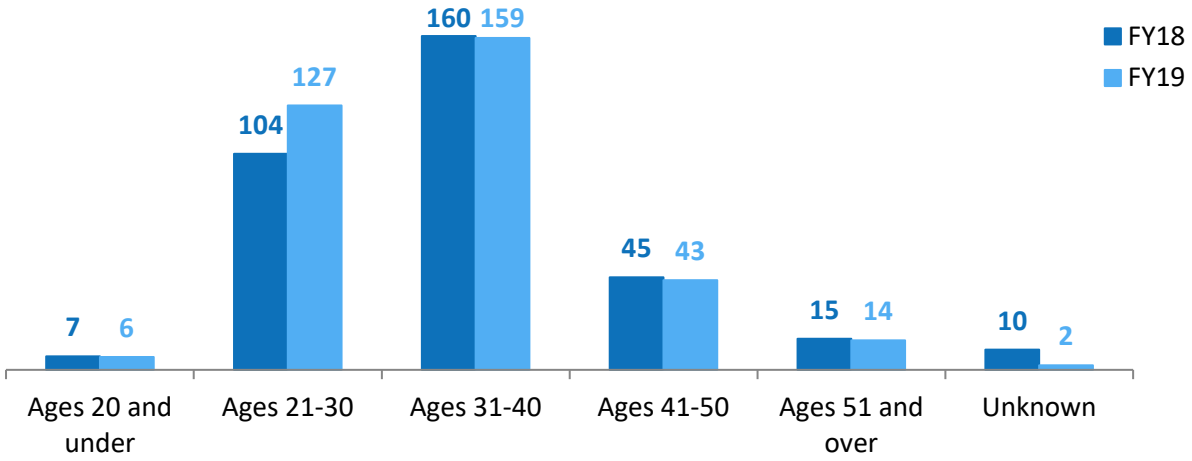
When comparing FY 2018 Q1-Q3 to FY 2019 Q1-Q3, there has been an eight percent increase for in-home cases overall and a five percent increase in the number of children served.

[20] In April 2018, CFSA added the In-Home Administration (formerly Community Partnerships) to the Office of Entry Services, creating the "Ongoing CPS Services" (In-Home) Unit.



Source: FACES Management Report CMT 404

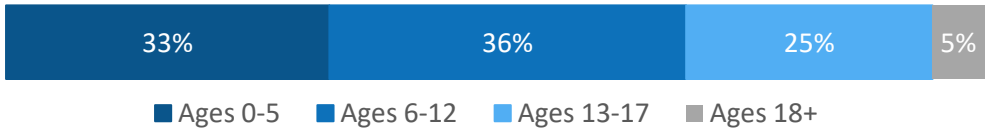
On average, parents age 21-30 are the fastest growing population of parents with an open in-home case (22 percent).



Source: FACES Management Report CMT404

Of the children served in FY 2019-Q3, over one-third (36%) were between the ages of 6 to 12 years old, followed by children birth to five years old (33 percent), 13 to 17 years old (25 percent), and finally, older youth 18+ (five percent). The In-Home Administration only provides services to young adults age 18 and older if the youth is under court monitoring through community papering.

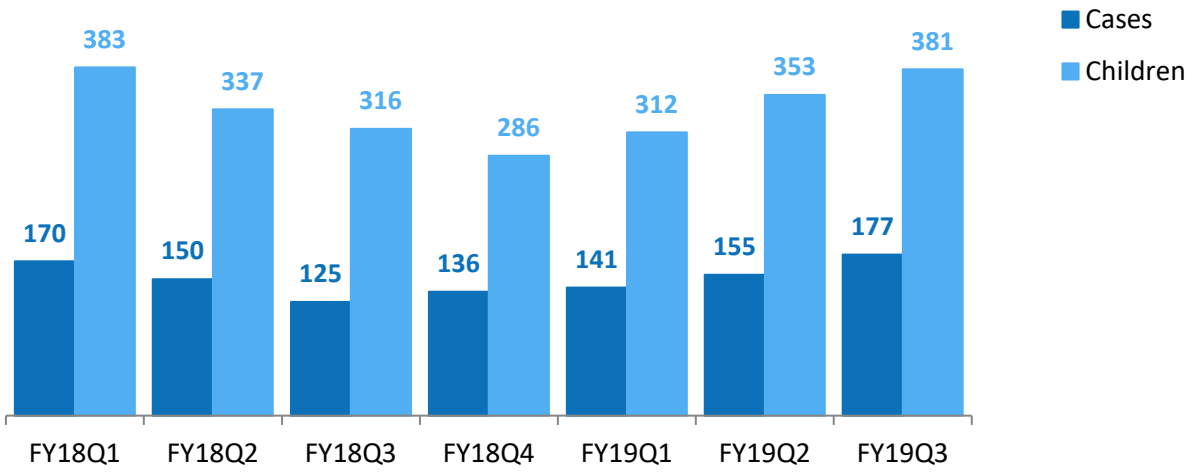
Nearly four out of 10 children served by the In-Home Administration are between the ages of 6 and 12.



Source: FACES Management Report CMT404

On average, the remaining 24 percent of children served by in-home are served by the Permanency Administration or private agency social workers.

Approximately 300-400 children are served in-home each month by Permanency Administration or private agency social workers.



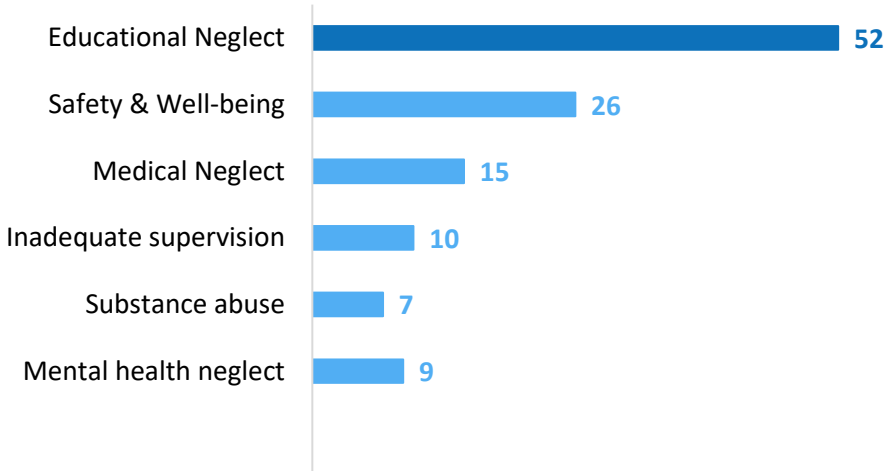
Source: FACES Management Report CMT404

What does CFSA know about court supervision of in-home families?

CFSA strives to maintain the family unit by keeping children at home whenever possible but only when there are no identified safety risks. There are, however, instances where legal measures are pursued to protect children and to encourage parents to become more engaged in the process of changing abusive and neglectful behaviors through participation in services necessary to adequately reduce safety and risk factors (i.e., parental engagement in mental health services). This process is called "community papering," and is used to involve the Family Court in setting guidelines for the parents to either keep the children at home safely or enforce safety by exploring other placement options.

Families can have multiple service needs that prompt the social work team to seek community papering when in-home case management does not result in the parent's consistent engagement in necessary services. Sixty-eight percent of the referrals for community papering included educational neglect allegations. Since educational neglect allegations do not involve serious abuse impacting a child's immediate safety, these types of allegations may contribute to the decrease in shelter care. Safety and well-being allegations came in as a distant second for the number of referrals for court-engaged families.

Community Papering was most commonly pursued in FY 2019 for families as the result of substantiated educational neglect allegations.

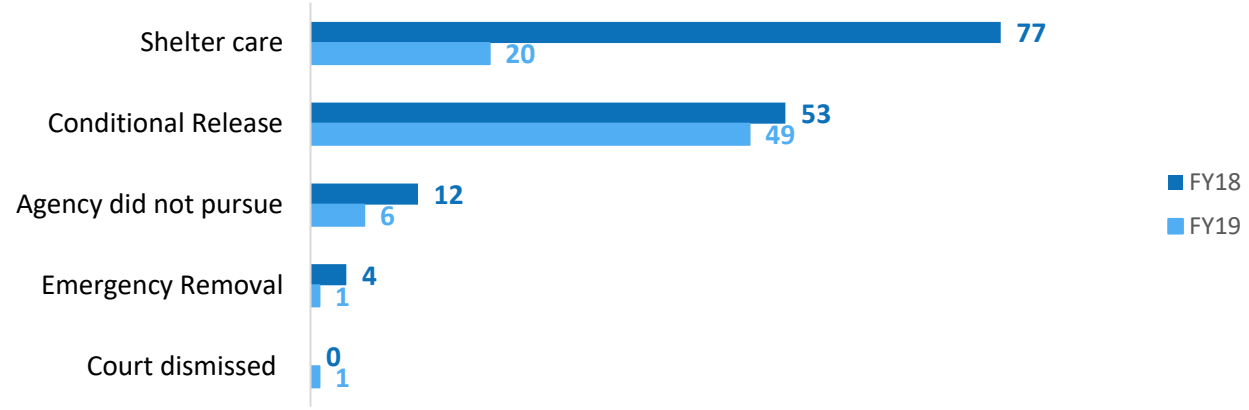


Source: FACES Management Report

In FY 2018, the majority of cases that were presented for community papering resulted in the children being placed in shelter care, i.e., the removal of a child from their home. In FY 2019, more children were recommended for conditional release to their parents (versus any other court intervention). The number of children placed back at home under conditional release as of FY 2019-Q3 has nearly surpassed the number of children with the same outcome for all of FY 2018. Other possible outcomes include:

- Agency did not pursue: the case had been approved for community papering, however ultimately the agency did not present the case before a Judge. This frequently occurs when the non-custodial parent or an extended family member is awarded custody of the child.
- Emergency removal: the case had been approved for community papering, however an immediate safety risk which required an emergency removal occurred prior to the scheduled initial hearing.

In FY 2019, the number of children placed in shelter care decreased by over 70 percent.



Source: Manual Community Papering Data

SERVICES TO PREVENT ENTRY INTO FOSTER CARE

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

The following section describes service needs identified through various sources within CFSA, including assessments, data on maltreatment and repeat maltreatment referrals, and data on in-home cases where CPS has removed children because they are not safe at home and subsequently placed the children in foster care.

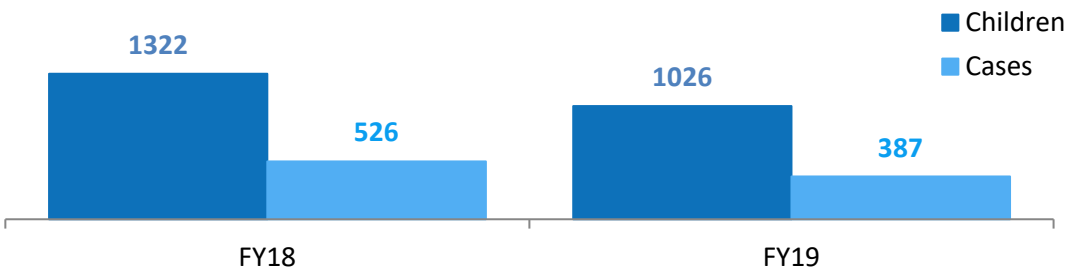
Identified Service Needs of Families

CFSA examined the characteristics of several subsets of the child welfare population to determine unique service needs for the identified families. The subsets included children who had cases newly opened in FY 2019, and children who experienced repeat maltreatment.

Substantiated Maltreatment Types for Newly Opened Cases

In FY 2018, the In-Home Administration opened a total of 526 new cases, comprising 1,322 children. In FY 2019 (as of June 14, 2019), In-Home opened a total of 387 new cases, comprising 1,026 children.

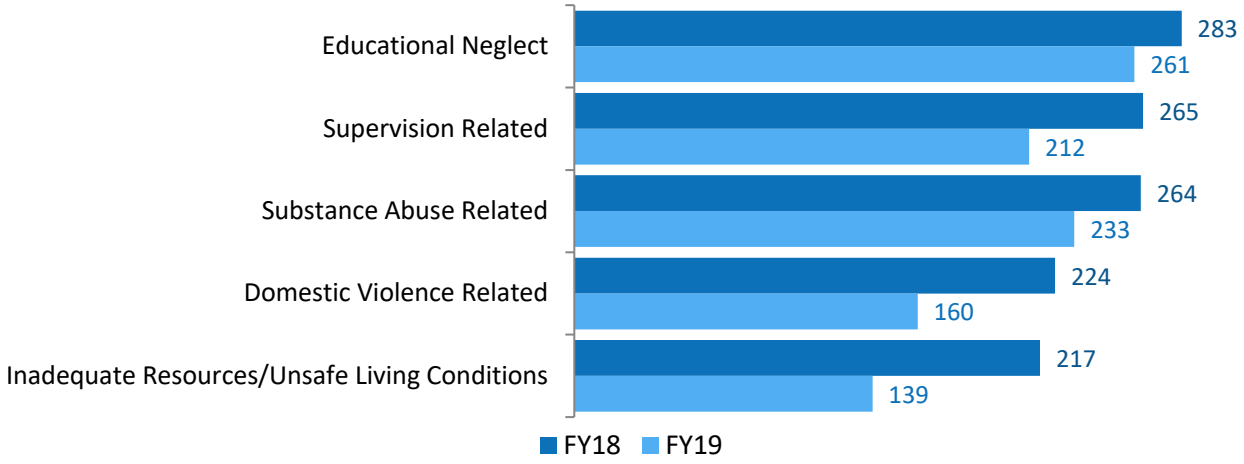
Total Cases and Number of Children Opened with In-Home Administration in FY 2018 - 2019-Q3.



Source: CISA Special Reports Cld_Inv_FY18_CC_Units_A2_D2_v2 and Cld_Inv_FY19_CC_Units_A2_D2

Overall, educational neglect was the top substantiated maltreatment type for both 2018 and 2019. Allegations related to supervision concerns, substance use, domestic violence, and inadequate resources or unsafe living conditions were also in the top five substantiated allegations.[21] As noted earlier, CPS investigative social workers may substantiate multiple allegations for one case.

Educational neglect was the top substantiated maltreatment type for new in-home cases in both FY 2018 and FY 2019.



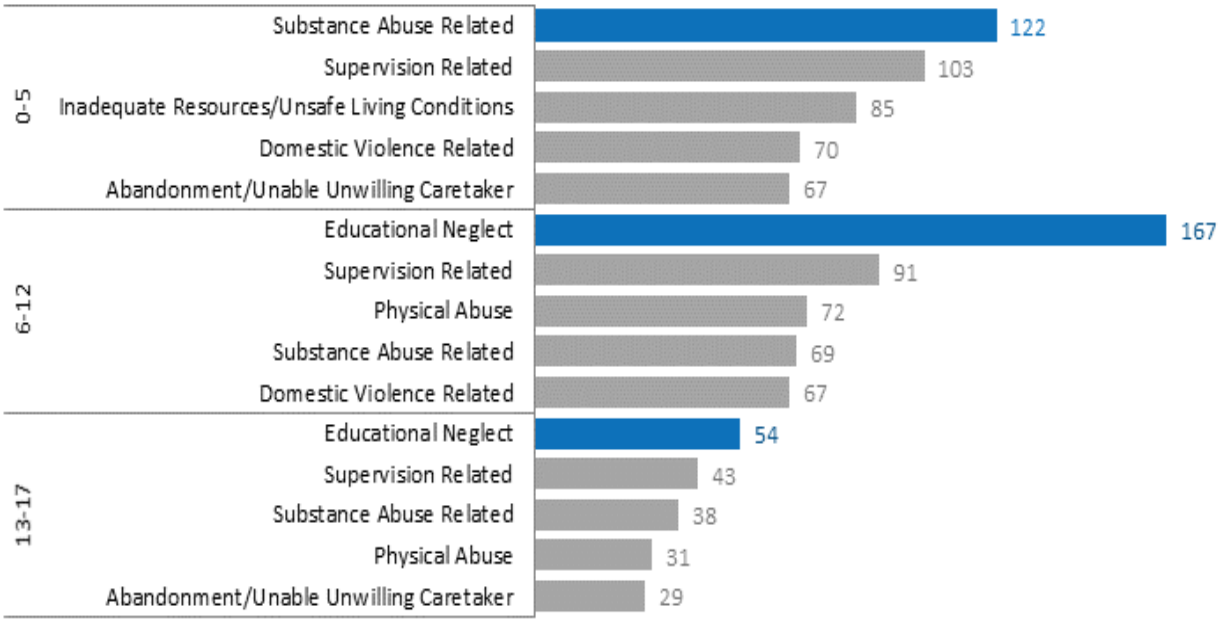
Source: CISA Special Reports, Cld_Inv_FY18_CC_Units_A2_D2_v2 and Cld_Inv_FY19_CC_Units_A2_D2

A breakdown by age shows that certain allegations are more prominent in some age groups than others. Across FY 2018 and FY 2019, there were generally the same top five substantiated allegations (the only exception being inadequate resources/unsafe living conditions where the number three allegation for children age birth-5 was not in the top five for the other two age groups), although the order changes slightly from one year to the other. **Substance abuse related allegations were the most frequently substantiated allegation for children ages birth-5**, comprising 22 percent of all substantiations for that age group. Close to half (53 percent in FY 2018 and 48 percent in FY 2019) of all substantiated substance abuse related allegations were for the birth-5 age group. **Educational neglect was the most frequently substantiated allegation for**

[21] The following related allegations were grouped into broader categories: **Abandonment/Unwilling Caretaker:** abandonment; caregiver discontinues or seeks to discontinue care; caregiver incapacity (due to incarceration, hospitalization or physical or mental incapacity); unable or unwilling legal caregiver; and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care. **Supervision:** child left alone, inadequate or lack of supervision, and inadequate supervision. **Substance Use:** controlled substance in the system of a child, exposure to illegal drug-related activity in the home, positive toxicology of a newborn, substance abuse (impacts parenting), and substance use by a parent, caregiver or guardian. **Domestic Violence:** domestic violence, and exposure to domestic violence in the home. **Sexual Abuse:** exposure to sexually explicit conduct and sexual abuse. **Inadequate Resources/Unsafe Living Conditions:** exposure to unsafe living conditions, inadequate clothing or hygiene, inadequate food, inadequate food/nutrition, and inadequate or dangerous shelter. **Failure to Protect against Physical/Sexual Abuse:** failure to protect against abuse and failure to protect against sexual abuse.

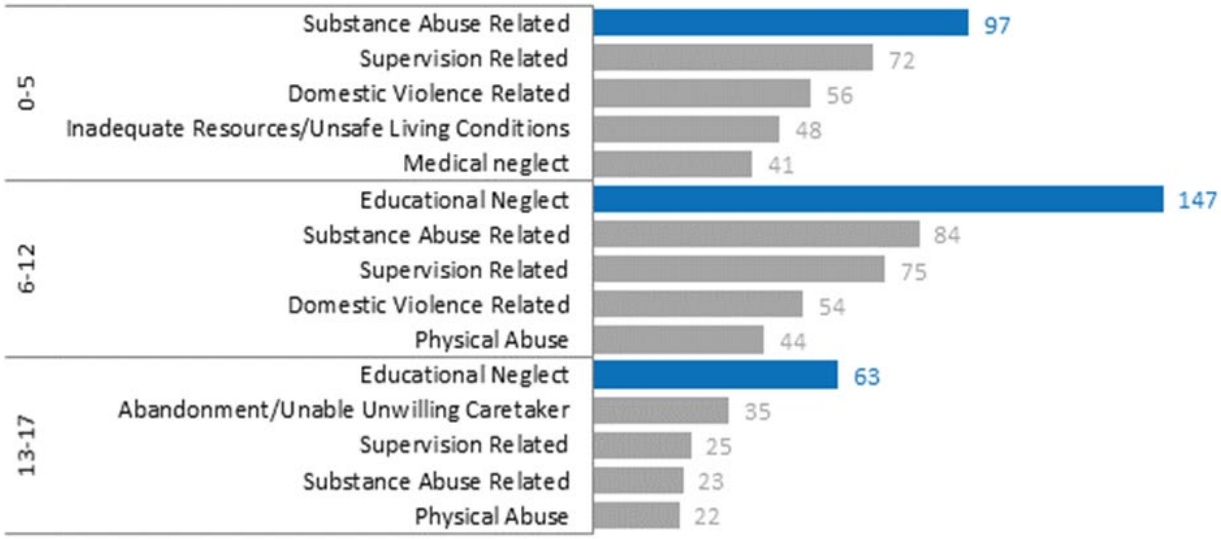
children ages 6-12 (27-28 percent for both FY 2018 and FY 2019) and 13-17 (19 percent in FY 2018 and 29 percent in FY 2019 to date).[22]

Top five maltreatment types by age group, FY 2018



Source: CISA Special Report, Cld_Inv_FY18_CC_Units_A2_D2_v2

Top five maltreatment types by age group, FY 2019



Source: CISA Special Report Cld_Inv_FY19_CC_Units_A2_D2

[22] Compulsory education applies to children age five-18 hence Educational Neglect is not an applicable maltreatment type for children birth-four and does not appear in the top five reasons for the birth-five age band.

Repeat Maltreatment

CFSA's rate of repeat maltreatment **increased from 11.8 percent in FY 2017 to 16 percent in FY 2018**. Repeat maltreatment for FY 2018 included substantiated referrals opened in FY 2017, and any subsequent substantiated referral opened within 12 months of the initial substantiated referral. The federal performance standard is that repeat maltreatment be at 9.5 percent or lower. CFSA's performance has typically been between 11-12 percent.[23] Due to the increase, CFSA completed an initial analysis of the 212 children experiencing repeat maltreatment in FY 2017 – FY 2018.

CFSA's rate of repeat maltreatment increased to 16 percent in FY 2018.

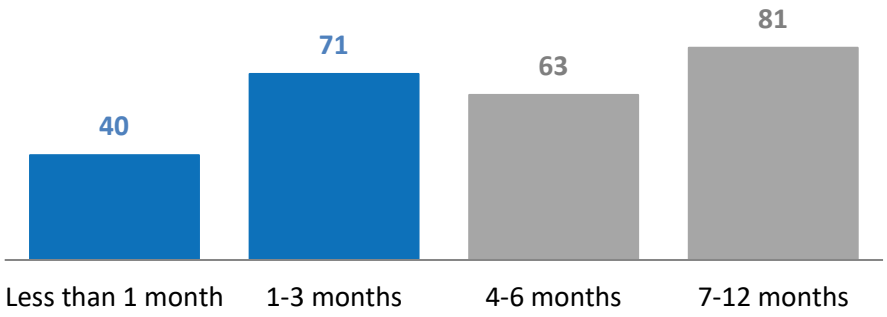
Source: CISA Special Report, Rep_Sub_Mal_FY17_12M_v2

Over a third of children had at least one repeat maltreatment episode within three months of the initial substantiated referral. For these cases, CFSA generally substantiated the caregiver for the same or very similar allegations: **inadequate supervision** (58 times at episode one, and 62 times at episode two), **exposure to domestic violence** (third most frequently substantiated allegation at episode one with 28 substantiations and second most frequently substantiated allegation at episode two with 50 substantiations), **educational neglect** (second most frequently substantiated allegation at episode one with 38 substantiations and third most frequently at episode two with 37 substantiations), and **caregiver incapacity** (16 times at episode one and 36 times at episode two).

The only allegations that were not in the top five for both the first and second maltreatment episodes were medical neglect (fifth most frequently substantiated allegation in episode one with 17 substantiations), and physical abuse (fifth most frequently substantiated allegation in episode two with 28 substantiations).

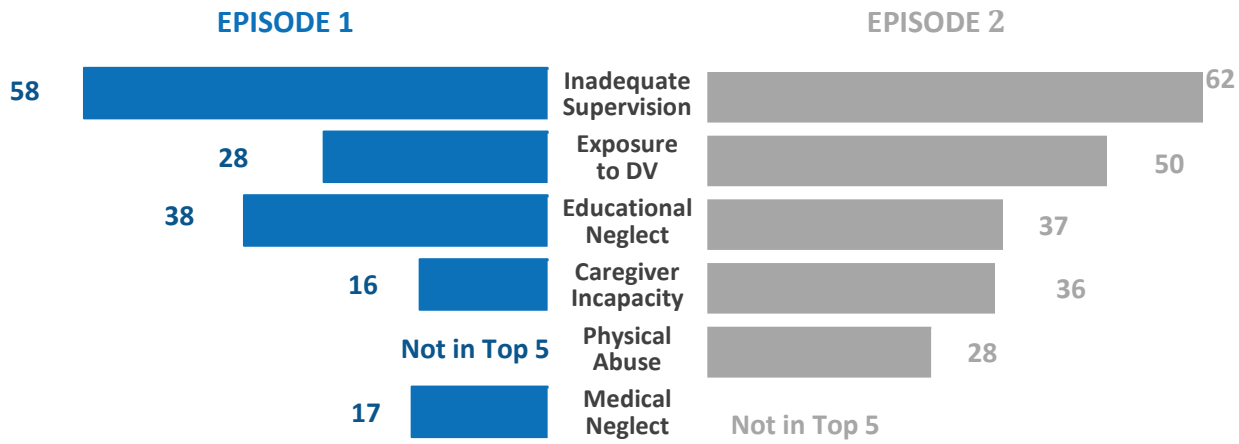
[23] Based on the Child and Family Services Review Round 3, the Children's Bureau determined performance standards for child welfare agencies on seven measures including recurrence of maltreatment (commonly called repeat maltreatment).

A third of children had a repeat maltreatment occurrence within three months of the initial substantiated referral.



Source: CISA Special Report, Rep_Sub_Mal_FY17_12M_v2

63 percent of the children in episode one and two were substantiated for one of the top five allegations.



Source: CISA Special Report, Rep_Sub_Mal_FY17_12M_v2

Children and their families primarily received in-home services after the first and subsequent substantiated referrals. After the initial substantiated referral, Entry Services opened new cases on 55 percent of the 212 children. Thirteen percent of the children already had an open in-home case. Entry Services opened a new foster case for five percent of the children while two percent already had an open foster care case. The remaining 25 percent had no case opened after the first referral (CFSA may have referred the family to a Collaborative after identifying existing service needs). With the second substantiated referral, 53 percent of the children already had an open in-home case; Entry Services opened a new in-home case for 11 percent of the children. Six percent already had an open foster care case, and Entry Services opened a new foster care case for 12 percent of the children. The remaining 18 percent of children had no case opened after the second substantiated referral.

Pathway of Substantiated Referrals	After First Substantiation in FY 2017	After Second Substantiation within 12 months
New in-home case opened	55%	11%
Connected to existing in-home case	13%	53%
New foster care case opened	5%	12%
Connected to existing foster care case	2%	6%
No case opened	25%	18%

Source: CISA Special Report, Rep_Sub_Mal_FY17_12M_v2

What services are offered?

The following section describes the services CFSA offers to families to help prevent children from entering foster care.

Services Available to Families to Prevent Children's Entry into Care

Case Management
CFSA and private agency social workers manage in-home and foster care cases. Case management is a process to plan, seek, advocate for, and monitor services from different social services or health care organizations on behalf of a client.

Respite Services
Respite services provide parents with 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 address needs that can prevent disruption of a family. Such needs may include rental assistance, transportation, utilities, food, housing search, 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 to 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 the point of case closure.

Mentoring and Tutoring
CFSA contracts with vendors to provide mentoring and tutorial services for school-aged children and older youth.

Mobile Stabilization Support (MSS)

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

CFSA facilitates and coordinates training for parents and caregivers to provide critical education and information that promotes optimal care for the children in their care.

Support Groups

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

Whole Family Enrichment

Structured group activities create a safe environment for at-risk families. These structured groups and activities help build a sense of community and belonging that promotes 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 (DV) Services

CFSA utilizes community-based services for DV services, including DC SAFE (Survivors and Advocates for Empowerment), My Sister's Place, and the House of Ruth.

What do we know about the family's level of care?

The following are service descriptions for in-home cases. CFSA's In-Home Administration assigns a "level of care" (LOC) for each family when opening an in-home case. The assigned social worker determines the LOC according to the intensity of the family's needs. In turn, the assigned LOC determines the corresponding intensity of the In-Home Administration's child welfare response.

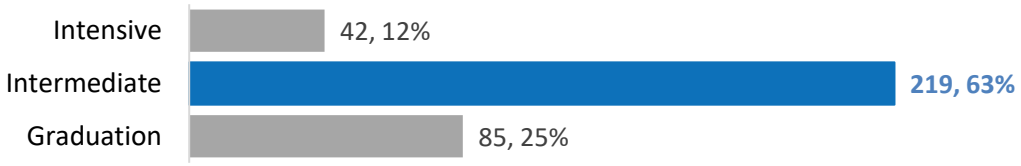
Levels	Definition	Level of Intervention	Maximum Length of Case Opening
INTENSIVE	CFSA assigns an "intensive" LOC when one or more of the following circumstances apply: Caregiver actions or family circumstances contribute to imminent danger of serious physical or emotional harm to the child or inability to meet child's basic needs; active safety plan in place; pursuing community papering; youth diagnosed as medically fragile or developmentally disabled; older youth who frequently runaway; or SDM risk assessment tool indicates "intensive" risk level.	Social workers ensure that there are face-to-face visits with families on a weekly basis (at a minimum). Formal teaming meeting occurs within 60 days of initial case plan and subsequently as needed	10 months
INTERMEDIATE	CFSA assigns an "intermediate" LOC when one or more of the following circumstances apply: Caregiver actions or family circumstances are barriers to the child's long-term safety, permanency or well-being; family has multiple risk or complicating factors (e.g., homelessness, lack of support, ongoing difficulty meeting the basic needs of children, or limited life skills); there are multiple reports for the same issues; or the SDM risk level is high.	CFSA requires twice-a-month (minimum) face-to-face visits by the social worker for each case. Social workers ensure that the family is working toward case plan goals on a weekly basis.	7 months
GRADUATION	CFSA assigns a "graduation" LOC when one or more of the following circumstances apply: Family has demonstrated increased protective capacities that actively help to create child safety, permanency and well-being; family has demonstrated a change in behavior or circumstances from initial complaint; there is no imminent risk or danger to children, and the SDM risk level is low or moderate.	CFSA requires twice-a-month (minimum) face-to-face visits for each family, with at least one visit being conducted by the social worker in the home.	2 months

When the In-Home Administration first opens a case, all families begin at an intensive LOC. Following a 30-day assessment, the assigned social worker (in collaboration with the supervisor, as needed) re-evaluates the LOC. Supervisors will also review LOCs (as needed) during re-assessments every 90 days (at a minimum), in conjunction with updated service plans and functional assessments.

A family's current LOC is manually tracked monthly and is also documented in the case plan. The manual tracking does not include the date that an update was made to the LOC and therefore CFSA's data is currently limited.[24]

From January 2018 to December 2018, on average each month most families (63 percent) were at the intermediate LOC, followed by the graduation level. An average of 12 percent of families per month were at the intensive level.

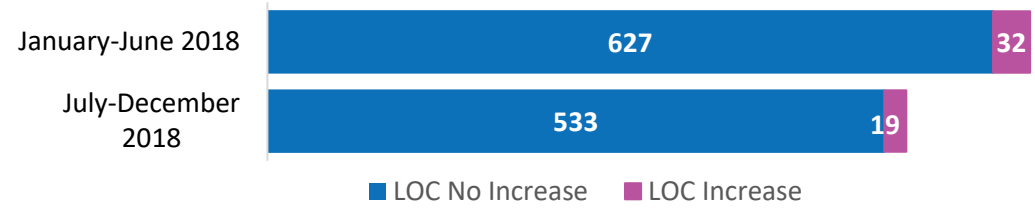
Most families' LOCs are Intermediate.



Source: FACES Management Report CMT404 and Manual Level of Care tracking

Few families get moved up to a higher level of care during the duration of their open case. LOCs for five percent of the families increased from January to June in 2018 with three percent experiencing a LOC increase between July – December 2018.

Few families (five percent or less) are moved to a higher LOC.



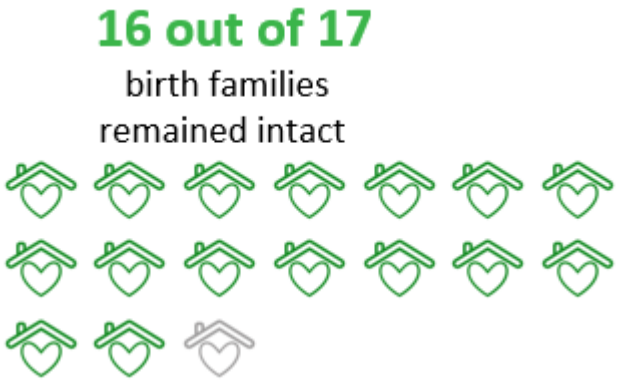
Source: FACES Management Report CMT404 and Manual Level of Care tracking

[24] CFSA currently documents electronic data through a web-based information system, FACES.NET. The Agency is updating FACES.NET to comply with new federal regulations for state "comprehensive child welfare information systems" (CCWIS). Until the implementation of CCWIS, there will not be a place to track the family's LOC in the electronic case record.

Are Mobile Stabilization Services (MSS) keeping in-home families intact?

MSS are in-home services that can be utilized by birth families with a high risk of a child's removal and subsequent placement into foster care, or by foster families with a high risk of placement disruption. CFSA contracts with Catholic Charities to provide MSS to birth families and foster families. The services are intensive, occur in the family home and help to mediate family tension. In FY 2019, CFSA referred a total of 50 birth families for MSS. Of these 50 families, 34 percent (17) utilized the services. Of the 17 birth families who utilized the service, 94 percent remained intact (i.e., did not experience an entry into foster care within 30 days after the completion of the service). For the 33 families that did not utilize the service, the biggest barrier was that 55% of the families (n=19) were a no show to scheduled appointments or did not provide availability for the first meeting. In another 27% of referrals (n=9), the family declined the service.

Ninety-four percent of birth families remained intact following receipt of MSS services.



Source: Mobile Stabilization Services Manual Data, and BIRST Entries and Re-Entries Data

As noted above, CFSA will implement the Family First initiative in 2020, which will result in more intentional matching of families with prevention services. Social workers will complete a Family First Eligibility Screen and Prevention Plan for all potentially eligible children. Completion of the screen will establish that the children are eligible to receive prevention services, and when applicable, articulate an associated foster care prevention strategy.[25] This process will include the selection of associated evidence-based practice interventions. The proposed array includes multiple in-home parenting services, substance use treatment services, and mental health services.

The Families First DC Initiative

The Families First DC initiative is a neighborhood-based, whole-family approach for serving vulnerable families. The design intentionally realigns the way services are delivered in 10

[25] In the submission of CFSA's Family First Five-Year Plan, the Agency has proposed that eligibility of prevention services apply to all children served by CFSA's In-Home Administration.

neighborhoods to mitigate (or eradicate) acute systemic barriers to well-being, economic opportunity, and achievement. Planning and community engagement are in process for FY20, and full implementation will occur in FY21.

Families First DC has the following goals:

- **Empower communities**: Through a place-based approach, neighborhoods and families will envision and create Family Success Centers that will meet their specific needs. Community Advisory Committees will be established, neighborhood action planning will be employed, and strategically tailored community-based grants will be provided to fill services gaps to meet communities' needs.
- **Integrate Services:** The Family Success Centers will be uniquely designed by each community to facilitate access to existing government resources as well as benefitting from new initiatives tailored to meet families' needs.
- **Focus Upstream:** The Family Success Centers will focus on increasing protective factors and mitigating trauma to build on community and family strengths. Services will be designed to prevent crises through early engagement, offer assistance to meet families' basic needs, respond flexibly to the needs of families and the communities, and provide services outside of a traditional office setting.

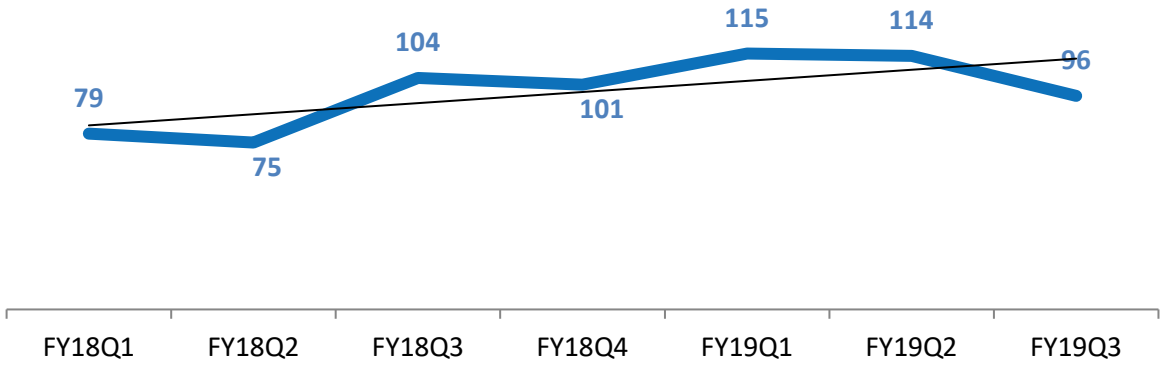
On-line Service Directory for Families at Risk of being Known or Who Are Known to CFSA

The Agency will utilize the application, NowPow, to as an online resource directory for those families who receive services. Concurrent efforts include development of an online community resource directory that will feature a custom module with tools and resources that address the needs of Kinship Caregivers. The NowPow application is a platform that can be used for matched, shared, tracked and coordinated referrals. Initial implementation will be designed only for operators of the Kinship Caregiver Mobile Support Line. Thereafter, CFSA will release the public-facing application. Roll-out for the directory is planned for FY 2020.

What does entry into foster care tell us?

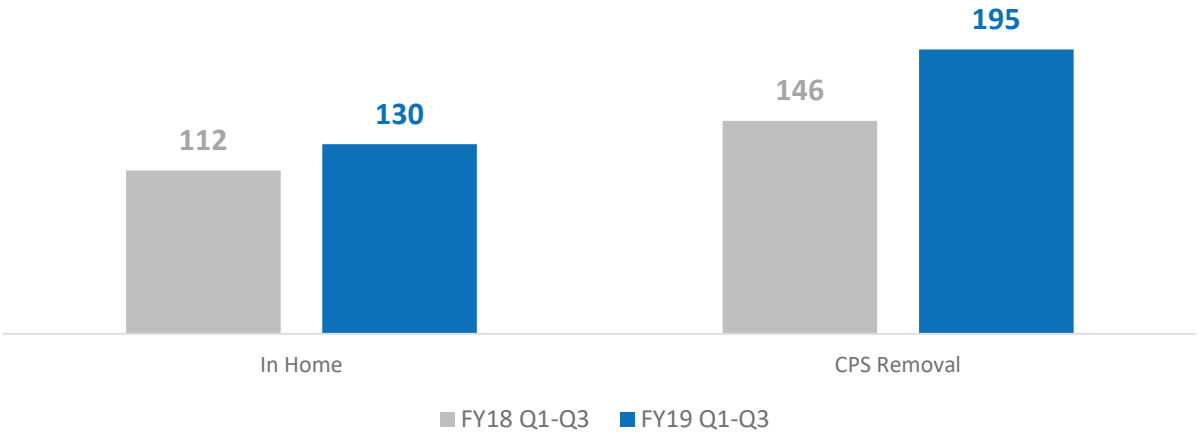
Since FY 2018, the number of children entering foster care has been increasing, as signified by the black trend line in the graph below. Overall, there was a 26 percent from entries in FY2018 Q1-Q3 and FY2019 Q1-Q3. Of all the children who entered foster care during this period, children who entered care without an in-home case increased by 34 percent during this time. The number of children with an in-home case at the time of removal increased by 16 percent. While overall there has been an increase in entries during this time, the increase peaked in FY2019 Q1-Q2 and since FY2019 Q2, the entries have begun to decrease again.

There has been an overall 26 percent increase in children entering foster care since FY 2018.



Source: BIRST Entries and Re-Entries Data

Children who entered care directly from CPS increased by 34 percent between FY18 and FY19 Q1-Q3.Wrong chart included, correct chart now included.



Source: BIRST Entries and Re-Entries Data

Caregiver's Strength and Barriers Assessment (CSBA) Tool

The CSBA tool is a domain-based functional assessment that focuses on the following 14 domains:

Physical Health	Basic Needs and Management of Financial Resources
Mental Health and Coping Skills	Intimate Partner Relationships
Developmental/Cognitive Abilities	Other Adult Household and Family Relationships
Substance Use	Social Support System
Legal System	Physical Characteristics of the Household
Prior Trauma	Community Environment and Neighborhood
Daily Parenting Behaviors and Routines	Other

Based on "scores" per domain, the tool allows social workers to assess critical parental or caregiver needs and then, subsequently, to quickly address those needs, including the reasons for parental involvement with the child welfare system. Social workers also use CSBA results to assign the appropriate LOC (as described earlier for in-home cases), as well as to inform case planning and to identify services for in-home and foster care cases. Identified service referrals are purposed to increase the caregivers' protective capacity while reducing risk concerns for children.

As of July 17, 2019, CSBA data reflect a point-in-time population for caregivers with an in-home or foster care case. Data look at the two most recent CSBAs for each unique caregiver. There may be more than one caregiver in the home receiving a CSBA.

To analyze the data, CFSA compared both sets of scores per domain, specifically focusing on whether a caregiver experienced an improvement, decline or no change. If a caregiver only had one recent CSBA score, they were excluded from analysis when assessing changes in score.

CFSA rated data for caregivers' behaviors across the 14 domains using the following scale:

- **A**: Behavior in domain area is a strength and caregiver is actively helping to create safety, permanency, or well-being;
- **B**: Behavior in domain area is neither a significant strength nor barrier for the child;
- **C**: Behavior in domain is a barrier to the child's long-term safety, permanency, or well-being; or
- **D**: Behavior in domain contributes to imminent danger of serious physical or emotional harm to the child.

Of the 168 unique caregivers with an in-home case and who had two recent completed assessments, CFSA noted the following CSBA results:[26]

- 78 experienced a decline in one or more domain scores
- 87 experienced an improvement in one or more domain scores
- 171 experienced no change in one or more domain scores

The totals do not add up to the unique count of caregivers, because caregivers can both increase on one domain and decrease on another domain.

Overall, there were no significant behavioral changes for in-home caregivers' previous and current scores; most caregivers fell within a score of B across most domains and exhibited no change at the time of reassessment.

[26] Distinct count of caregivers was 478 and 310 could not be scored.

In-Home CSBA Survey Data

The top 3 barrier for in-home caregivers were:

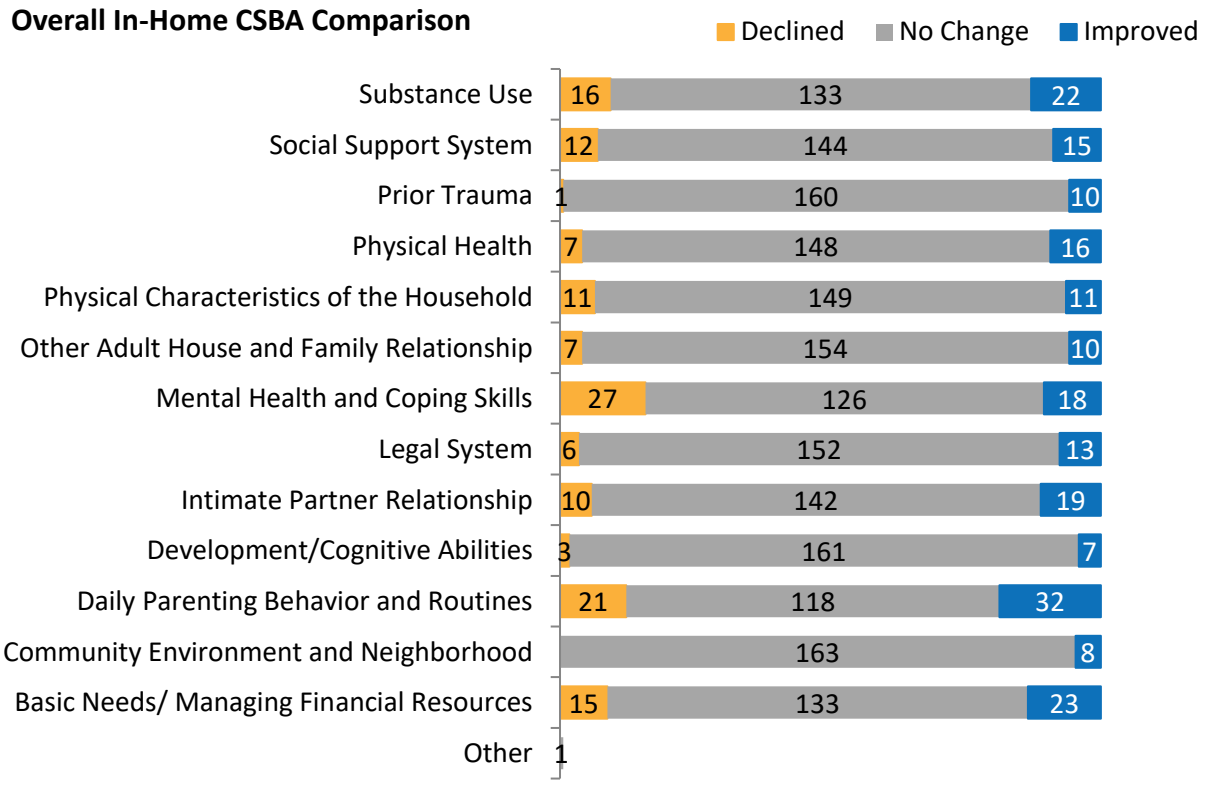
- Daily Parenting
- Substance Abuse
- Mental Health

The most improvements were observed on the following three domains:

- Daily Parenting
- Basic Needs and Managing Financial Resources
- Substance Abuse

The most declines were observed on the following three domains:

- Mental Health
- Daily Parenting
- Substance Abuse



Source: CISA Special Pull, NeedsAssessments_CSBA_FC_Inhome_07162019

For In-Home families, improvement was seen in the areas of daily parenting and basic needs/managing financial resources. Parents demonstrate little improvement with the barrier of mental health and coping skills by the 90-day re-assessment.

Foster Care CSBA Survey Data

Of the 235 unique caregivers with a foster care case, CFSA noted the following data:[27]

- 165 experienced a decline in one or more domain scores
- 152 experienced an improvement in one or more domain scores
- 235 experienced no change in one or more domain scores

Overall, scores did not change across domains. Most caregivers with children in foster care who had a C score improved in that domain which previously caused a barrier, however, those with B scores in certain domains more likely experienced a decline.

The top 3 barrier for parents with children in foster care were:[28]

- Daily Parenting Behavior and Routines
- Mental Health and Coping Skills
- Substance Abuse

CFSA observed the most improvements for the following three domains:

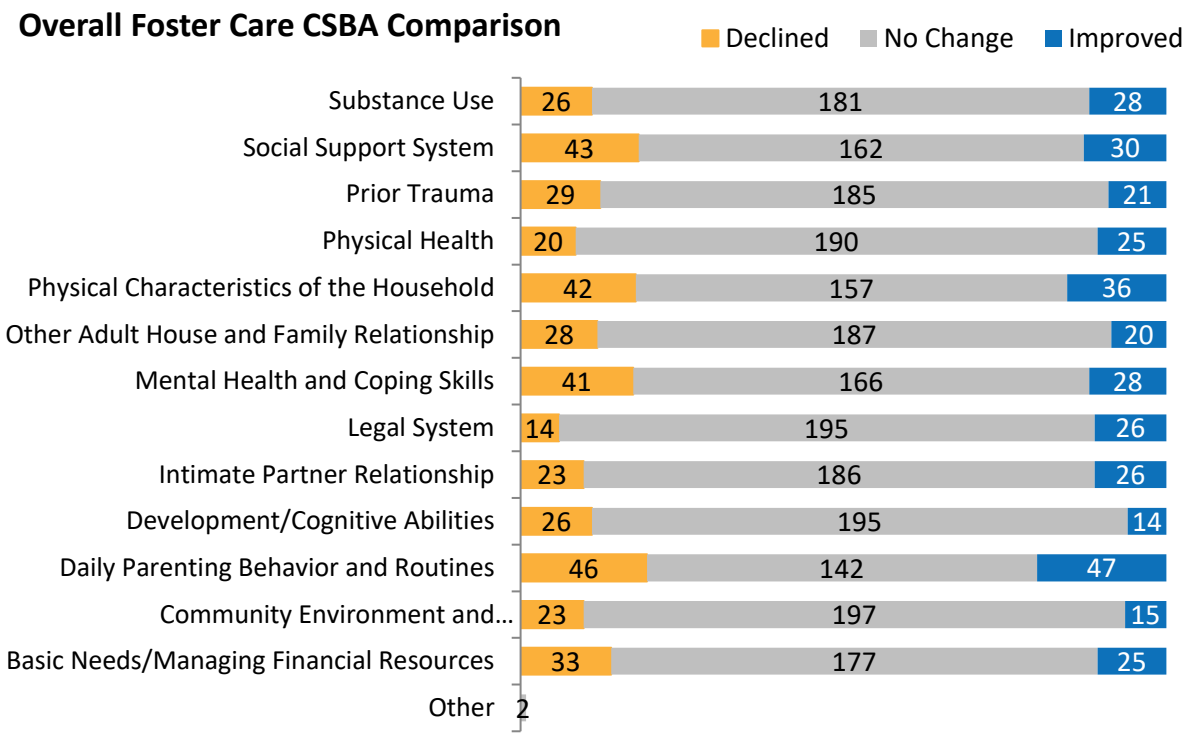
- Daily Parenting Behavior and Routines
- Physical Characteristics of the Household
- Social Support system

Most declines applied to the following three domains:

- Daily Parenting Behavior and Routines
- Social Support System
- Physical Characteristics of the Household

[27] Distinct count of caregivers was 317 and 82 could not be scored.

[28] Barriers would include scores of C and D.



Source: CISA Special Pull, NeedsAssessments_CSBA_FC_Inhome_07162019

Although parents demonstrate little improvement by the 90-day re-assessment in the areas of substance abuse and mental health and coping skills, there were individual improvements observed with the daily parenting barrier. CFSA currently offers the following services to support the mental health and substance abuse needs of parents:

- **PEER Support Unit.** Peers engage and support birth parents with children currently in the foster care system with a goal of reunification. They also lead parent support groups focusing on topics such as fatherhood, co-parenting, addiction, and coping with mental health issues.
- **Substance Abuse Specialists.** CFSA's OWB substance abuse specialist responds to any in-house substance abuse referral and administers an approved substance abuse screening tool to each referred client. The screening tool specifically identifies individuals who may need a more in-depth substance abuse assessment. CFSA continues to collaborate with the District's Department of Behavioral Health (DBH) and refers clients to the most appropriate services within the District's available treatment continuum of care for achieving and maintaining recovery. CFSA collaborates with the DBH to provide substance use disorder (SUD) services for individuals affected by SUD. DBH certifies a network of community-based providers in the public behavioral health system to provide such services based on the level of need. Services include detoxification, residential, and outpatient services. DBH also provides a range of prevention and recovery services.

Needs Assessment Survey Results

The Needs Assessment survey results outlined service provision through a host of well-being domains, including mental and behavioral health services, alternate and expressive therapies, medication management services, anger management services, and substance abuse services. Forty percent of child welfare respondents indicated that expressive therapies were effective for youth who received the service, whereas 13.3 percent indicated the service was rarely effective.[29] With regard to services under the domain of the mental and behavioral health, 25 percent of respondents found the services to be always effective, while 11.5 percent indicated the services were not effective.[30] Regarding anger management services, 50 percent of respondents found the services sometimes effective while 13.3 percent were unsure about the effectiveness of the services. For substance abuse services, 47 percent of the respondents found services to be "sometimes-to-often" effective.[31]

Respondents also highlighted the existence of barriers to service provision across the following areas: physical, cultural, language, skills and training, client resources, financial, psychological, geographical and programmatic resources. Respondents indicated a need to improve the availability and coordination of services. At present, the service referral process takes too long, and is filled with gaps and delays in service delivery.

Additional feedback on well-being services included service needs in the following life skill areas for parents and youth: paying rent, finding housing, cooking basics, cleaning basics, budgeting, healthy relationships, scheduling and parenting, dealing with legal system, self-advocacy and self-esteem.

A summary of responses for well-being services included the following recommendations:

- Increase availability and access to alternative therapies (e.g., art, music, dance, emotional support animals, equine-assisted therapy), in-home family therapy, grief and loss therapy, trauma-informed mental health services, and treatment for substance abuse.
- Make transportation readily available to take youth to appointments that are located at a distance, especially when public transportation is not readily available.
- Add community drop-in centers to prevent stigma for youth having to participate in certain services.
- Provide in-patient, partial hospitalization, and intensive outpatient (e.g., day treatment programs) behavioral health services.

[29] About 12% (17 out of 144) of child welfare respondents indicated having a youth participating in an alternative therapy. Fifteen of these seventeen respondents commented on effectiveness.

[30] About 68% (95 out of 139) of child welfare respondents indicated having a client receive mental or behavioral health services. Eighty-seven of these ninety-five respondents commented on effectiveness.

[31] About 41% (52 out of 128) of child welfare respondents indicated having a client receive substance abuse services. Fifty-one of these fifty-two respondents commented on effectiveness.

- Locate residential facilities in DC.
- Provide general group homes (and homes for substance users).
- Provide specialized services for unaccompanied refugee minors.
- Provide in-school mental health supports so youth are not removed from school to attend therapy outside of school.
- Improve services for clients experiencing domestic violence (DV); there is concern that CFSA's DV specialist does not go into the community like social workers do.
- Train or contract with providers with expertise in sex trafficking, sexual abuse, post-traumatic stress disorder, and attachment disorders.
- Develop a respite program for resource parents who care for children with challenging behaviors.

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 as the result of parents or other relatives being unable to provide care for the children. When children 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.

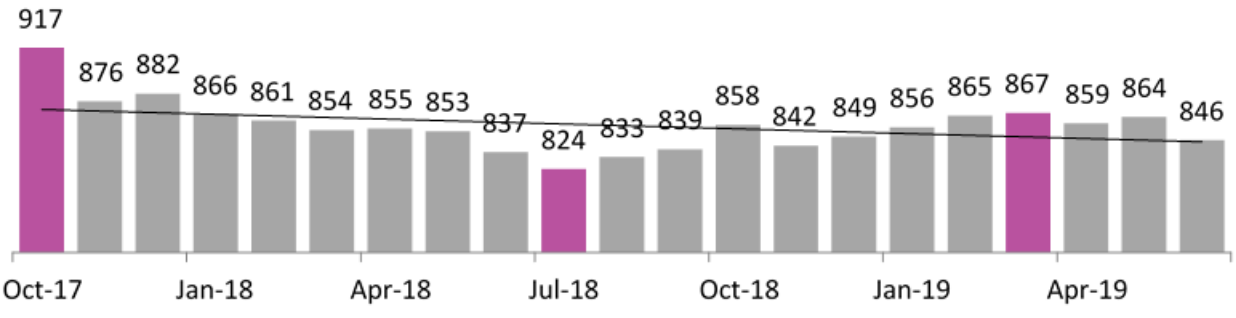
Ideally, foster care provides a stable and caring environment for the child while the parents address the reasons for involvement with the child welfare system. The preferred permanency goal for these children is reunification with the family as quickly but as safely as possible. When safe reunification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

DEMOGRAPHICS AND NUMBER OF CHILDREN SERVED

How many children are being served in foster care?

As of June 30, 2019, there were 846 children placed in foster care. Although the population experienced some increase between July 2018 and March 2019 (five percent increase during this time), the number of children served in foster care has begun to decrease again (two percent decrease between March 2019 and June 2019).

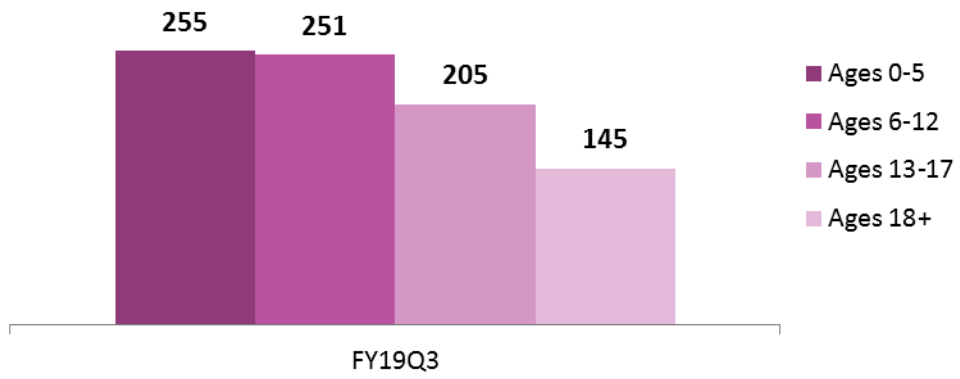
The number of children in foster care began to decrease after March 2019.



Source: FACES Management Report PRD141

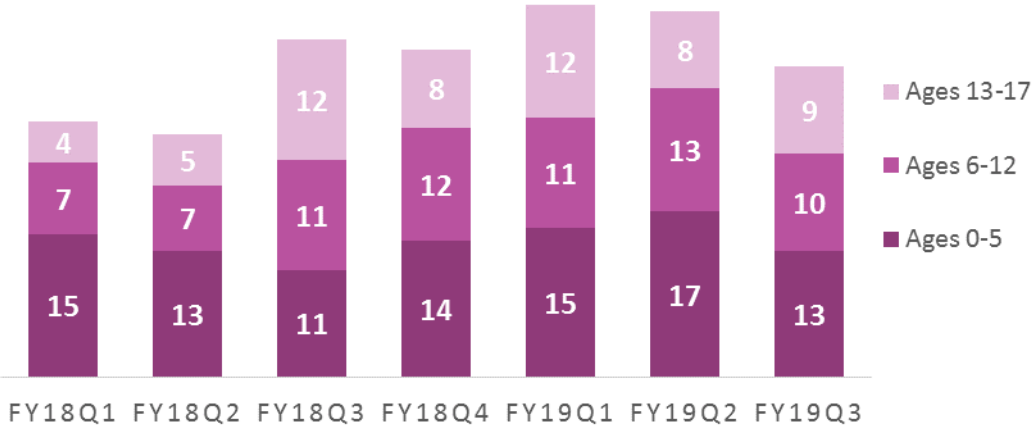
What is known about the ages of children in foster care?

Most children in foster care are age birth-5, followed closely by children age 6-12.



Source: FACES Report PLC156

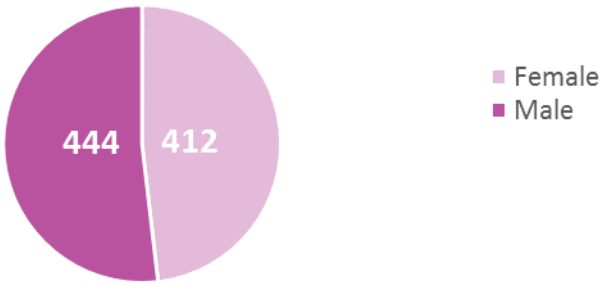
Youth age 6-12 are the fastest growing group of children entering care.



Source: FACES Report PLC156

What is known about the gender of children in foster care?

Just over half of children in foster care were male as of FY 2019-Q3



Source: FACES Report PLC156

What is known about the sexual orientation of children in foster care?

CFSA does not formally track youth who self-identify as Lesbian, Gay, Bisexual Transgender or Questioning (LGBTQ). If a youth does disclose their sexual orientation, they often don't want this information to be a part of their record. However, the Agency makes a concerted effort to match the youth with an appropriate resource home.

What is known about the race and ethnicity of children in foster care?

African American children accounted for 89 percent of the children served by CFSA. The remaining children in foster care included Hispanic and Latino (estimated at 15 percent), Caucasian (three percent), and Asian (one percent). The race and ethnicity of seven percent of the children was not identified.

Source: FACES Report CMT366 as of June 30, 2019

What is known about the primary languages of children in foster care?

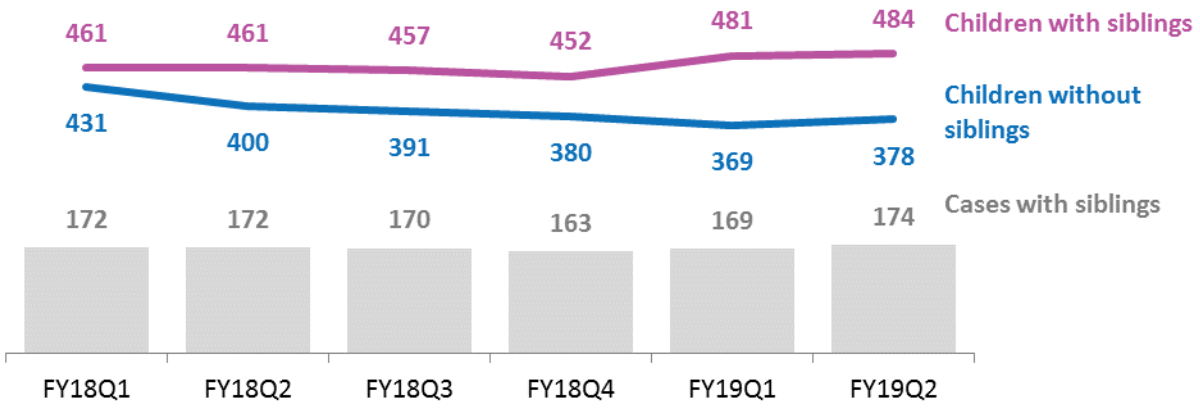
In FY 2019, CFSA identified **48 children whose primary language was other than English**. Of those children, **25 (52 percent) were Spanish speaking.** The second most common language spoken other than English was French (three children; six percent) followed by Farsi and American Sign Language (two children each; four percent each). The remaining 33 percent (16 children) spoke other languages.

Source: FACES management report CMT320 as of June 30, 2019

What is known about siblings in foster care?

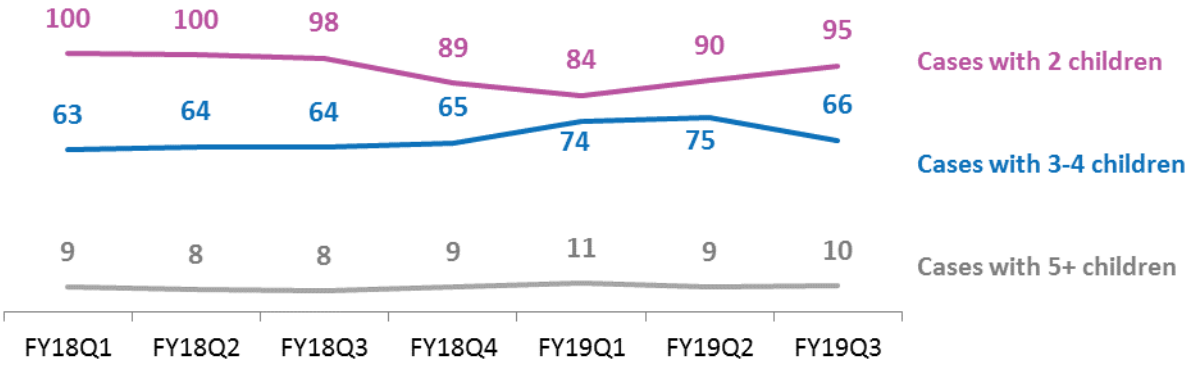
The number of children with a sibling in foster care has increased, while the number of families with sibling sets (families with siblings) in foster care has remained steady. This information indicates that families have larger sibling sets than in previous years.

The number of children with a sibling in foster care has increased.



Source: CMT366

Since FY 2018-Q2, the number of cases with only two siblings in foster care has dropped, while the number of cases with three-to-four children in foster care has risen.

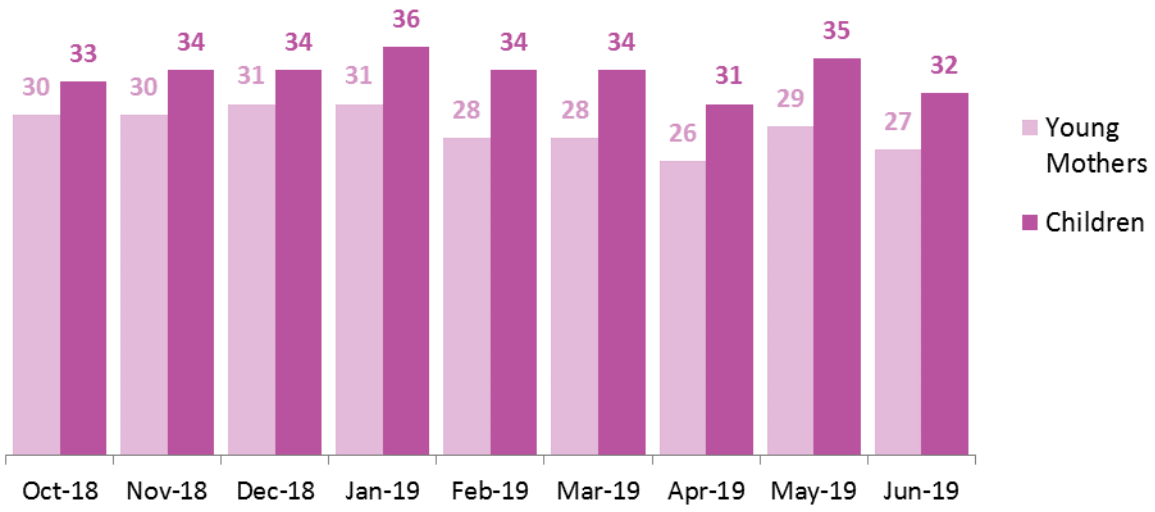


Source: CMT366

What is known about pregnant and parenting youth in foster care?

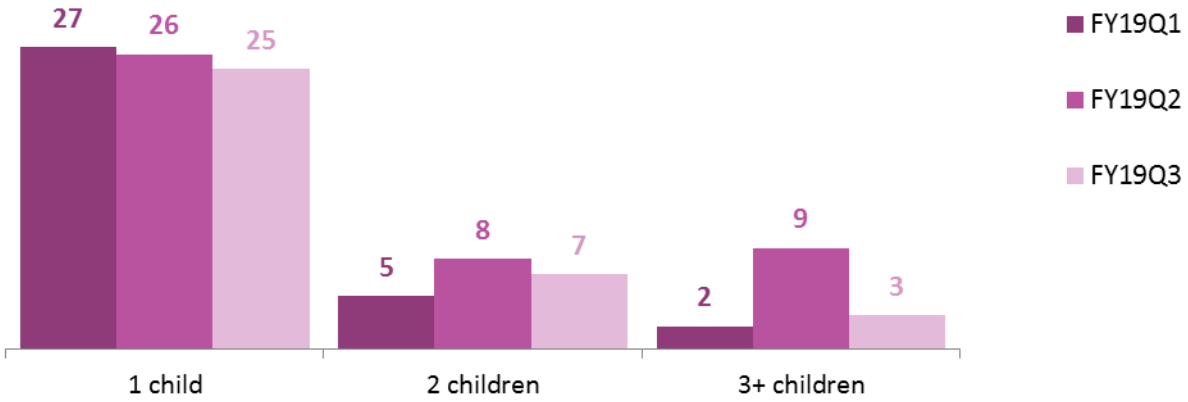
The graph below shows that as of June 2019, CFSA reported a count of 31 females (27 parenting and 4 pregnant), ages 15 to 20, who were pregnant or parenting**.** Eight of these youth were already mothers when they entered care while 17 (63 percent) became a mother after entering care**.** An additional two youth were already mothers when they entered care and gave birth after entering care. Among the 27 young mothers in June 2019, there were 32 children total.

On average each month, there are 29 young mothers in foster care with 34 children between the mothers.



Source: OYE monthly report

Most mothers have one child, although the number of mothers with more than one child increased in FY 2019-Q2.



Source: OYE monthly report

What is known about children who may have been involved in sex-trafficking?

From October 1, 2018 to June 30, 2019, there were 66 total referrals for sex trafficking with 64 total unique clients. Of the 64 clients, five youth had substantiated allegations and either a foster care case was opened as a result of the substantiation, or they were already in foster care at the time of the substantiation. Another eight children were not substantiated for sex trafficking but either had a case opened as a result of another allegation or were in foster care at the time of the allegation.

Of five youth whose caregiver or non-caregiver was substantiated for sex trafficking with a current case or resulting in an open case:

- **Two** referrals had a maltreatment type of sexual exploitation/sex trafficking of a child by a non-caregiver.
- **Two** referrals had sexual exploitation/sex trafficking of a child by a caregiver.
- **One** referral had failure to protect against human sex trafficking.
- The average client age for the six victims with cases was **15** (age range 14 to 17).

What is known about children in foster care with a disability?

In the District of Columbia, Health Services for Children with Special Needs, Inc. (HSCSN)[32] provides complete healthcare for children and young adults with disabilities and complex medical needs. Children may enroll in HSCSN if they meet the following criteria:

- Under 26 years of age
- Washington, DC residents
- Receiving Supplemental Security Income (SSI) benefits or have an SSI-related disability

[32] https://hschealth.org/health-plan

Children enrolled in HSCSN receive a care manager who works with them and their caregivers to coordinate care for the child's medial needs. All children with HSCSN insurance also have a primary care provider (PCP). As of August 20, 2019, 126 youth in CFSA's foster care population were enrolled in HSCSN.[33]

If youth in foster care have a disability and do not yet have HSCSN, or they have newly entered care, they can also be referred for a nurse care manager provided by CFSA. The nurse care manager can assist in applying for HSCSN and facilitate the development of a high-functioning team to address the child's needs. Nurse care managers can be assigned regardless of insurance and terminate services when a child is stable in their condition (including children on HSCSN who may still have a care manager through HSCSN services). An analysis of the common chronic medical diagnoses was completed on 381 children seen by nurse care managers during their current foster care episode and still involved with CFSA (*either in foster care or in home or protective supervision*) as of July 2019. Of those 381 children, 10 children were diagnosed with autism, and 86 children were diagnosed with developmental delays at the time they were seen. See Well-being section for more information.

What is known about children in foster care with complex medical needs including medically fragile youth?

Similarly, an analysis was completed on youth with more complex medical needs that require a higher level of medical case management, including nursing and behavioral supports. In July 2019, 37 children were identified on this list. Twenty-eight children (76 percent) resided in a family-based placement, and two children (5 percent) resided in a group home setting. See Well-being section for more information on the needs of these youth, including medication management and specialized medical equipment.

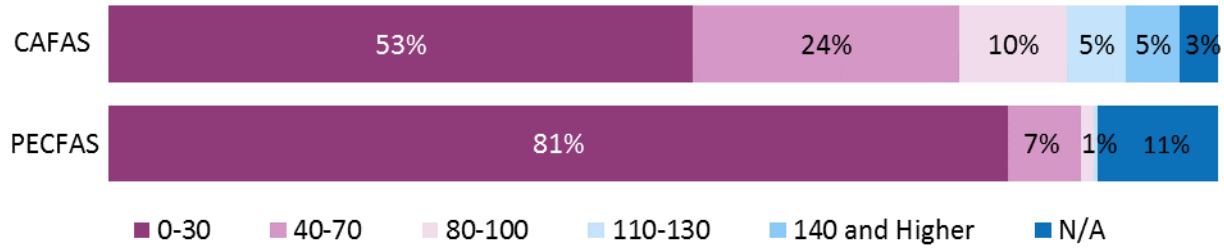
What is known about children in foster care with high acuity ratings?

As of July 2019, 77 percent of youth in foster care with a completed CAFAS and 88 percent of youth with a completed PECAS received an overall score of low acuity, indicating the youth had low levels of impairment regarding functioning (a score falling between 0 and 70)[34]. The scores are determined on a case-by-case basis. The graph below gives an overall view of a child's functioning only. Scores from 80-130 indicate high acuity and scores 140 and higher indicate severe acuity. A child may score a significant challenge with one domain (e.g., school) and no challenges with the remaining six domains.

[33] Source: Department of Health Care Finance (DHCF) Data

[34] CAFAS and PECFAS are completed within the first 30 days of entering foster care for youth who meet the age requirements.

Scores for 77 percent of youth with a CAFAS, and 87 percent of youth with a PECFAS scored in the low acuity range, indicating lower challenges in overall functioning (n=854 youth).

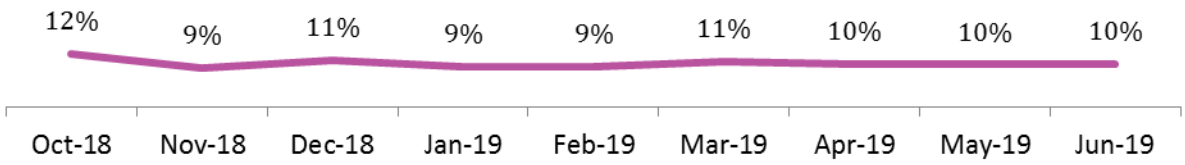


Source: CISA Special Report, Needs Assessments-CAFAS_FC_062819[35]

What is known about trends in disruptions?

Nearly three out of four clients (72 percent) served in FY 2019 have experienced no placement disruptions. For children with a placement disruption, **the initial placement move was likely to occur within the first three months of care.** In October 2018, 12 percent of children served in the month experienced some sort of change in placement. In June 2019, that percentage was 10 percent.

The unique number of children served experiencing any placement change (regardless of reason) has declined since October 2018.



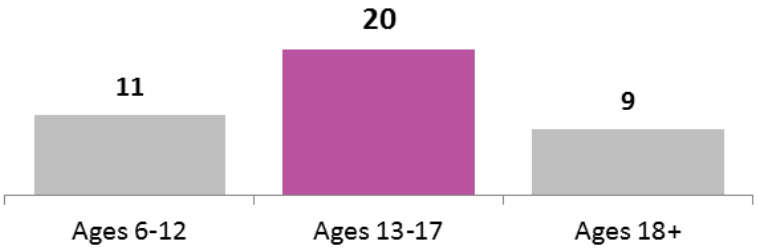
Source: FACES Management Report PLC257

What is known about children who experience the most instability in placement?

A qualitative internal review of 40 children who had three or more placements between October 2018 and February 2019 was completed through *Strengthening our Safe Haven (SOSH) Placement Array Workgroup.* Due to the qualitative nature of the review, characteristics are known about these children's needs that would not typically be readily available on children generally experiencing placement disruptions. This review was completed in order to identify possible gaps in placement types available to stabilize youth facing the most placement instability. The following section reviews this analysis.

[35] Scores represent an overall score for all domains. N/A represents instances when one domain was not able to be scored, thus an overall score cannot be calculated.

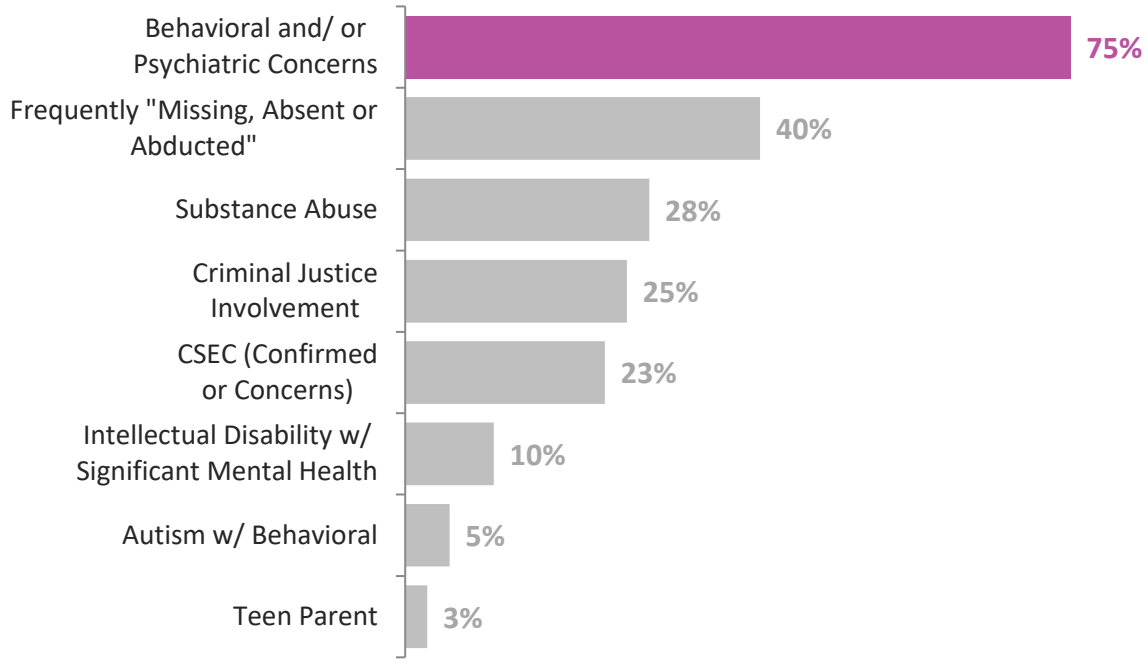
Half of the children experiencing three or more disruptions were age 13-17.



Source: SOSH review

Staff identified descriptors and issues for children during an internal placement work group review. Concerns identified most frequently were behavioral or psychiatric.[36]

Behavioral or psychiatric concerns were the most frequent concern.



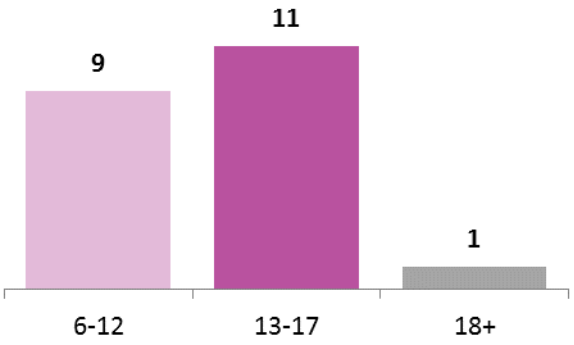
Source: SOSH review

What is known about overnight stays in the CFSA office building?

Twenty-one youth accounted for 29 overnight stays in FY 2019 through May 2019.

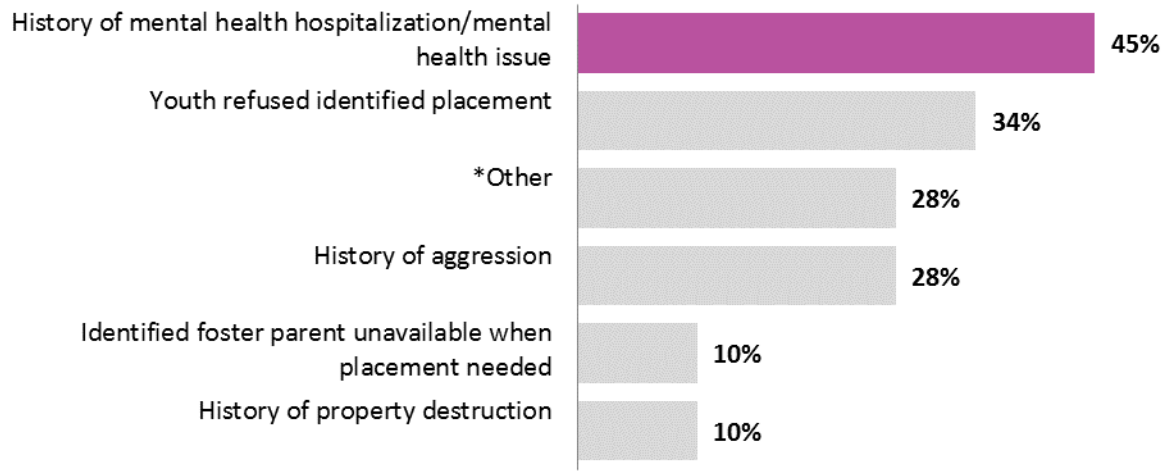
[36] CFSA's new policy on Missing, Absent, and Abducted Youth breaks down (what used to be called) "abscondences" into three new classifications: abducted child, absent child and high risk child. Abducted refers to a child's location is unknown and it is presumed the child was taken with consent of the caregiver. Absent refers to a child is away from their residents repeatedly or regularly. High Risk refers to a child who is missing, abducted or absent whose safety may be compromised.

The slight majority of youth (52 percent) with overnight stays were age 13-17.



Source: Manual Overnight Stay Tracking

A child's history of mental health hospitalization or mental health issue was the top barrier to placement.



Source: Manual Overnight Stay Tracking

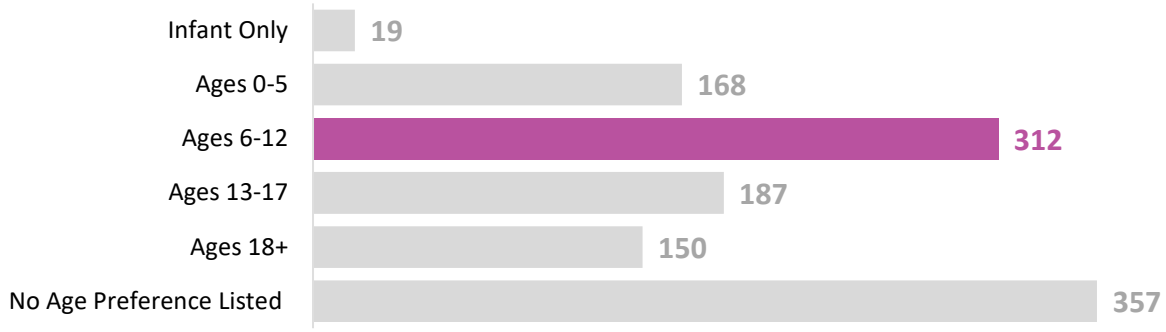
Barriers in the *"other" category included histories related to criminal and sexualized behaviors, and specialized needs for children with autism and intellectual/developmental disabilities.

RESOURCE PARENT PROFILES

What is known about the age preferences of resource parents?

While CFSA licenses resource homes for clients age birth to 21, birth to 5, or 6 to 21, resource parents can specify any preferred ages from birth to 21. The groupings below are estimates; a resource parent's actual age preferences may cross ranges. Additionally, the totals below do not add up to the total number of resource parents, as a parent can have a preference for multiple age groupings below (i.e. birth-5 and 6-12).

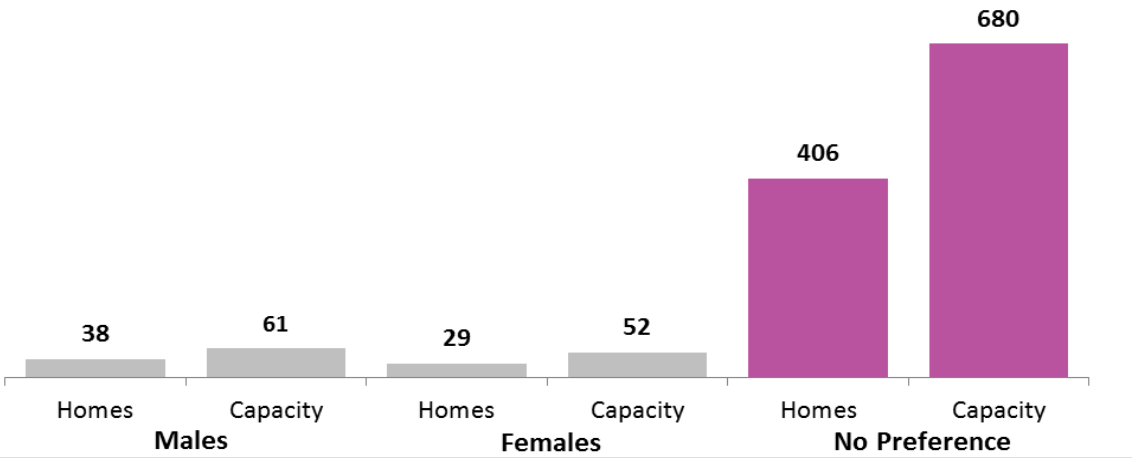
Two out of every five resource parent age preferences include children within the 6-12 age range.



Source: FACES Management Report PRD141, includes CFSA, NCCF, and LAYC homes as of June 30, 2019

What is known about the gender preferences of resource parents?

Most resource parents have no identified preference regarding the gender of children placed in their homes.



Source: FACES Management Report PRD141 as of March 31, 2019

PLACEMENT ARRAY AND SERVICES

What is the placement capacity?

Placement Type	FY19 Actual Capacity[37]
Number of Licensed Family-Based Beds (includes kinship beds)	810
Congregate Care Facilities	99
Group Home - Traditional	*56*
Group Home - Therapeutic	*12*
Group Home - Intellectually Disabled/Developmentally Delayed	*5*
Independent Living Program	*10*
Independent Living Program – Teen Parents	*12*
Emergency Shelter	*4*
Total Capacity	**909**

Sources: Congregate Care Capacity from Placement Administration; Family-Based Care Capacity from PRD 141 as of June 30, 2019

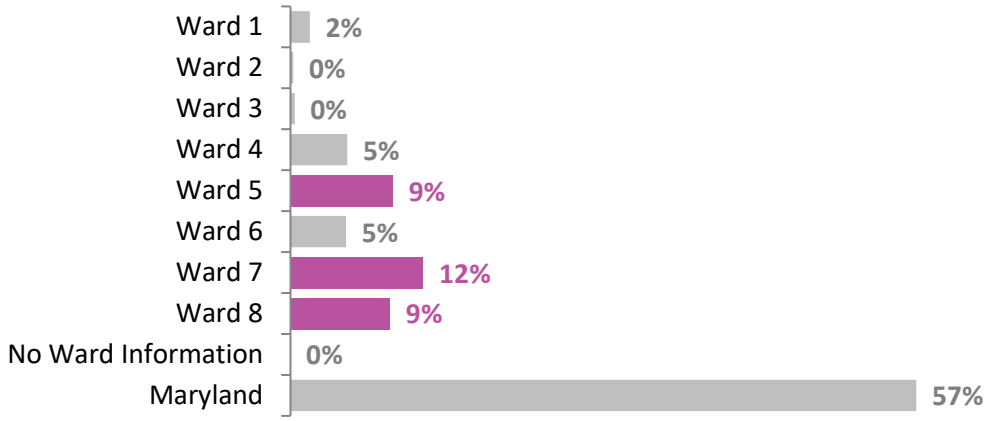
On June 30, 2019, CFSA's family-based placement capacity included 488 resource homes with a known capacity of 810 beds.[38] For congregate care facilities, CFSA bases placement capacity on the number of contracted beds, with a total capacity of 99. In all, CFSA has capacity for 909 paid placements. Additionally, on average, roughly seven percent of children (60 children) in CFSA's care are in unpaid placements each day[39]. Given that there were 846 children in care as of June 30, 2019, CFSA has an adequate number of placements available to children in foster care. While we have more available paid placements than children needing paid placements, CFSA is working to improve the array of specialized placements to better meet the needs of our children. This is further described in the section: New Placement Resources Under Development for FY 2020.

[37] This represents the number of licensed and contracted beds available for placement, and not the budgeted capacity.

[38] 29 homes had no capacity listed in the source file and were not counted toward the capacity.

[39] Unpaid settings for youth include college or university, an unlicensed placement, a Medicaid-funded or DDS facility, a correctional or detention facility, and youth who are missing, abducted or absent.

On June 30, 2019, Wards 5, 7 and 8 had the most family-based beds within the District of Columbia.[40]



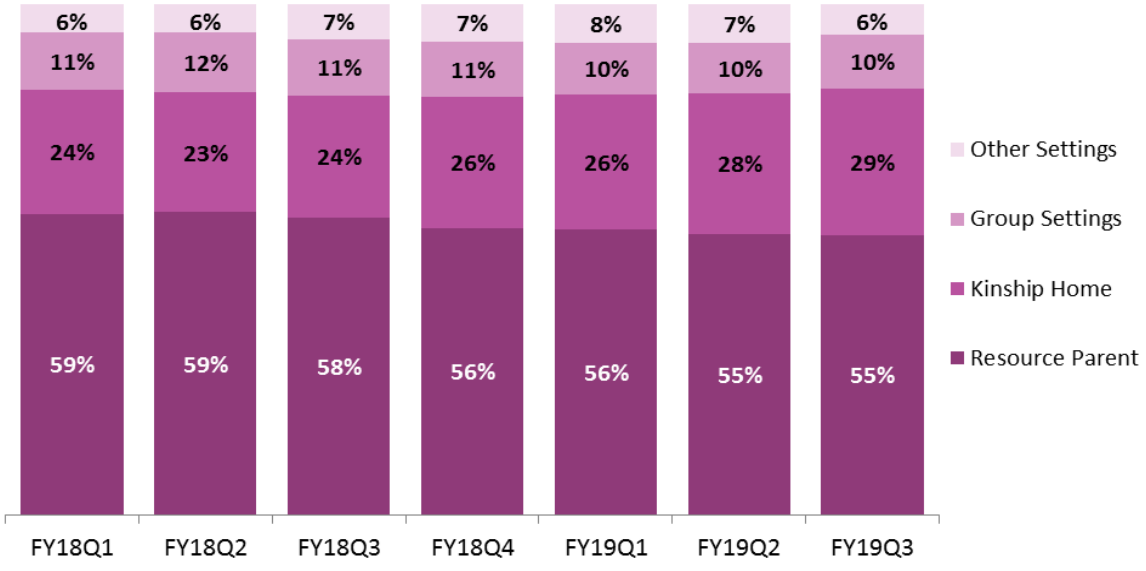
Source: FACES Management Report PRD141

What are the placement trends?

The number of children in family-based care has remained consistent since FY 2017-Q1 (83-84 percent), with a five percent increase in the proportion of placements with kinship providers.

"Other settings" for youth include any unpaid placement setting.[41]

Nearly three in 10 children live with a kinship caregiver.



Source: FACES Management Report PLC010 as of June 30, 2019

[40] Three homes were in states outside of the District of Columbia and Maryland, these account for <1 percent.

[41] Unpaid settings for youth include college or university, an unlicensed placement, a Medicaid-funded or DDS facility, a correctional or detention facility, and youth considered missing, abducted or absent.

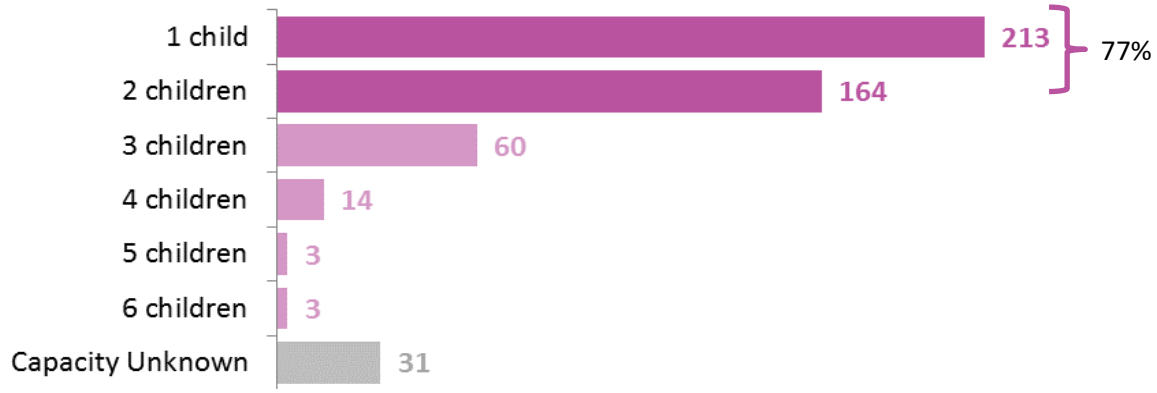
What is known about capacity for siblings in foster care?

Regarding resource home bed capacity, 44 percent of homes were licensed for the placement of only one child (roughly comparable to the 46 percent of children in foster care who do not have a sibling in foster care). Conversely, only 16 percent of the homes were licensed for sibling groups with three or more children. The percentage of cases with more than three children was 11 percent in FY 2019-Q3 with a high of 16 percent in FY 2019-Q1.

Siblings may be placed separately as a result of one or more of the following factors:

- Children come into care at separate times (e.g., the first provider may not be able to provide care for all siblings but continues to be the best placement for the initial child).
- Kinship providers don't have capacity to care for all siblings.
- Kinship providers may not be related to all siblings.
- A youth's level of need may necessitate one sibling in a different placement.
- It may not be clinically appropriate for siblings to be placed together.

77 percent of resource parents are licensed for the placement of one-to-two children.



Source: FACES Management Report PRD141

What is the budgeted capacity for family-based and congregate care?

CFSA's FY 2020 *Projection for Utilization* includes budget for 926 paid placements at any one time: 750 family-based and 121 congregate care facilities with a projected 55 youth in other settings at any given time. CFSA based its FY 2020 budgeted capacity 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. **Most placements are family-based.**

Placement Type	FY19 Actual Utilization (on 6/13/19)	FY20 Projections (as of 7/15/19)
Traditional/Kinship	287	330
SOY	17	30
Professional Resource Parent (for PPY)	3	3
SOAR (new in FY 2020)	0	4
Intensive Foster Care (new in FY 2020)	0	36
CFSA Family-Based Sub-Total	***312***	***403***
National Center for Children & Families (NCCF) – Traditional	379	350
Latin American Youth Center (LAYC) – Traditional	13	20
Lutheran Social Services (LSS) – URM	21	20
Contracted Family-Based Sub-Total	***413***	***390***
Group Home – Traditional	52	42
Group Home – Therapeutic	6	6
Group Home – Intellectually Disabled/Dev. Delayed	3	3
ILP Main Facility – Teen Parent	10	14
Emergency Shelter	4	4
PRTF/Diagnostic/Residential	15	13
Autism Spectrum Disorder	0	6
Congregate Sub-Total	***93***	***88***
GRAND TOTAL[42]	**818**	**881**

Source: Placement Services Administration utilization projections

[42] On June 13, 2019, there were 39 youth in an "Other" setting (e.g., missing, abducted or absent, hospital, college, detention facility).

What kind of non-traditional placement types does CFSA have available (as of June 13, 2019)?

- **Special Opportunities for Youth (SOY) Homes.** SOY homes provide a planned placement in a resource home with specially trained providers for CFSA youth age 11-20, who need a higher level of support for challenging needs. The SOY homes have been shown to stabilize these youth with the additional support.
- **Professional Resource Parents.** CFSA professional resource parents are paid a salary to provide intensive, culturally-informed support and services to pregnant and parenting youth. Professional resource parents may not work more than 20 hours outside of the home. The youth placed in PRP homes may have additional needs in the areas of behavioral, emotional, physical, substance use, and concerns for their ability to parent. Foster care services include but are not limited to parenting/nurturing, housing, transportation, recreational activities, support for parenting and full participation in treatment/transition planning.
- **Emergency Shelter (Sasha Bruce Youthwork).** Sasha Bruce provides immediate placement in a licensed group home setting to a youth age 13-18 in need of an unplanned replacement in a different foster care setting. The goal is to provide stabilization services and intervention to the youth while a more permanent or appropriate placement setting is secured. The Sasha Bruce placement is intended to last for no more than 10 days but can last up to 30 days.

New Placement Resources Under Development for FY 2020 (Subject to Change)

CFSA has set a goal to license 50 new foster beds with a net increase of 25 family foster beds between April 1, 2019 to January 31, 2020. CFSA remains committed to being flexible and responding to needs as they arise. Based on a review of the children facing placement disruptions and the capacity of current placements, the development of two new non-traditional placement types are in process. See section "What is known about children who experience the most instability in placement?" for more information.

- **Intensive Foster Care.** Intensive foster care will serve 36 children from ages birth-21 who are appropriate for a family-based setting but are experiencing (or likely to experience) placement instability, as indicated by, but not limited to, the following histories:
  - □ Multiple incidents of physical or verbal aggression, persistent failure to follow household rules, destruction or stealing of property, or pending criminal charges
  - □ Placement instability prior to entering care, i.e., frequent moves among relatives, kin or friends; repeated placement in juvenile, congregate or residential treatment settings
  - □ Significant foster care placement disruptions (2+ moves)
- **SOAR (Stabilization, Observation, Assessment and Respite Services) Homes:** SOAR homes or Assessment Respite Care (ARC) services operate 24 hours per day, 7 days a week to serve four children in the District's child welfare system. Resource parents for SOAR homes receive an additional 20 hours of specialized training annually. These resource parents provide parenting and support to address the children's unique needs, e.g., (a) undiagnosed/untreated mental health issues, (b) frequent absconding, (c) utilizing illegal

and illicit substances, (d) victims of sexual abuse or Commercial Sexual Exploitation of Children (CSEC), (f) chronically exhibiting emotional and behavioral dysregulation, and (g) children diagnosed with autism. The resource parents also accept children who self-identify as LGBTQ. Placement capacity allows for one to two youth between the ages of 6-20 for up 60 days, and CFSA is seeking to have four SOAR homes available for four children.

What services are available for resource parents to support children in foster care?

CFSA continues to offer the following services and supports to resource providers for their ongoing development and to maintain and stabilize placements.

Case Management. A social worker "case manages" with resource parents 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 clusters of resource homes. The models are based on the extended family concept where a "hub" or "cluster lead" family provides resource parents with peer support services within the cluster, including scheduled and unscheduled respite care. The programs also feature a formal support group for hub and cluster lead parents. This peer network minimizes placement disruptions, enhances the overall experience of resource parents and increases retention rates. In FY 2020, the two models will be merged to offer one consistent model for all resource families.

Healthy Horizons: Medical Support. CFSA has nurse care managers assigned to 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 (MSS). Stabilization services prevent placement disruptions of children in resource 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.

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

Resource Parent Support Line. The Resource Parent Support Line is a phone line for resource parents to call when issues in the home have escalated and the parents need assistance in resolving them.

Office of Youth Empowerment Enrichment Bootcamp. CFSA's Office of Youth Empowerment operates the Enrichment Bootcamp, a day program to serve youth in foster care from grade 6 (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 established an internal Office of the Ombudsman in order to ensure that 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. CFSA's Child Welfare Training Academy (CWTA) provides 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. CWTA offers pre-service and in-service training that works to keep resource parents prepared to effectively carry out their role as trauma-informed caregivers.

In early 2019, the Council of the District of Columbia passed the *Foster Parent Training Regulation Amendment Act of 2018* (B22-0097). This Act requires resource parents to participate in specialized training within a specified timeframe if a child in foster care is placed in a foster home who identifies as LGBTQ, is a victim of sex trafficking, is a child with a disability, is a pregnant or parenting teen, has a history of violent behavior, or is 16 years of age or older. CWTA provides the specialized training which includes an array of course offerings, including classroom, online and table-top trainings to address characteristics and behaviors of children in care.

Are Mobile Stabilization Services (MSS) keeping foster care placements intact?

Mobile Stabilization Services (MSS) can be utilized by families with an in-home case and by resource families where there is a high risk of placement disruption. The service is contracted through Catholic Charities and provides resource families with intensive, in-home services to mediate family tension. In FY 2019, CFSA referred 31 resource families for MSS. Of these referrals, only 45 percent (14 of 31) utilized the service, indicating low utilization of this service. Despite having a higher utilization rate than birth families, resource family placements were more likely to disrupt. Following MSS services, 57 percent of the youth (8 of 14) remained in their placement 30 days after completing the service. For the 17 referrals where the service was not utilized, in 42% of the referrals the client declined services (n=4) or was a no show during the first scheduled visit (n=3). In another 41% (n=7), the referral was withdrawn by the caller, due to the placement disrupting before the initial visit (n=1), after the MSS worker further described what the services would entail (n=1), and for unspecified reasons (n=5). For the remaining instances, it was determined that MSS was not appropriate (n=2), or that Champs was more appropriate (n=1).

8 out of 14
youth remained in their placement

Source: and FACES management report PLC257

What do stakeholders say about services for resource parents?

CFSA gathered input, perceptions and feedback from internal and external stakeholders through focus groups, interviews, online surveys and task force/committee meetings. In addition to resource parents (traditional, adoptive, and kinship caregivers), child welfare professionals from 36 District Government agencies, the Courts, community-based organizations and multi-disciplinary committees received the online survey link to share with their staff and networks.

Themes from Feedback on Services and Supports for Resource Parents[43]

Resource parent experiences varied by agency and by the ages and needs of the children in their care. However, certain themes emerged across stakeholders and are repeated from prior years.

- **The Placement Process.** Resource parents are unclear as to how the process works with regard to planned and unplanned placements and how matching is done. They often feel unprepared and unqualified to parent the children they are asked to take. These feelings were due to a lack of, or vague information provided about the child at the time of placement.
- **Awareness of Services.** Participants have varying levels of awareness of services. It was typical that during focus group discussions, a resource parent mentioned services or resources that others needed but did not know existed (e.g., tutoring, expressive therapy[44]).
- **Essential Services.** In general, childcare, respite, and transportation are considered useful and essential services although there are some challenges in accessing them to the extent needed.
- **Communication Among Team Members.** There is room for improvement as resource parents are inconsistently informed about existing and updated resources and inconsistently invited to play a part in the child's case plan. Stakeholders also expressed both a lack of communication and conflicting information shared by different CFSA staff as an ongoing challenge.
- **Grief and Loss Support Group**. Stakeholders have expressed a need for this service when a child has been living in the same resource home over an extended period of time and has bonded with the resource parents and other children in the home, but then changes placements or reaches permanency. One resource parent shared that Adoptions Together's support group was helpful. Several stakeholders commented that this is a welcome support.

[43] 63 Resource Parents partially completed the survey and 32 fully completed the survey. Eight Resource Parents participated in focus groups.

[44] Expressive therapies may include writing, movement, art, music, and animal-assisted therapy.

Comments on Services and Supports for Resource Parents

The quotes below are paraphrased from direct comments made during the focus groups and in the surveys and provide insights into the experiences and perceptions of stakeholders, some of which demonstrate incorrect understanding, inconsistent information or misinformation shared by staff.

TUTORING

"Is CFSA cutting its tutoring program because schools and other private agencies and volunteer organizations are providing tutors?"

MENTORING

"It's effective for those who have used it but there needs to be more flexibility in the mentor schedules."

"Therapeutic mentoring is needed."

THERAPY

"It takes too long for therapy to get set up for youth."

"Expressive therapies are helpful."

MSS/CHAMPS

"I was told to call 911 because they couldn't get to my home in time."

RESPITE

"Resource parents should be placed in clusters aligned with the age groups of children they are serving."

"Resource parents are told to identify back-up people for respite but can only use them if keeping the child for less than 2 days and in the licensed resource home."

TRANSPORTATION

"More support for transporting multiple children to appointments and activities would help and it needs to be set up earlier in the placement process."

"Assistance offered can be insufficient for youth who are placed far out of DC."

YOUTH TRANSITION PLAN

"The Agency starts too late in building out the YTP plan – it should be worked on between ages 14 and 17 years old so the youth is not just learning how to manage a budget at 19 – this can lead to youth becoming homeless if this service is not done better."

SUBSIDIES

"It's hard to find subsidy programs and even more challenging if you have a baby under 6-weeks old since they can't go to day care yet."

SHARED PARENTING

"Shared parenting is helpful when it happens."

"Shared parenting is not occurring consistently due to logistical challenges."

CHILDCARE

"It's challenging to get a daycare spot because there are long waitlists."

"Childcare is needed during trainings irrespective of the length of training."

Source: 2019 Needs Assessment survey results

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 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 overall?

For a foster care case, an integral practice tool for developing case plans is the Child and Adolescent Functional Assessment Scale (CAFAS) tool and its companion version for younger children, the Preschool and Early Childhood Functional Assessment Scale (PECFAS). The CAFAS is for children and youth ages 6 to 21 years old; the PECFAS is for children 3 to 5 years old. Both assessment tools measure areas of strength alongside areas where the child or youth struggles to function in a holistic or generally healthy manner. CAFAS and PECFAS are drivers for case planning. Findings from the tool provide the case management team with information to prioritize which strengths need reinforcement and which challenges need to be addressed through service referrals outlined in the case plan.

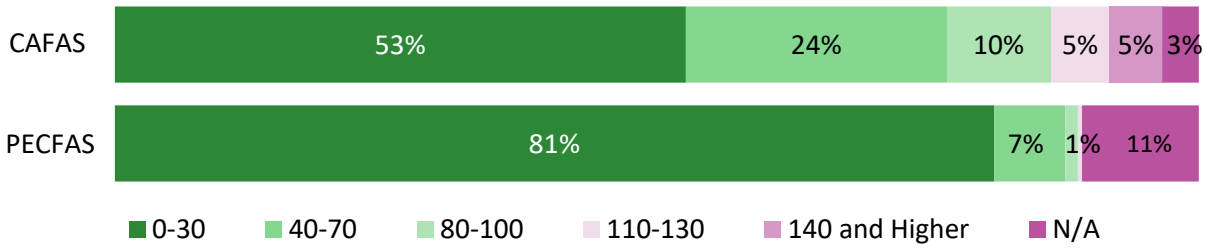
The CAFAS tool measures child functioning across eight domains; the PECFAS tool measures the same domains but excludes the domain for substance use:

- **SCHOOL:** Measures the child or adolescent's ability to function satisfactorily in a group educational environment by assessing the subcategories of attendance, grades, behavior, and performance (work).
- **HOME:** Measures the extent to which the child or adolescent observes reasonable rules and performs age-appropriate tasks by assessing the subcategories of safety, compliance, and non-runaway behaviors.
- **COMMUNITY:** The extent to which the child or adolescent demonstrates respect for the rights of others and the law by assessing the subcategories of obeying laws, respecting property, and refraining from offensive acts.
- **BEHAVIOR TOWARD OTHERS:** Measures the appropriateness of the child or adolescent's daily behavior toward others, including adults, peers, family members, and animals by assessing the subcategories of offensive behaviors, negative and troublesome behaviors, and judgment.
- **MOODS/EMOTIONS:** Measures the child or adolescent's ability to modulate their emotions by assessing the subcategories of depression, anxiety, traumatic reactions, and bizarre reactions.
- **SELF-HARM:** Measures the extent to which the child or adolescent can cope without resorting to self-harmful behavior or verbalizations.

- **SUBSTANCE USE (for youth only):** Measures the extent to which the youth's substance use is maladaptive, inappropriate, or disruptive to normal functioning by assessing the subcategories of no negative effects/risk-taking related to usage and frequency/amount of usage.
- **THINKING:** Measures the ability of the child or adolescent's ability to use rational thought processes by assessing the subcategories of communication, perceptions, cognitions, and orientation/memory.

As of July 2019, 77 percent of youth in care with a completed CAFAS and 88 percent of children with a completed PECAS received an overall score of low acuity, indicating most children had low levels of impairment regarding functioning (a score falling between 0 and 70).[45] The scores are determined on a case-by-case basis. The graph below gives an overall view of a child's functioning only. Scores from 80-130 indicate high acuity and scores 140 and higher indicate severe acuity. A child may score a significant challenge with one domain (e.g., school) and no challenges with the remaining six domains.

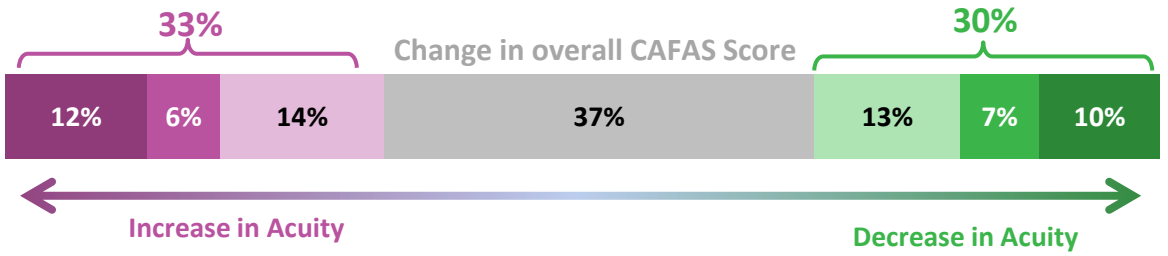
Scores for 77 percent of youth with a CAFAS, and 87 percent of youth with a PECFAS scored in the low acuity range, indicating lower challenges in overall functioning (n=854).



Source: BIRST CAFAS and PECFAS Overall Scores Tab, July 1, 2019 [46]

The CAFAS/PECFAS re-assessment occurs every 90 days. It is important for case management practice to understand how children and youth are improving behaviors and functioning over this period. The graph below shows 33 percent of children and youth experienced an increase in challenging behaviors impacting function, versus improved behaviors.

More children increased in severity of acuity in their overall CAFAS score than decreased



Source: BIRST CAFAS and PECFAS Overall Scores Tab, July 1, 2019

[45] CAFAS and PECFAS are completed within the first 30 days of entering foster care for youth who meet the age requirements.

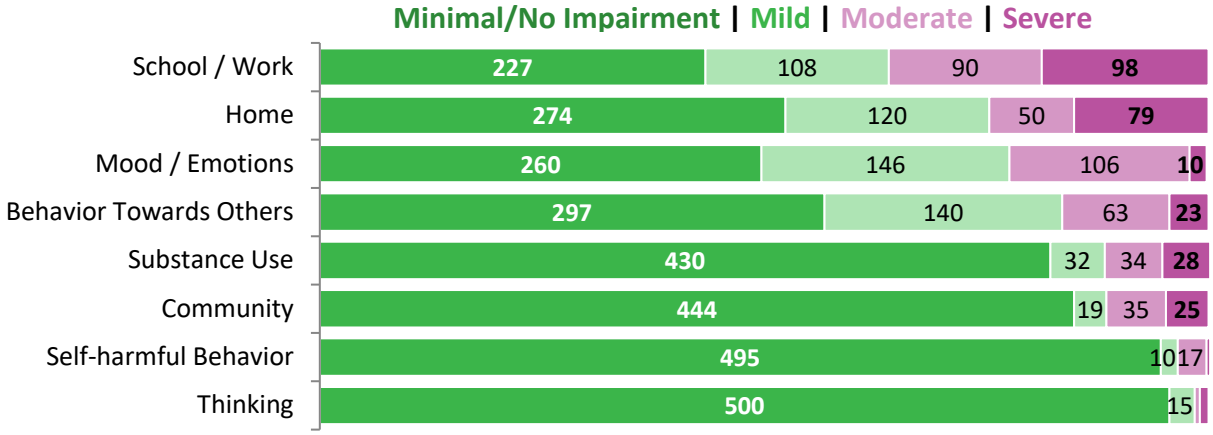
[46] Scores represent an overall score for all domains. N/A represents instances when one domain was not able to be scored, thus an overall score cannot be calculated.

How are the children in foster care functioning by specific CAFAS domain?

The following data reflects a point-in-time population (June 28, 2019) for children in foster care who had at least two completed CAFAS assessments. Analysis was done on individuals who had two assessments completed, in order to assess improvements in functioning between the two time periods. Data looks at the two most recent CAFAS assessments within the most current home removal episode. Both sets of scores provide domain-specific scores and compare whether a child or adolescent's functioning per domain improved, declined or indicated no change.

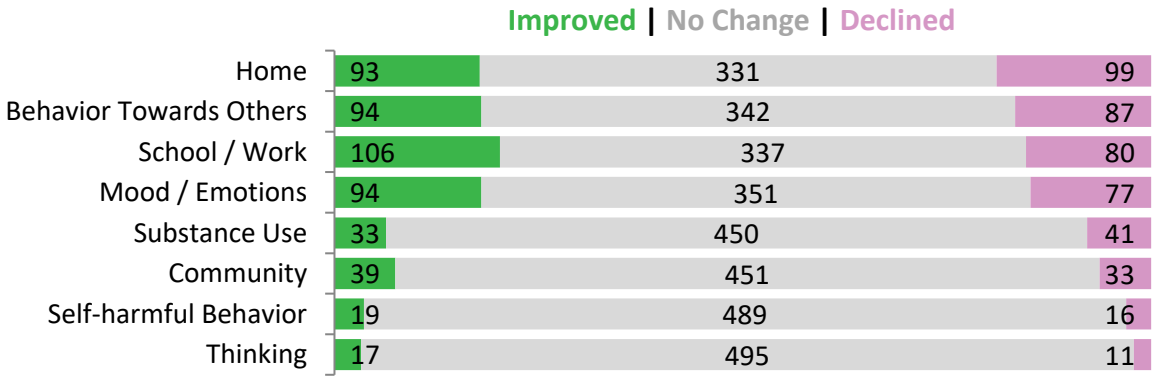
The domains with the most children scoring moderate-to-severe challenges for functioning were:

1. School/Work
2. Home
3. Mood/Emotions
4. Behavior Toward Others



Source: CISA Special Report, Needs Assessments-CAFAS_FC_06282019

The domains of home, behavior toward others, school/work and mood/emotions had roughly equal numbers of youth improve as decline in functioning between the two assessments.



Source: CISA Special Report, Needs Assessments-CAFAS_FC_06282019

CFSA analyzed the assessment results by a child or youth's age to see if age impacted functioning. Generally, children in each age group declined and improved around the same rate (<5 percent difference) except for the following age groups:

- Children age 5-12 (more likely to improve): Behavior Toward Others, Mood / Emotions, School / Work
- Youth age 18+ (more likely to decline): Behavior Toward Others, Substance Use

The Big Picture: most children or adolescents scored few or no challenges in functioning for most domains *and* maintained low scores (based on the most recent score).

Domain	Most Recent Score in Analysis	First Score in Analysis			
		No Impairment	Mild	Moderate	Severe
Behavior	DECLINED	63	18	6	Cannot decline from a severe score
Community		32	0	1	
Home		55	27	17	
Mood / Emotions		56	19	2	
School / Work		49	17	14	
Self-Harmful Behavior		16	0	0	
Substance Use		25	10	6	
Thinking		10	1	0	
Behavior	IMPROVED	Cannot improve from a minimal score	40	40	14
Community			12	14	13
Home			35	28	30
Mood / Emotions			39	47	8
School / Work			31	22	53
Self-Harmful Behavior			4	15	0
Substance Use			7	13	13
Thinking			11	5	1
Behavior	MAINTAINED	234	69	28	11
Community		417	2	18	14
Home		213	63	12	43
Mood / Emotions		202	78	68	3
School / Work		165	55	47	70
Self-Harmful Behavior		479	3	6	1
Substance Use		412	10	11	17
Thinking		485	5	1	4

Source: CISA Special Report, Needs Assessments-CAFAS_FC_06282019

Further Exploration

Analyzing changes in scores by domain is a new analysis completed via a partnership between CFSA's Child Information Systems Administration (CISA) and the Office of Planning, Policy and

Program Support (OPPPS). CFSA also plans to explore whether children and adolescents with higher scores (indicating greater challenges in functioning) are the same children and adolescents with multiple placement disruptions. In addition, CISA and OPPPS will examine the types of interventions used to address those challenges, as well as provide the client level data to program areas (i.e., Child Protective Services, In-Home Services and Permanency), to support managers by providing a better understanding of what interventions are working.

SERVICES TO SUPPORT WELL-BEING

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 OWB and the Office of Youth Empowerment (OYE) are essential teams that provide educational and post-secondary educational services, beginning in pre-kindergarten and continuing through college graduation.

School Transportation
CFSA will provide time-limited transportation assistance in certain scenarios in order to maintain school stability.

Mentoring and Tutoring
CFSA contracts with service providers that specialize in mentoring and tutoring services.

Educational Training Vouchers
The Education and Training Voucher 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. Youth must enroll before their 21st birthday but may continue to receive support until age 23. Funds may be used for tuition, dorm fees, books, student loan repayments and qualified living expenses.

Office of Youth Empowerment Enrichment Bootcamp for Youth Unable to Attend School
OYE launched a day program (Enrichment Bootcamp) to serve CFSA youth in foster care from age 12 (grade 6) to 20 when the youth are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change.

Career Pathways Unit
OYE's Career Pathways Unit is responsible for providing older youth with opportunities to obtain vocational certifications or experience in a designated field (with the intent that they will transition into a full-time career) when the youth are not planning on attending college or university. OYE ensures that employment services and vocational supports are available and accessible as 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 (CAAB), which manages the Making Money Grow financial literacy program. A CAAB representative is on-site four days a

week to enroll and monitor youth participants (ages 15-20) in the matched savings program. The on-site representative engages the youth to help them manage finances, understand the importance of credit, and build assets in a fashion that best matches their learning style. The representative also helps the youth to develop individual plans that include both short-term and long-term financial goals.

Youth Transition Planning
Transition planning for youth begins at age 14 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 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 the point of case closure.

Mental Health Support
CFSA utilizes the Department of Behavioral Health's (DBH) city-wide provider agencies to meet the mental and behavioral health needs of children, youth and adults. CFSA initiated the Agency's Mental Health Redesign in FY 2019. The redesign is a plan to improve access to mental health evaluation and treatment for children in foster care, including medication management. The build-out for the redesign involved OWB hiring three dedicated therapists to ensure timely assessments and early access to short-term (3 to 6 months with the ability to extend to 12 months) mental health treatments that children need when they first enter or re-enter foster care.

Substance Use Services
CFSA collaborates with DBH to serve adults and youth (ages 12-20) who are impacted by substance use. The OWB substance use program specialist receives referrals from social workers and helps coach social workers 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. The program specialist also monitors treatment outcomes.

Generations Unit/Parenting Teens Program
OYE's Generations Unit is a specialized unit that provides case-carrying support and guidance to pregnant and parenting youth in care (both mothers and fathers). The unit helps these youth achieve their personal transition goals while balancing the responsibilities of parenthood.

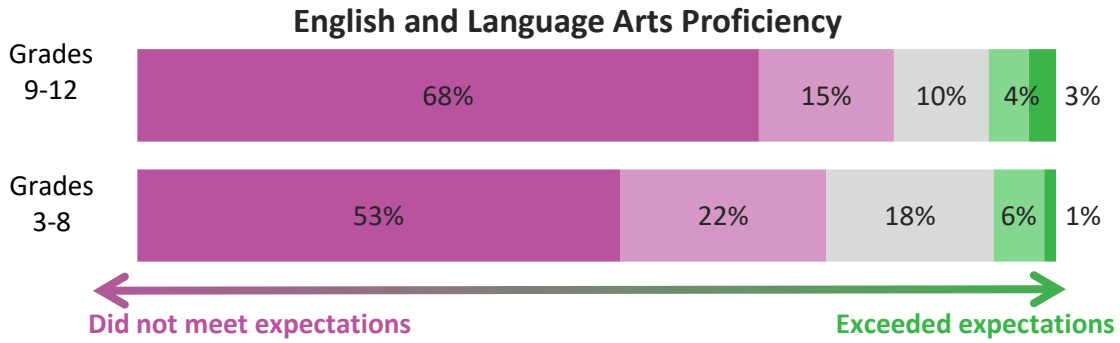
What services support the education of children in foster care?

The Partnership for Assessment of Readiness for College and Careers (PARCC) provides a snapshot into how a child is progressing toward grade-level expectations and developmental milestones as it relates to the mastery of skill sets. OWB requests PARCC assessments for those children whose data from either the Office of the State Superintendent (OSSE) for Education or the Prince George's County Public Schools indicates a need.

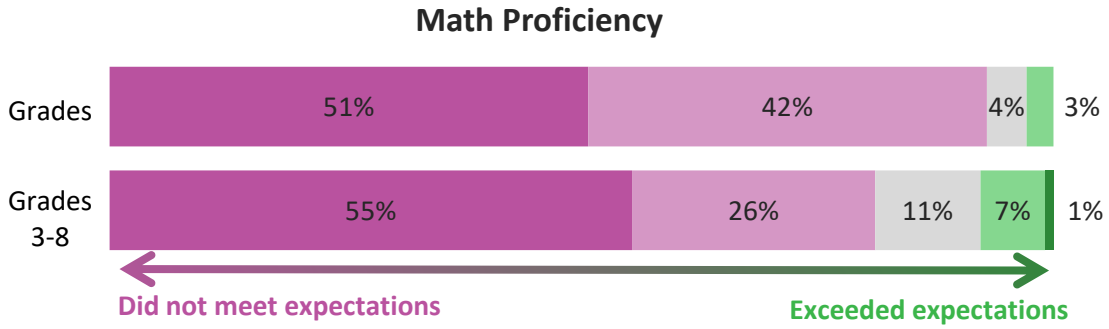
The performance-based level scoring for English language arts/literacy and mathematics has the following levels:

- Level 1: Did not yet meet expectations
- Level 2: Partially met expectations
- Level 3: Approached expectations
- Level 4: Met expectations
- Level 5: Exceeded expectations

In the graphs below, 75 percent of youth in grades 3 through 8 did not meet English and language arts proficiency, compared to 83 percent of children in grades 9 to 12. The math proficiency was low across both grade cohorts; 81 percent of children in grades 3 to 8 did not meet math proficiency compared to 93 percent of children in grades 9 to 12. In both grade cohorts, children struggled with math more than English and older youth overall performed at a lower level of proficiency.



Source: Data Provided to the Office of Well Being by DC Office of the State Superintendent for Education and Prince George's County Public Schools



Source: Data Provided to the Office of Well Being by DC Office of the State Superintendent for Education and Prince George's County Public Schools

What role do education specialists play to support the needs of children in foster care?

Beginning in the 2018-2019 school year, using data received by the schools (examples included the above referenced PARCC data, attendance, grade and suspension information), the OWB and OYE began examining one-on-one support for a select set of students in foster care, based on need.

Education specialists used the evidence-based Check & Connect Student Engagement and Intervention model to provide ongoing direct service and supports for at-risk youth in grades 6 through 12 (approximately ages 12-18). The following supports are incorporated into the model:

- Conducting one visit with the youth at school per month to gather information about their needs and performance.
- Communicating with the youth and other members of the team or school staff at least biweekly (more as needed) to check in on youth's educational status and progress.
- Developing short-term educational goals within the first month of working with each youth.
- Monitoring progress on goals completion and updating goals, as needed, monthly.
- Gathering available monthly data on youth's attendance, behavior and coursework, using the Check & Connect Monitoring form.
- Using the data and other information gathered to identify and initiate appropriate interventions to support the youth's positive performance and monitoring those interventions on a monthly basis using the Check & Connect monitoring form.

The Check & Connect model provides direct service and intervention to help keep at-risk youth on track for graduation. It is an intensive model whereby specialists systematically collect and monitor (or "check") monthly student performance data (e.g., absences, tardiness, behavioral referrals, suspensions, grades). The specialists then analyze and share (or "connect") that data with the student, caregiver and social work team in order to identify and implement timely interventions to solve problems and resolve barriers that are hindering a student's performance.

Education specialists served 124 youth using the Check and Connect model during the 2018-2019 school year. Youth were selected based on three criteria: attendance, academics, or behavior. Of the 124 youth, 70 students exhibited one issue, 45 students exhibited two issues and 9 students exhibited all three. The count of youth in each category is described in the infographic below:

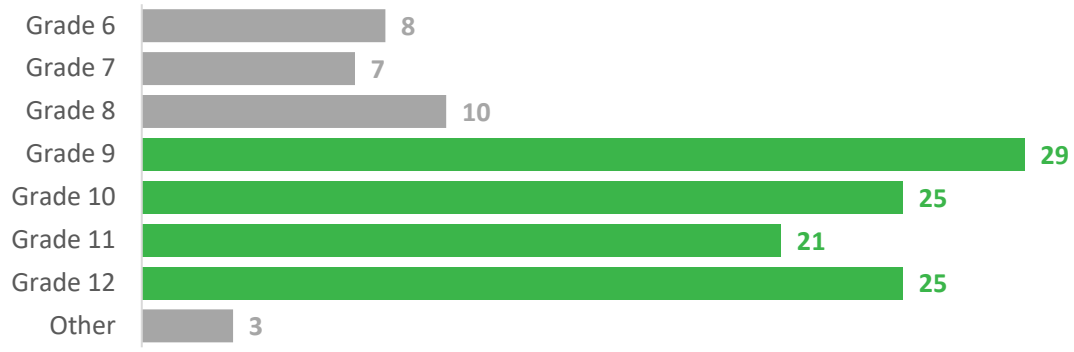
ATTENDANCE: 90 students
(73 percent; 7 out of 10 youth)

ACADEMICS: 71 students
(57 percent; nearly 6 out of 10 youth)

BEHAVIOR: 26 students
(21 percent; 2 out of 10 youth)

Source: Office of Well Being and Office of Youth Empowerment Manual Tracking

More than 3 out of 4 children identified for Check & Connect Services were in Grades 9-12.



Source: Office of Well Being and Office of Youth Empowerment Manual Tracking

What direct services are available to help students?

The Agency has contracts to provide tutoring, mentoring and transportation to children on an as needed basis. The following data examine the utility of these three resources between FY 2018 and FY 2019.

Tutoring

CFSA uses the "A Plus Success" in-home tutoring program to provide tutors to children in foster care. On average, 88 children per month accessed tutoring services in FY 2018. An average of 66 children accessed services in FY 2019-Q3. In FY 2019, CFSA continued to provide tutoring services as budgeted which is adequate to support the needs of children and youth in care. Surveys and focus group participants indicated some examples of barriers to the service included children not consistently attending tutoring, tutors not being well-versed in subjects for which children needed support, and scheduling conflicts.

Mentoring

CFSA contracts with Best Kids, Inc., a DC-based non-profit that provides individual support to children in foster care. The program encourages children to discover their unique skills and abilities, develop a positive sense of self, learn teamwork and group social skills, and become productive members of society. In FY 2019, an average of 81 clients per month received this service. Similar barriers with tutoring also occurred with mentoring, with the addition of children and resource parents requesting more trauma-informed mentors.

Transportation Services

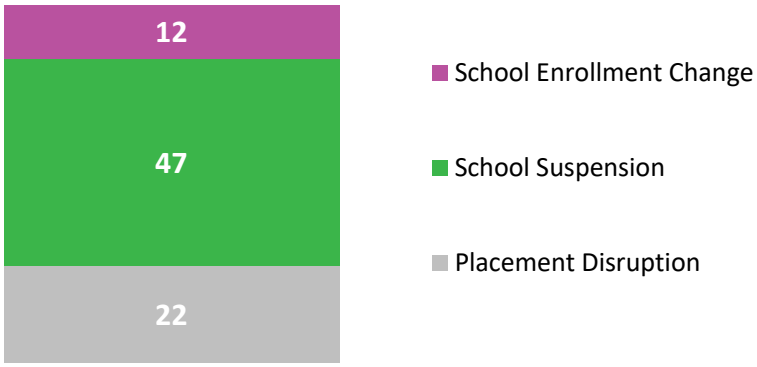
Since 2017, CFSA and the District's Department of For-Hire Vehicles have been partnering to provide individualized transportation to children who face long commutes from the foster home to their school of origin. Riding in a taxicab, and accompanied by an aide, the children can have reduced transport times, and their resource families avoid major scheduling disruptions.

In FY 2019 as of Q3, 12 clients on average per month receive transportation services, which account for approximately 1,619 trips. Children and resource parents expressed the following challenges with the service: service is too focused on school and utility should be broadened; being in a Maryland placement without easy access to local transportation or without a personal vehicle to access a DC service; not having transportation readily available to take children to appointments that are located at a distance, especially when public transportation is not readily available.

Out of School Time Programs

In April 2018, OYE began a day program to serve CFSA youth in foster care who are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change in a program called "OYE Enrichment Bootcamp". Traditionally, these youth might stay at home unsupervised if their parents or caregivers worked full-time. Bootcamp is an opportunity for youth to remain in a safe setting on-site at OYE and to receive individual guidance to make use of their time out of school. The program is open to all youth regardless of placement location. OYE specialists supervise and structure each Bootcamp day based on the educational and behavioral needs of each participant. Youth in the program keep up with school assignments, complete homework, and take part in activities that support academic achievement and build new skills (such as using computers). The program is open to youth from Grade 6 through age 20. Since its onset, OYE has received 81 referrals for the Bootcamp, 62 CFSA youth and 19 NCCF Youth.

Forty-seven out of 81 (58 percent) referrals received have been as a result of a school suspension.



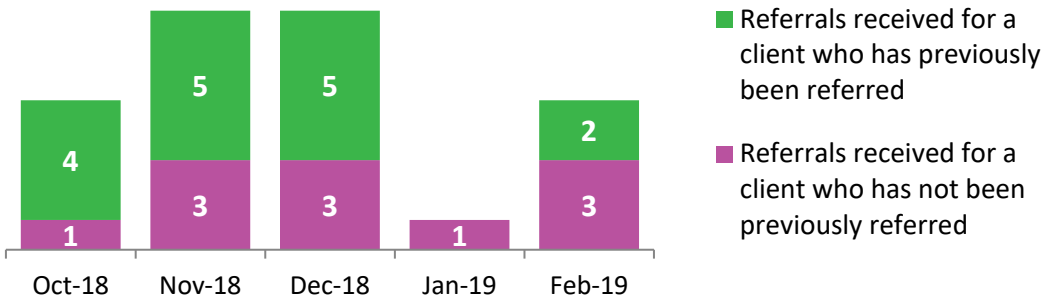
Source: Office of Youth Empowerment Monthly Reports

Most Bootcamp referrals, 58 percent have been a result of school suspension; followed by 27 percent of placement disruptions and 15 percent of school enrollment changes. Only 7 percent (n=6) of referrals have been denied in FY19 to date. Reasons for denial may include, youth is under the minimum age or grade requirement; school is closed due to staff development or holiday, or

the youth is temporarily out of school due to refusing to attend school or not feeling well (and therefore does not meet requirement of school enrollment change, school suspension, or placement disruption).

The graph below shows referrals for Bootcamp across two cohorts: clients previously referred, and clients not previously referred. Between October 2018 and February 2019, twenty-seven referrals have been accepted. More than half of the referrals, 59 percent (n=16), received in FY19 have been for a client who was previously referred.

59 percent of referrals received since October were for clients who have previously been referred to the boot camp.

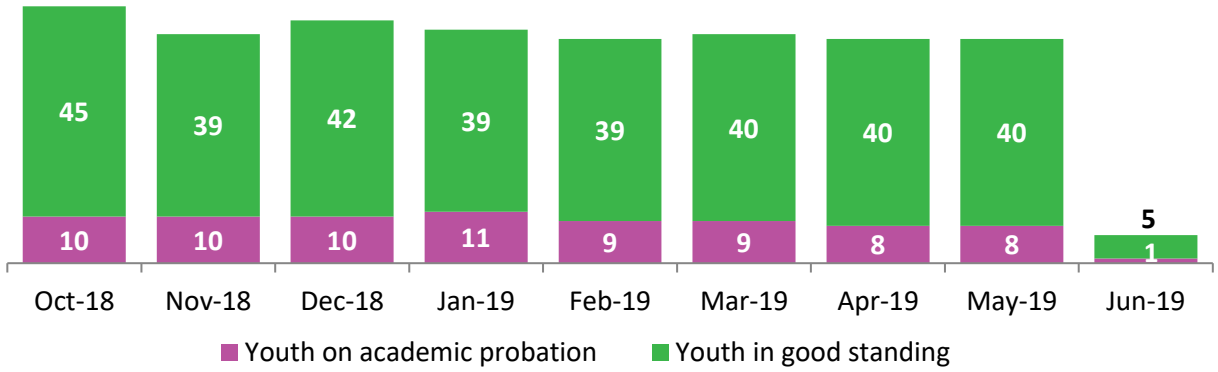


Source: Office of Youth Empowerment Monthly Reports

Transition to Adulthood

Education Specialists provide support to youth in college, including those who are no longer in foster care but qualify for support through the John H. Chafee Foster Care Independence Program.

Four out of every five (81%) youth enrolled in college have been in good academic standing.

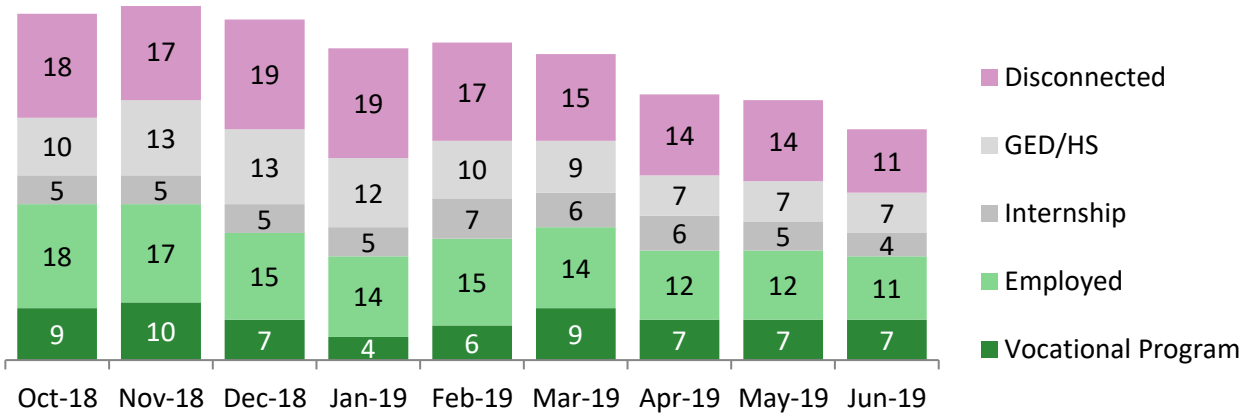


Source: Office of Youth Empowerment Monthly Reports

Since October 2018, cumulatively 10 youth have dropped out of college, some of the reasons being financial, geographic move, academic suspension, judicial matter, etc. Only three of the

youth who dropped out were still in foster care and all three were referred to the Career Pathways Unit. Youth referred to the Career Pathways Unit fall into five categories: disconnected, enrolled in GED/High school, internship, employed or vocational program.

On average, 30% of youth involved with the Career Pathways Unit were disconnected, followed by employed youth who made up 27% of the youth served.



Source: Office of Youth Empowerment Monthly Reports

In April 2019 the Career Pathways Unit was replaced with the Youth Villages Life Set (YVLifeSet), an evidenced based model. The YVLifeSet is youth driven and participation is voluntary, aiming to empower youth in reaching their independent living goals. 27 youth are in the program, with the capacity to serve 32 youth. The YVLifeSet program in Washington, DC has served 32 youth in total, including five youth that have discharged from the program.

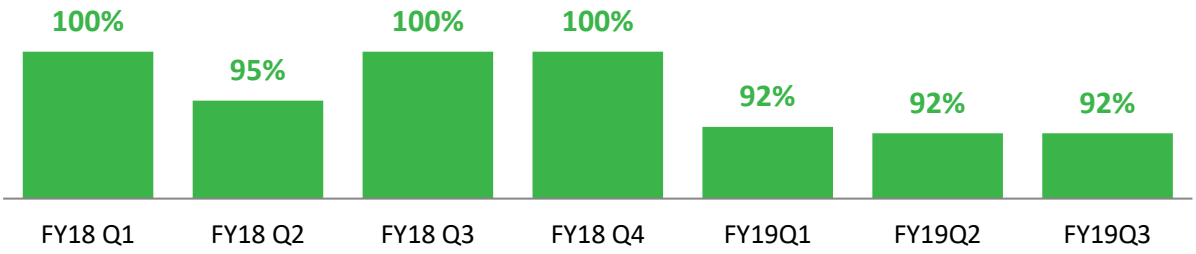
- The program has four specialists with small caseloads of eight youth that are met weekly.
- In weekly sessions, independent living goals are prioritized and uniquely individualized based on the youth.
- On average, young people remain in the program 7-9 months.
- Specialists prioritize safety and helping the youth understand how to keep themselves safe as they transition into adulthood.
- Specialists also work to assist the youth in increasing their formal and informal supports.
- In working on independent living goals, specialists identify potential drivers that may be preventing youth from reaching specific goals and structure sessions around building skills that will help them overcome these barriers.

YVLifeSet is designed to support young adults who are aging out of foster care. The benchmarks considered for successful transition within this model include, maintaining safe and stable housing, participating in an educational/vocational program, developing employability skills, acquiring the life skills necessary to become a productive citizen and remaining free from legal involvement.

Because of the relatively recent implementation of the program, data will be reported once it is available. The program model requires outcome data collection at several intervals after program participation (6, 12, and 24 months post-discharge) to monitor success. However, implementation and evaluation by other jurisdictions (e.g., the state of Tennessee) found the model to have a statistically and significantly positive impact along the domains of earnings, housing stability, economic well-being, mental health, and involvements of youth in violent relationships.[47]

Are youth who emancipate exiting to stable housing[48]?

Youth exiting foster care to stable housing was 98 percent in FY 2018 and 92 percent in FY 2019-Q3.[49]



Source: Office of Youth Empowerment monthly reports

In FY 2018, 55 out of 56 children had stable housing at the time of the emancipation. In FY 2019, 34 out of 37 children had stable housing at the time of emancipation. All four of the children who did not have stable housing were residing in a shelter. The above graph does not include youth who are incarcerated or missing, abducted or absent at the time of their exit from care. There were seven children who were missing, abducted or absent or incarcerated at the time of their exit from care in FY 2018, and two children in FY 2019 Q1 through Q3.

How do we support investigations that need medical insight and support?

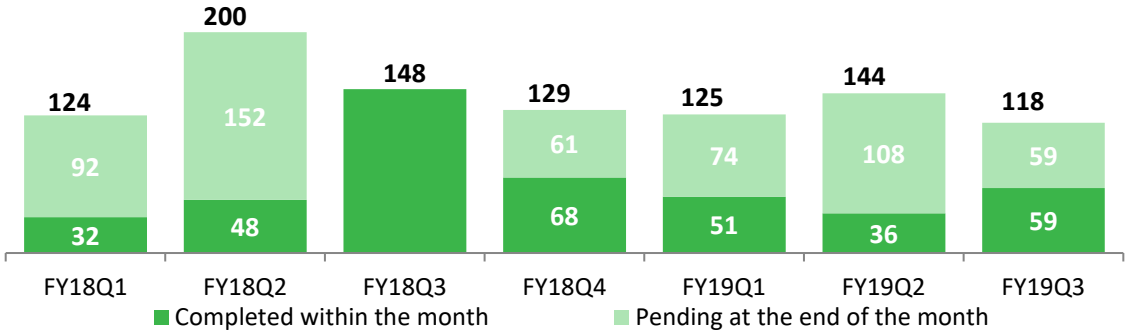
Children in active Child Protective Services (CPS) investigations: CPS Nurses

When a CPS investigation requires medical expertise, a referral is made to a nurse assigned to CPS. The CPS nurse then partners with the investigator to assist in the investigation. On average for FY 2019, 62 percent of referrals carried over to the next month's caseload. The carryovers may have been due to receiving the referrals at end of the month or due to factors such as the volume of referrals received within the month (FY 2018 monthly high of 196; FY 2019 monthly high of 168).

[47] https://www.childtrends.org/programs/youth-villages-yvlifeset

[48] Stable housing is defined as a lease on an apartment, pre-arranged agreement to stay with a friend, parent, or extended family member, and placement in transitional housing. Children residing in shelters or couch surfing between multiple homes are not considered to have stable housing.

In FY 2019, on average, the CPS nurses received 141 referrals a month with an influx in Q2.



Source: Health Service Administration's Monthly Report

What happens for children who need more consistent medical support?

Children in Foster Care: Nurse Care Manager (NCM) Program

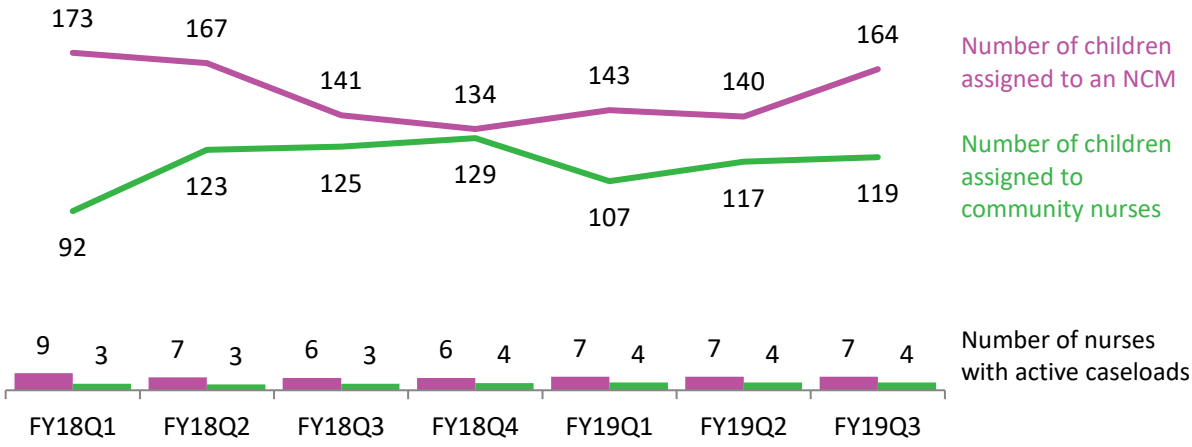
If HHAC identifies any chronic or complex medical issue during the initial or re-entry screening, HSA assigns a NCM to the child or youth. HSA staffs the NCM program with seven registered nurses who collaborate with ongoing social workers to develop the necessary, comprehensive health plans for children with chronic or complex needs. On average, social workers refer 14 children to the program each month. The NCM program purposefully integrates planning for health and social services to increase positive well-being and permanency outcomes. NCMs also engage caregivers and social workers to bridge gaps in health-related knowledge. Lastly, NCMs perform the following specific activities and services:

- Complete comprehensive assessments on medical, dental, and mental health care.
- Develop and maintain care plans to address medical, mental health, and other unique needs.
- Coordinate, facilitate, and implement physical, mental, and behavioral health services.
- Educate clients, providers, and social workers about activities that support health, including any related social and educational outcomes (health promotion).
- Monitor and evaluate service outcomes and the progress of children.
- Advocate for options within the service array to meet individual medical, dental, mental health, and other needs.

Children Receiving Services in Their Own Home: Community-Based Nurse Unit

HSA also provides nursing support for in-home families involved with CFSA. A team of four nurses are located within the community-based Collaboratives throughout the District. These nurses support children in the community who have chronic and complex medical conditions. This unit receives an average of 24 referrals per month. Medical case management services delivered by the community nurses for children receiving in-home children services mirror the services delivered by the NCM to support children in foster care.

In FY 2019, NCMs served on average 149 children a month (with an increase in FY 2019-Q3). Community-based nurses served on average 114 youth a month.



Source: Health Service Administration's Monthly Report

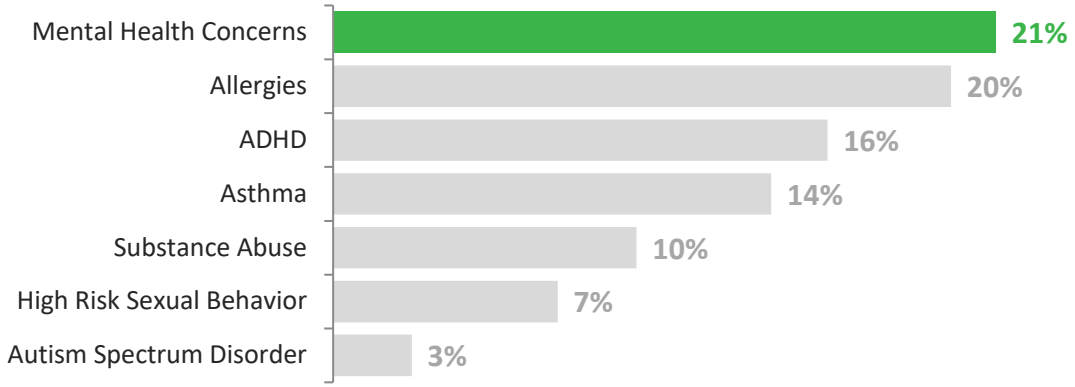
How are we doing with physical, mental and behavioral health?

Under the purview of CFSA's Health Services Administration (HSA), Healthy Horizons Assessment Center (HHAC) is CFSA's on-site medical screening clinic for children who are entering, re-entering, exiting, or changing placements while in foster care. From birth up until their 21st birthday, children and youth have access to a full-time nurse practitioner and medical assistant, 12 hours a day (9:00 a.m. to 9:00 p.m.), five days a week for medical screening and comprehensive exams. On-call nurse practitioners staff the clinic during evenings, weekends and holidays. Nurses are trained in the physical and developmental needs of children and youth, maximizing this knowledge to inform resource providers of the child's immediate physical and behavioral health needs.

As of March 31, 2019, approximately 276 youth were seen at the Healthy Horizon clinic and were still in foster care.[50] Thirty-two percent of children (276 of the 867) who were in foster care as of March 31, 2019 were seen by the Healthy Horizon staff in the first six months of FY 2019. Of the 276 youth, 147 youth (53 percent) had at least one out-of-date immunization at first appointment with the clinic. Below are the common diagnoses of children analyzed in this population.

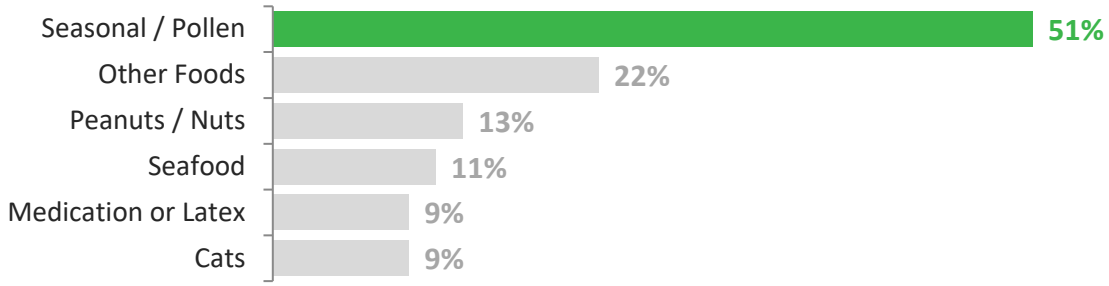
[50] Total does not account for the remaining 107 youth who were seen in FY19 by the clinic but were no longer in care. Total seen was 383.

Of the 276 children analyzed in this population, one in five had a diagnosis of mental health concerns. The most commonly identified issues were Depression, Bipolar, Anxiety, and Oppositional Defiance Disorder.



Source: Health Service Administration's Healthy Horizon's Data Tracking in QuickBase as of March 31, 2019

Breaking down the 20% who were identified as having allergies, the majority had seasonal allergies followed by food allergies.



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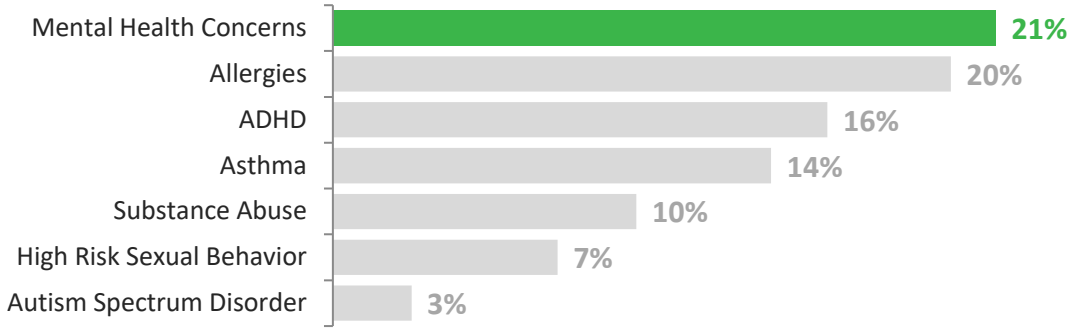


What's known about general children's health needs from the nurse interactions?

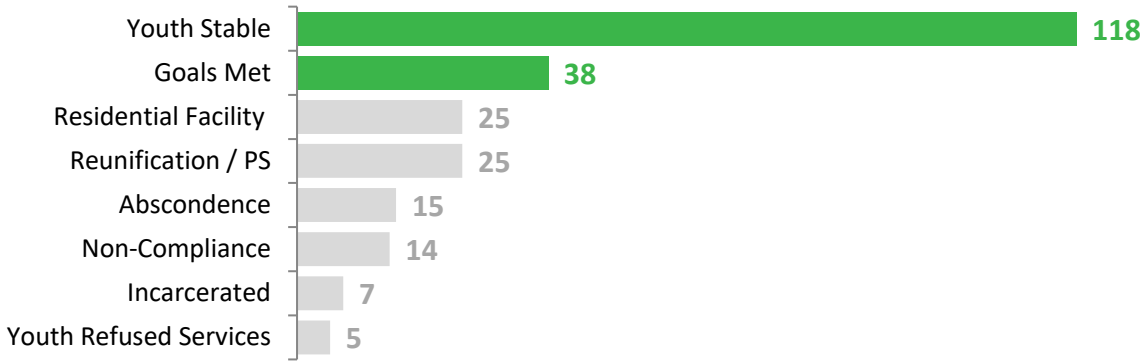
At some point during children's current time in foster care, HSA assigned an NCM to 381 children involved with CFSA as of July 1, 2019. CFSA completed a deeper analysis of the 381 children to better understand some of their health needs. Of the 381 children, 328 still had an open foster care case, which accounted for 38 percent of children that were in care on July 1, 2019, (381 out of 854 children in care on July 1). The remaining 53 children had already transitioned from CPS to an in-home case or from foster care to reunification under protective supervision.

Almost 7 out of 10 clients in this analysis were assigned to a nurse care manager in the last three fiscal years.

Source: Health Service Administration's NCM Data Tracking via QuickBase as of July 1, 2019

Most clients received NCM case management sometime during the previous three fiscal years. Approximately 65 percent of the clients had been discharged at the time of the analysis. Most of the youth who had not yet been discharged (82 percent) were referred for NCM services in in FY 2018 or FY 2019.

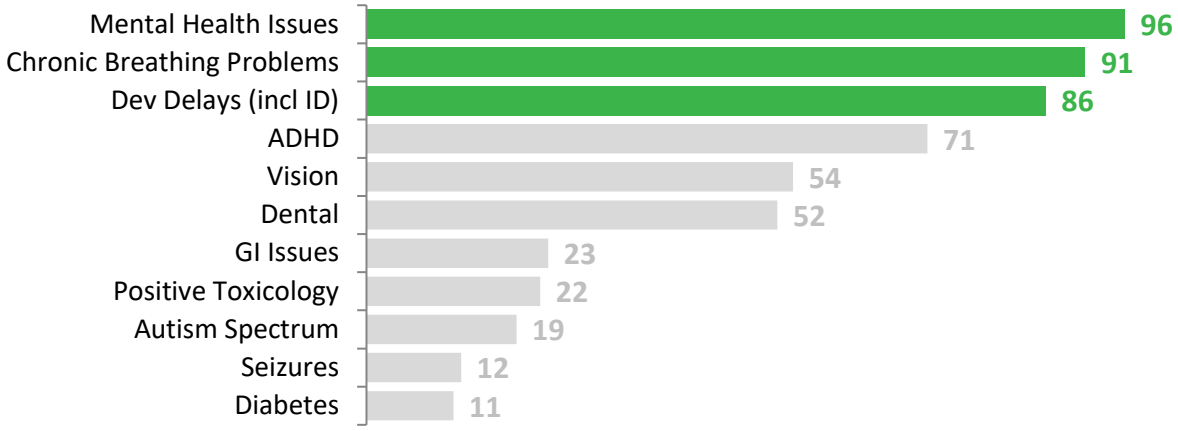
Most youth were discharged because their goals were met or their condition was stable.



Source: Health Service Administration's NCM Data Tracking in QuickBase as of July 1, 2019

Diagnoses of the Analyzed Population

The following chronic diagnoses were the most common present at the time of NCM involvement (data includes involvement FY 2015-present) for the analyzed population.



Source: Health Service Administration's NCM Data Tracking in Quickbase as of July 1, 2019

What is known about youth with more complex medical needs?

As previously noted, NCMs maintain an average caseload of 149 children each month. In the month of July, HSA provided information about a subset of 37 children within that caseload of children with more complex needs. [51] These youth require complex case management that includes nursing and behavioral supports or inpatient placement due to needing 24-hour total care. The children further require close medical supervision. Twenty-eight of the children (76 percent) live in a foster or kinship home. Seven are placed in a hospital setting (including psychiatric residential treatment facilities) or a nursing home (19 percent). Two of the children resided in a group home.

Status and Diagnoses of Children in Care

Twenty-four children on the list were diagnosed with special needs. Eight children were diagnosed as chronically ill. Five of the children met the federal definition for a diagnosis of medical fragility.[52]

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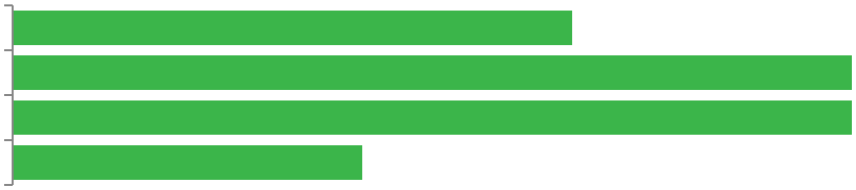
[51] This list is limited to those children who have received or currently receive NCM support. Although there may be other children or youth with complex medical or behavioral issues, those children were stable in their placement and were not identified for services during a replacement screening.

[52] Medically Fragile is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary and is characterized by one or more of the following: (1) There is a life threatening condition characterized by a reasonably frequent period of acute exacerbation, which requires frequent medical supervision, and/or physician consultation, and which in the absence of such supervision or consultation, would require hospitalization; (2) The individual requires frequent time-consuming

Of the 37 children with the most complex medical needs, four in five children on the had more than one diagnosis being managed by the Nurse Care Manager

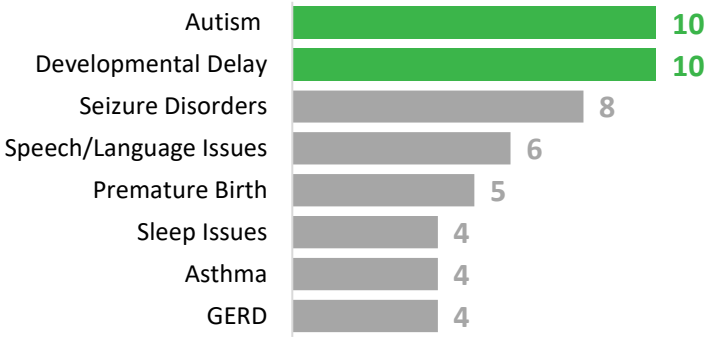


Source: Health Services Administration's manual tracking of youth with more complex needs as of July 2019

Examples of medical needs and diagnoses include low-functioning autism (requiring 24-hour care), uncontrolled type 1 diabetes, brain dysfunction (resulting from lack of oxygen to the brain), and long-standing developmental issues resulting from a failure to thrive. Children in this subgroup had a range of complexity of need ranging from one specific diagnosis to 21 diagnoses (sometimes interrelated to one central issue).

Autism and developmental delays were the two most common diagnoses, occurring in one in four of the children in this sub-group at the time of the review (July 2019).

The diagnoses may not be the primary reason for involvement with the NCM program, as children can have co-occurring diagnoses and may have complex needs beyond the diagnoses seen here.



Source: Health Services Administration's manual tracking of youth with more complex needs as of July 2019

Medication and Equipment Management

In addition to monitoring children's medical status, nurses assist with medication management. Children's medication needs varied based on the complexity of their medical needs. Seven of the 39 children (19 percent) with complex medical needs required no medication for their condition while one child required a high of 19 medications (including emergency medications such as inhalers and epi-pens).

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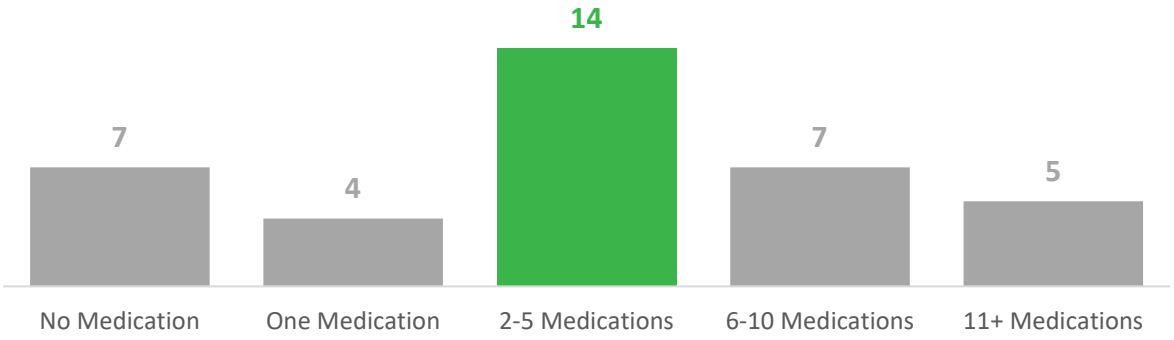
administration of specialized treatments, which are medically necessary; (3) The individual is dependent on medical technology such that without the technology, a reasonable level of health could not be maintained. Examples include, but are not limited to, ventilators, dialysis machines, enteral or parenteral nutrition support, and continuous oxygen.

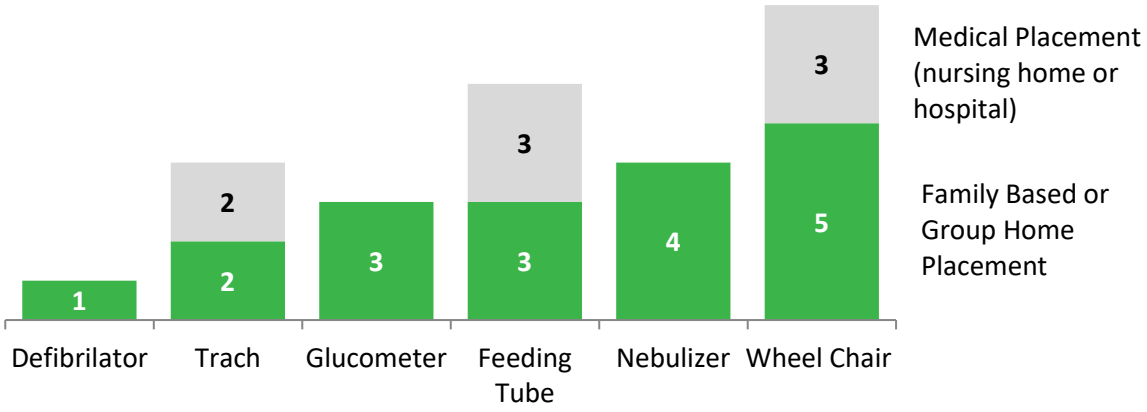
Thirty-eight percent of the children (14 children) were taking between 2-5 prescription drugs or over-the-counter medications.



Source: Health Services Administration's manual tracking of youth with more complex needs as of July 2019

Additionally, many children in this subgroup required specialized medical equipment, which rarely presents as a local resource need for CFSA (equipment is generally covered through local funding from Health Services for Children with Special Needs or federal funding through Medicaid). Nevertheless, use of medical equipment does require additional training and consideration of placement for children in foster care. A chart of the commonly occurring specialized equipment needs can be found below.

Most children with specialized medical equipment needs are not in a medical placement (i.e. *hospital, PRTF, or nursing home setting*).



Source: Health Services Administration's manual tracking of youth with more complex needs as of July 2019

SECTION 4: EXIT TO PERMANENCE

When a child is removed from his or her home, strategic clinical teaming occurs. Such teaming is essential for developing and executing a practical case plan that will expedite permanency for the family and for the children, particularly if the child's permanency goal changes from reunification to guardianship or adoption. As a last resort, if older youth must exit foster care without reunification, adoption or guardianship, then their team supports them as they actively prepare for adulthood with lifelong connections.

DEMOGRAPHICS AND NUMBER OF CHILDREN SERVED

By the end of FY 2018, 426 (out of 1248 total children served in foster care in the fiscal year) children had exited foster care. Of these children, 197 exited to reunification (46 percent), 100 exited to adoption (24 percent) and 64 exited to legal guardianship (15 percent). During FY 2019 Q1-Q3, 270 children had exited foster care (out of 1,154 total children served in foster care during FY2019 Q1-Q3). Of these children, 170 exited to reunification (63 percent), 68 exited to adoption (16 percent), and 28 exited to legal guardianship (7 percent).

Exits in Fiscal Year 2018 and 2019

When comparing FY 2018 (Q1-Q3) to FY 2019 (Q1-Q3), overall exits are down six percent. Of positive note, youth aging out of foster care decreased by 25 percent. Children exiting to guardianship declined during this same time period by 51 percent. Reunifications have increased by 24 percent and is the most likely permanency outcome.

Source: FACES management report CMT367

Entry Cohort Analysis

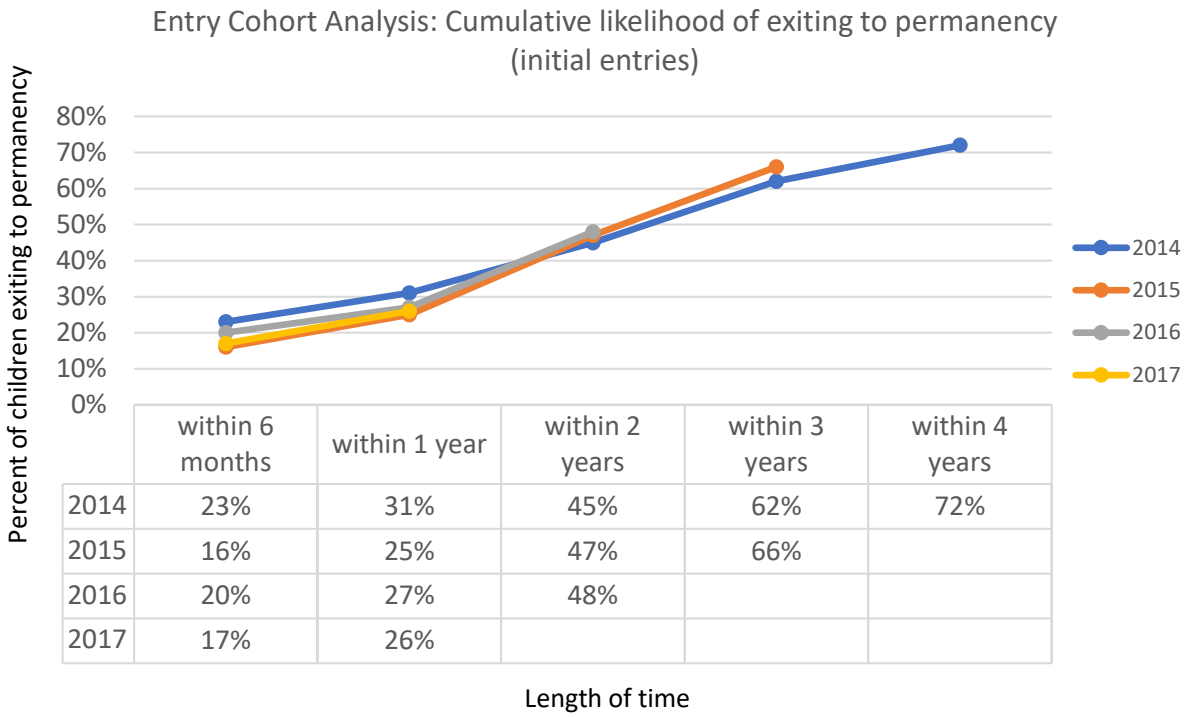
CFSA examines entry cohort data to track the experiences of children as they move through the foster care system toward the achievement of permanency. In so doing, the Agency is able to measure the effectiveness of CFSA initiatives and to compare outcomes for children exposed to those initiatives and children of previous cohorts who were not exposed. Ultimately, CFSA finds that analyzing entry cohort data is the most accurate way to evaluate the Agency's progress toward facilitating children's progress toward successful permanency outcomes. The federal government defines timely achievement of permanency as follows:

- Reunification: within 12 months of entry
- Guardianship: within 18 months of entry
- Adoption: within 24 months of entry

Likelihood of Permanency

The entry cohort analysis revealed that among DC children entering foster care through an initial entry, about three-fourths exit to permanency within four years.[53] The likelihood of exiting to permanency within 12 months has declined in recent years from 31 percent for 2014 entrants to 26 percent for 2017 entrants.

The likelihood of permanency within 12 months declined in recent years.



	within 6 months	within 1 year	within 2 years	within 3 years	within 4 years
2014	23%	31%	45%	62%	72%
2015	16%	25%	47%	66%	
2016	20%	27%	48%		
2017	17%	26%			

Source: District of Columbia's Major Outcome Report produced by Chapin Hall Center for State Child Welfare (through 12/31/2018)

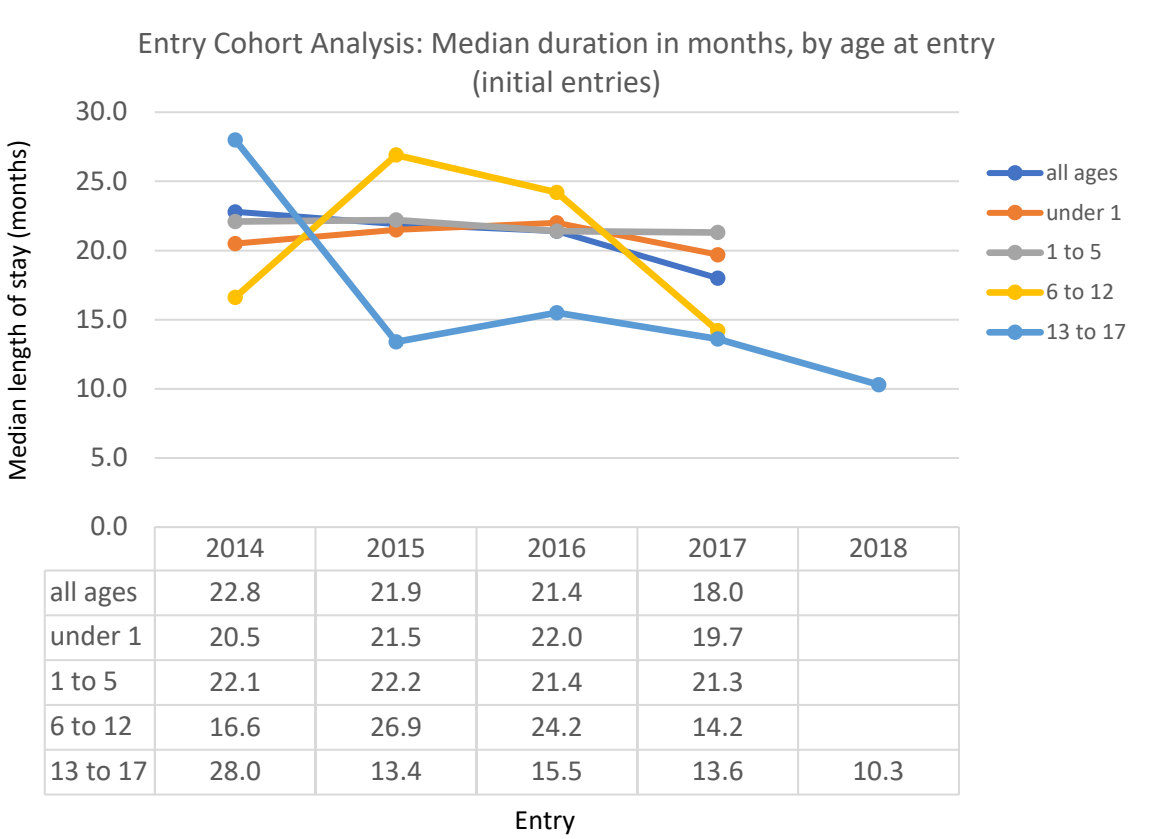
What is the length of stay for children and youth in foster care?

The chart below shows the median length of stay by age at entry (Entry Cohort by Calendar Year).[54] When considering all ages together, the median **length of stay declined slightly from 22.8 months among 2014 entrants to 18 months among 2017 entrants**. With the exception of 2014 entrants, teens have typically had the shortest median duration in care.

[53] Chapin Hall at the University of Chicago conducted CFSA's entry cohort analysis, which included initial entries into foster care from 2014-2017, and exit data through December 31, 2018. Chapin Hall focuses on a mission of improving the well-being of children and youth, families, and their communities. Chapin Hall combines rigorous research methods and real-world policy expertise to accelerate the use of data and evidence in policymaking and program implementation.

[54] Trend line is incomplete if the outcome is not yet observable as of the census date (12/31/18).

Length of stay (in months) for children depends on child's age at entering foster care



	2014	2015	2016	2017	2018
all ages	22.8	21.9	21.4	18.0	
under 1	20.5	21.5	22.0	19.7	
1 to 5	22.1	22.2	21.4	21.3	
6 to 12	16.6	26.9	24.2	14.2	
13 to 17	28.0	13.4	15.5	13.6	10.3

Source: District of Columbia's Major Outcome Report produced by Chapin Hall Center for State Child Welfare (through 12/31/2018)

SERVICES FOR EXIT TO PERMANENCE

What services are currently available to support exiting to permanency?

Services Provided for Reunification

Parent Engagement Education and Resource (PEER) Support Unit. In May 2018 CFSA established the PEER Support Unit, which includes four PEER support specialists who all have first-hand experiences 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.

Family Treatment Court. Family Treatment Court is an intensive court supervised program that includes support from two recovery specialist and random drug testing. Family Treatment Court serves in-home and out of home families with a goal to expedite safe family reunification or to prevent children from entering the foster care system.

Project Connect[55]. Project Connect, a substance abuse support program, is an intensive home-based care coordination program with support from case managers, a nurse, and parent education. Project Connect serves in-home and out of home families with a goal to expedite safe family reunification or to prevent children from entering the foster care system.

Services Provided 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.

FamilyWorks Together (formerly known as the Post Permanency Family Center) & Center for Adoption Support and Education (CASE). CFSA contracts with two non-profits to provide support. More information on these programs can be found in the following Exits to Adoption and Guardianship section 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.

[55] Prior to FY2020, Project Connect was provided through a contract with Progressive Life. Starting in FY 2020, Project Connect will be provided in-house at CFSA.

Services Provided for Youth Aging out of Foster Care

Aftercare Services. Aftercare services are designed to ensure that young adults who leave foster care have continued community support to support self-sufficiency. This service is voluntary for any youth who has aged out of care, up until their 23rd birthday. CFSA recently began transitioning its aftercare services from a contracted community partner to an in-house model administered by the Office of Youth Empowerment (OYE).

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 the housing of their choice. Rapid Housing assistance is also available to youth attending college full time who have at least a 2.0 grade point average. Assistance is also available to youth attending college part-time and residing off campus.

Family Unification Program (FUP) Vouchers. With access to specially allocated federal housing vouchers for CFSA families in need of housing assistance, CFSA partners with the DC Housing Authority to administer the FUP vouchers. The FUP operates as a conventional federal voucher program and gives priority to families with children under the age of 8 years and provides long term rental assistance to prevent entry into foster care, to facilitate reunification, and to support emancipating youth.

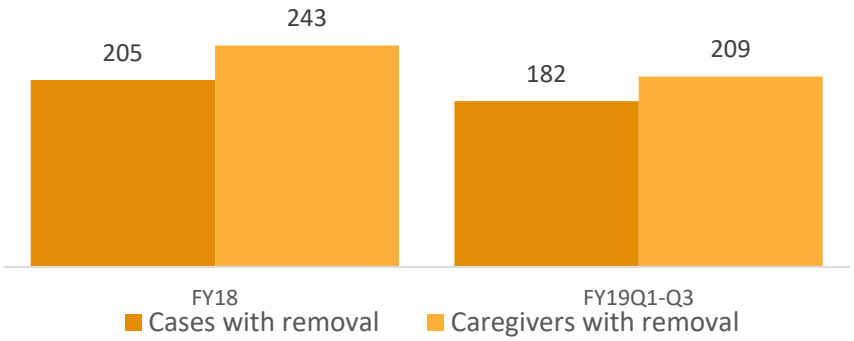
Wayne Place Project. Wayne Place is an innovative model established through CFSA's partnership with the DBH. The project prevents homelessness by supporting the housing needs of young men and women ages 18-24. Residents receive educational and job support, money management, and other life skills.

Mary Elizabeth House. The Mary Elizabeth House transitional housing program is available for pregnant and parenting youth exiting the foster care system between the ages of 21 and 24. There are eleven two- bedroom apartments. The young families can remain in the program for up to two years. Weekly case management is provided to assist with education, employment, budgeting, parenting and life skills development. There is an on-site daycare center to ensure the children are meeting their developmental milestones.

What do we know about the services needed for children and families to achieve permanency?

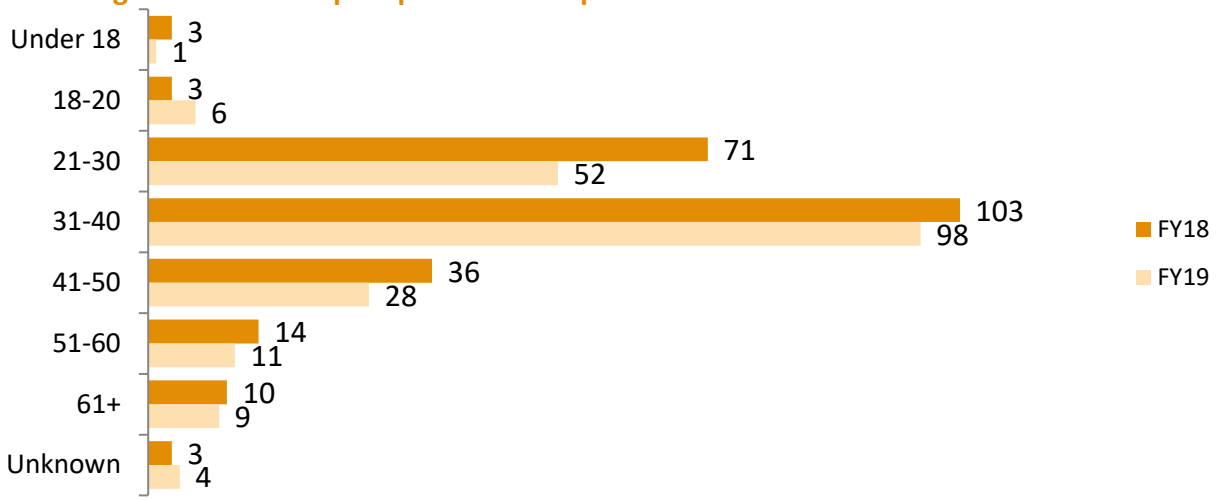
As of June 2019, there were 209 birth parents involved with CFSA, representing 182 substantiated cases associated with a removal in FY 2019. Of these parents, **almost half (47 percent) are between the ages of 31-40; parents ages 21-30 represent 25 percent of all removals**.

There were 209 parents associated with removals in FY 2019 (through Q3)



Source: Ad hoc CISA Report, Maltreatment Reasons for Children Entering and Re-Entering Foster Care

Parents age 21-40 made up 72 percent of all parents with children in foster care in FY 2019.



Source: Ad Hoc CISA Report, Maltreatment Reasons for Children Entering and Re-Entering Foster Care

What are the reasons children are removed from their homes?

In order of frequency (highest to lowest), the top five reasons that CFSA removes DC children from their homes are: [56] (1) abandonment, i.e., unable or unwilling caretaker; (2) inadequate supervision; (3) parent substance abuse; (4) inadequate resources or family living in unsafe conditions; and (5) physical abuse.[57] These reasons for child maltreatment were consistently distributed in both FY 2018 and FY 2019.

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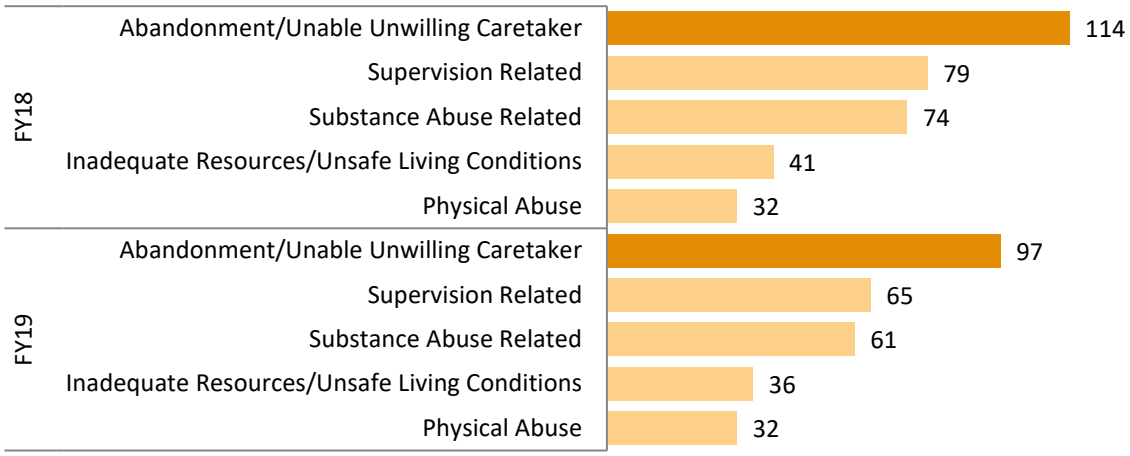
[56] CFSA may enter more than one reason for maltreatment of a child.

[57] The following related allegations were grouped into broader categories: **Abandonment/Unwilling Caretaker:** Abandonment; caregiver discontinues or seeks to discontinue care; caregiver incapacity (due to incarceration, hospitalization or physical or mental incapacity); unable or unwilling legal caregiver; and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care. **Supervision:** Child left alone, inadequate or lack of supervision, and inadequate supervision. **Substance Use:** Controlled substance in the system of a child, exposure to illegal drug-related activity in the home, positive toxicology of a newborn, substance abuse (impacts parenting), and substance use by a parent, caregiver or guardian. **Domestic Violence:** Domestic violence, and exposure to domestic violence in the home. **Sexual Abuse:** Exposure to sexually explicit conduct and sexual

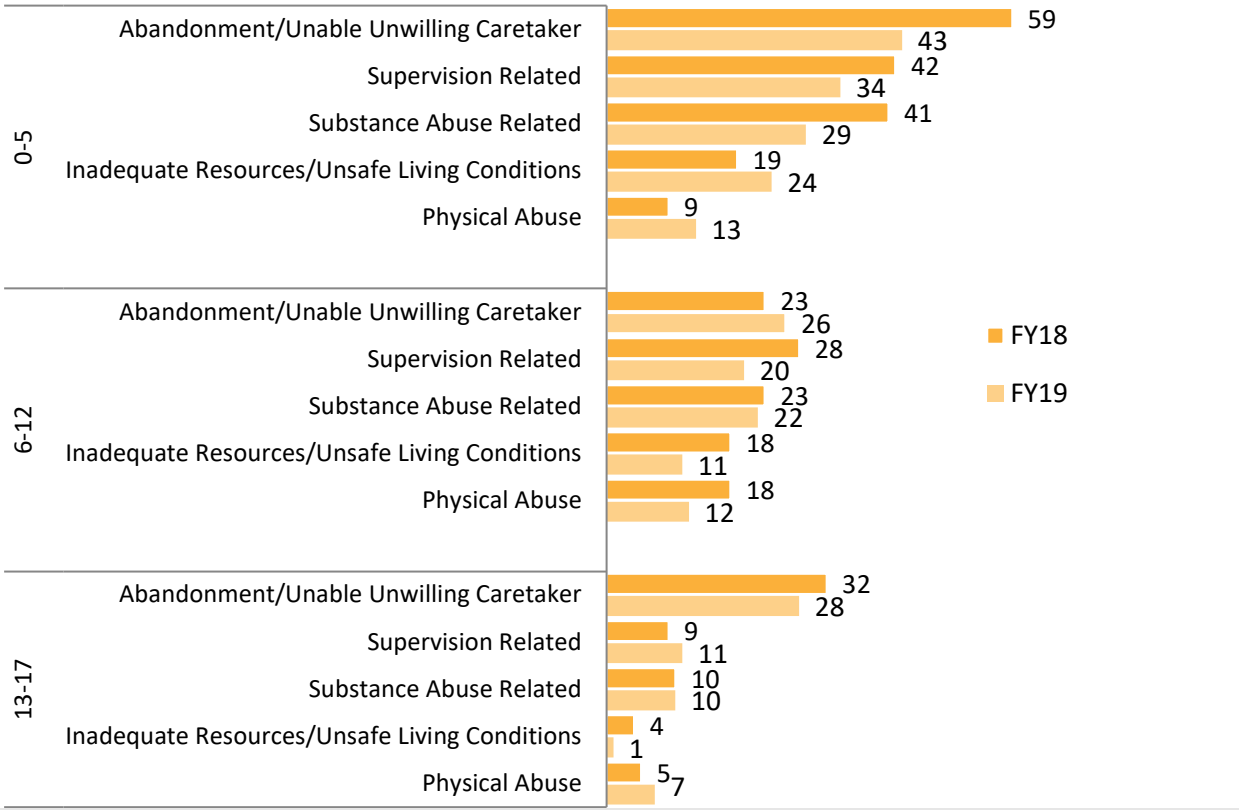
In both FY 2018 and FY 2019, abandonment, i.e., caregiver unwilling or unable to cope is the greatest factor for removal.



Source: Ad Hoc CISA Report, Maltreatment Reasons for Children Entering and Re-Entering Foster Care

Are there differences across age groups?

Abandonment, i.e., caretaker unwilling or unable to cope is a prominent reason for removal of DC's youngest children and oldest youth.



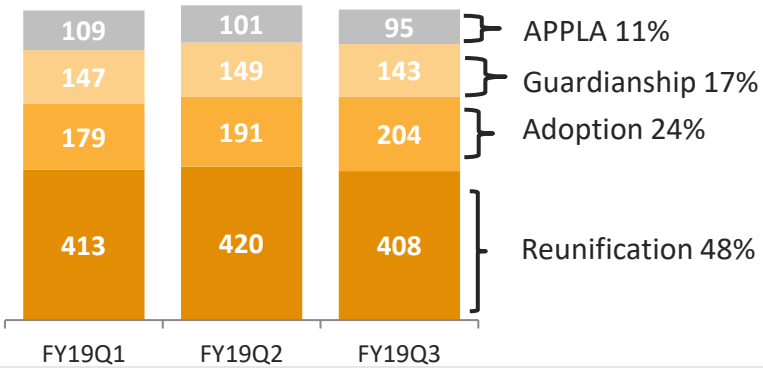
Source: Ad Hoc CISA Report, Maltreatment Reasons for Children Entering and Re-Entering Foster Care

abuse. **Inadequate Resources/Unsafe Living Conditions:** Exposure to unsafe living conditions, inadequate clothing or hygiene, inadequate food, inadequate food/nutrition, and inadequate or dangerous shelter. **Failure to Protect against Physical/Sexual Abuse:** Failure to protect against abuse and failure to protect against sexual abuse.

What happens when reunification isn't an option?

It is important to consider adoption and guardianship options in the case planning process, particularly when reunification efforts aren't viable. On average, just over half of children in care (52 percent) have a goal other than reunification. Almost one-quarter of children have an adoption goal and 17 percent have a guardianship goal. A little over one in 10 children have an alternative planned permanent living arrangement as their permanency goal (APPLA goal)[58]

Almost 90% of children in foster care have a positive permanency goal while 1 in 10 children have a goal of APPLA.



Source: FACES Management Report CMT366

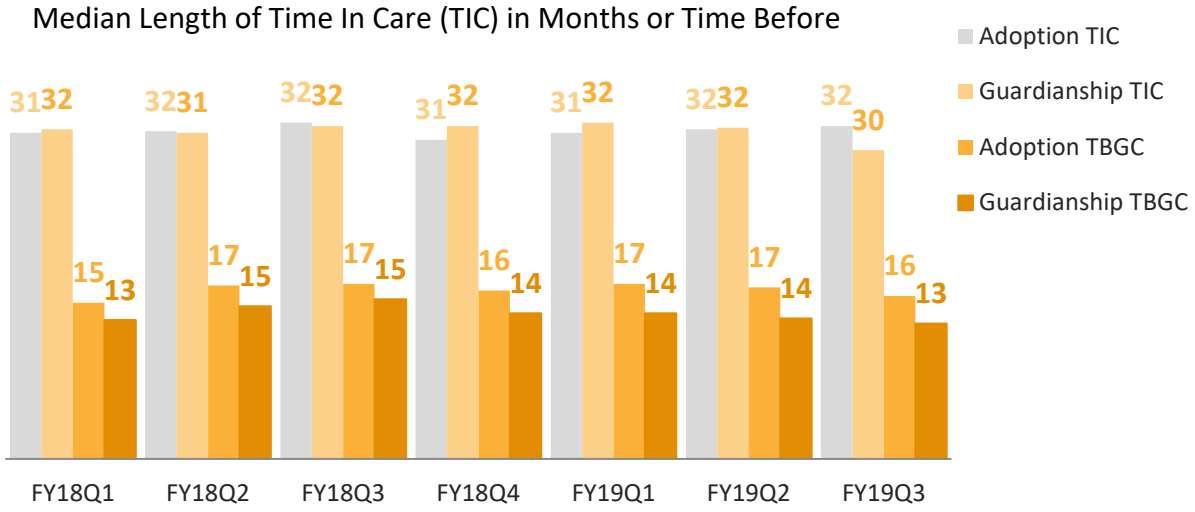
The length of stay for a DC child in foster care with a goal of adoption or guardianship has consistently been between 30-32 months. The length of time it takes for a goal change from reunification has been shorter for children with a goal of guardianship (13-15 months) compared to children with an adoption goal (15-17 months). These data show the difficulty in meeting the federal permanency timeframes: 18 months for exits to guardianship and 24 months for exits to adoption. There may be challenges in practice with changing the case plan goal immediately during the case planning process when reunification is not an option. CFSA cannot change the permanency goal without Court approval. When the Agency recommends a goal change from reunification to a different goal, the Court requires a *Ta.L* hearing if the parents do not formally waive their right to an evidentiary hearing.[59] This can extend the timeline to change the goal and

[58] https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20Establishing%20A%20Goal%20of%20Alternative%20Planned%20Permanent%20Living%20Arrangement%20(APPLA)%20(final)_2.pdf

[59] In *In re Ta.L.*, 149 A.3d 1060 (D.C. 2016), the Court of Appeals, sitting en banc, announced new principles and rules regarding the type of hearing necessary to change a permanency goal from reunification to adoption and the findings required before the court can order such a change. Specifically, the Court held that the District must prove that CFSA "has provided the parents with a reasonable plan for achieving reunification, that it expended reasonable efforts to help the parents ameliorate the conditions that led to the child being adjudicated neglected, and that the parents

achieve permanency. The agency is developing a "permanency tracker", a single, unified information source on the permanency status of children in foster care with a goal of reunification, guardianship or adoption. The dashboard component of the permanency tracker displays reunification, guardianship, adoption, trial, subsidy and ICPC milestones and outcomes that are essential to expediting the pathway to permanency. The plan is for the permanency tracker to be implemented by the second quarter of FY 2020.

It takes less time to change the goal from reunification to guardianship than to adoption.



Source: FACES Management Report CMT366

EXITS TO REUNIFICATION: SERVICES TO BIRTH FAMILIES

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

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

The top service needs reported by birth parents were housing and furniture assistance, mental health services for the parent and child, employment, food and clothing assistance, transportation and extracurricular supports for their child. Similar to last year's Needs Assessment, birth parents and the child welfare professionals working with them highlighted a need for parenting classes that assist parents dealing with teen behaviors.

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have failed to make adequate progress towards satisfying the requirements of that plan." *Ta.L.*, 149 A.3d at 1078. Further, the court must find that "other vehicles for avoiding the pursuit of termination, e.g., kinship placements have been adequately explored." *Ta.L.*, 149 A.3d at 1079 (internal citations omitted).

EXITS TO ADOPTION AND GUARDIANSHIP

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

Child-Specific Adoption Recruitment

When CFSA recruits adoptive families for children with no identified adoptive resource, the recruitment team does not close out the case until either (1) 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. Since FY 2018, even if the Agency has a letter of intent, cases need to remain open until a petition is filed.

In June 2019, there were 209 children with the goal of adoption; 154 were in a pre-adoptive home and 55 were not. Forty-four percent of the children in a pre-adoptive home were age birth to five. Forty percent were age 6 to 12 and 16 percent were age 13 to 20 years old. Of those children with a goal of adoption, waiting to be placed in an adoptive home, 16 percent were age birth to five, 36 percent were age 6 to 12, and 48 percent were age 13 to 20 years old.

CHARACTERISTICS OF YOUTH FOR CHILD SPECIFIC ADOPTION

54% of the children with the goal of adoption requiring pre-adoptive resources have either behavioral needs or medically fragile as a characteristic.

Characteristic	# of Children	% of Children
Behavioral Needs[60]	N=25 out of 55	45%
Medically Fragile	N=5 out of 55	9%
Total	**N=30 out of 55**	**54%**

Source: Adoption Recruitment Manual Data Tracking

For the remaining 25 children with a goal of adoption and no identified adoption resource there were a variety of characteristics, such as: pending licensure with identified relative, recent adoption disruption, relative identified as adoptive resource decided not to adopt, pending petition being filed.[61]

When matching children to a pre-adoptive home, the matching process includes a matching conference, background conference and transition plan.

[60] Behavioral needs include having a DSM-V Axis I diagnosis that includes behavioral problems as one of the primary symptoms of the disorder, diagnosis on the Autism spectrum, children residing in a psychiatric residential treatment facility, youth with identified CSEC involvement, considered missing, abducted or absent, and/or multiple placement disruptions due to behavior issues.

[61] Child-specific recruitment continues until a child is placed in a pre-adoptive home and a petition is filed.

- **Matching Conference:** When CFSA identifies a potential adoption match for a child, the home study and matching tools are collected for review. A team of professionals (the social worker, supervisor, recruitment team, and guardian *ad litem)* reviews both documents. If the information presented seems to indicate a good match, the adoption recruiter schedules a background conference to gather additional information.
- **Background Conference:** The background conference assembles the child's entire team: the social worker, clinical and legal professionals, recruitment worker, current resource parent, and prospective adoptive family (along with their support). The team presents as much child information as possible, including placement history, education, mental health, medical, recreational interests, social background, legal status, etc. After the conference, the prospective adoptive parent and the team have two days to decide if they want to move forward. If both agree to move forward, a transition plan is created.
- **Transition Plan:** A written agreement between the prospective adoptive parent, CFSA, and the current provider outlines the schedule of supervised visits to final placement.

Resources used to match children with the goal of adoption include:

- **Licensed Resource Families:** Making presentations to licensed pre-adoptive families and working with current resource parent to serve as pre-adoptive resources once a child's goal changes to adoption.
- **Kinship Resources:** Conducting case mining and diligent searches to identify kin who may be an adoptive resource.
- **Website Promotion:** AdoptUSKids, www.adoptionstogether.org/heart-gallery
- **Barker Foundation:** a private adoption organization that completes home studies on families looking to adopt children. The recruiters review these home studies to identify potential matches. In addition, the Barker Foundation hosts matching events where our children are presented to families interested in adoption.[62]
- **Adoptions Together:** a private adoption organization that completes home studies on families looking to adopt children. The recruiter reviews these home studies to identify potential matches. In addition, Adoptions Together hosts matching events where our children are presented to families interested in adoption.
- **Adoption Exchange Association membership**[63]
- **Open Houses:** Open Houses are collaborations between resource parents and the recruitment team. Willing resource parents open their homes to their network of friends

[62] Barker Foundation. https://www.barkeradoptionfoundation.org/

[63] Members of Adoption Exchange Association. https://www.adoptea.org/

and community for the purposes of recruiting potential resource parents for traditional foster care and child-specific adoption.

- **Matching Events:** Metropolitan Washington Council of Governments[64]
- **Family Match Night:** Family Match Night is a new program that will provide a deeper understanding of our children and their needs. Each month we provide information about six to eight children who want a forever family. The night is themed, and themes from past or upcoming months have included teenagers, children who are medically fragile or have a diagnosis on the Autism spectrum, LGBTQ youth, and sibling groups. The evening includes opportunities to hear from our CFSA recruiters about the children, hear about supports available for parent's post-adoption and hear from an experienced adoptive parent.

What post-permanency supports are available 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 after achievement of adoption or guardianship. PSU also completes independent adoptions for District residents and break seals[65]. PSU receives referrals through telephone calls, emails and the Hotline.

During FY 2018, PSU provided services to **216 families.**

As of FY 2019-Q3 PSU provided services to **181 families.**

FamilyWorks Together (formerly Post Permanency Family Center)

CFSA contracts with Adoptions Together, Inc., a community-based organization that serves children and families throughout the District of Columbia. Specific to CFSA, Adoptions Together provides short-term individual and family therapy to children and families who have achieved permanency through adoption or guardianship.

Adoptions Together also provides a six-week support group to help foster families considering permanency to transition to their roles as an adoptive or guardianship parent. Additionally, Adoptions Together provides a six-week support group to foster families who have bonded deeply with the children living in their homes and experience grief and loss when the children transition from their homes.

[64] Metropolitan Washington Council of Governments. https://www.mwcog.org/

[65] Adoption records in DC are sealed. PSU supports petitions to the Superior Court of the District of Columbia to break the seal on these records

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.

As of FY 2019-Q3, 64 children and families have been provided with individual or family therapy.

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Every Child, Every Family,
Every Step of the Way
ADOPTIONS TOGETHER

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). CFSA provides the subsidies for youth up to 21 years of age.

For FY 2019, CFSA issued (on average) monthly adoption or guardianship subsidies for 1,836 children.

Exits to Emancipation: Transition and Aftercare Services

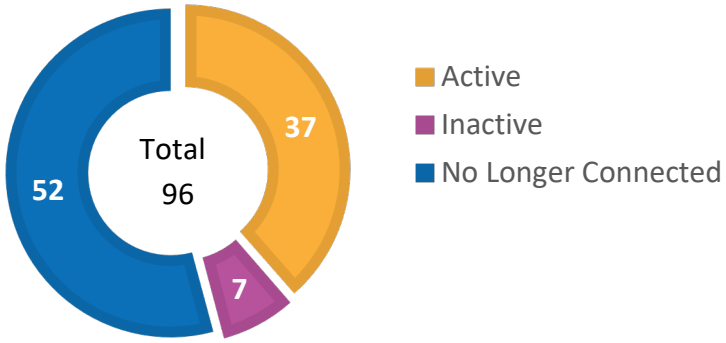
What supports are available for youth who have emancipated from foster care?

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 age 20½ to 21 years old, and aftercare services for youth age 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.

As of FY 2019-Q3, 39% (n=37) of Youth age 20½ to 23 Remain Active in the CYA Program.



Source: Office of Youth Empowerment, Program Management Office

Active participants in the program continue to regularly attend programming and took advantage of services. Inactive participants are still connected to the program but did not engage in the program and no support was provided. Youth are no longer connected to the program when they turn 23 years of age and are no longer eligible for the program. CFSA's contract with the YWP ends on September 30, 2019. No new referrals have been made to the program since May 2019.

To capitalize on CFSA's enhanced internal capacity, aftercare services for older youth are being moved to OYE and specialists will utilize a tiered-service approach based on individual need. As of October 2019, two new staff have been added to OYE to support this program with one additional position to be added in FY2020.

In addition to Rapid Housing, CFSA has two transitional housing programs available for specialized populations:

- CFSA has partnered with the Department of Behavioral Health (DBH) to fund the Wayne Place Project, a transitional housing program that helps young men and women between the ages of 18 and 24 avoid homelessness by building the skills they need to be self-sufficient. Wayne Place includes 22 two-bedroom apartments for up to 44 young people at a time. Residents receive educational and job support and learn money management and other life skills. Further, by sharing common space, residents build social skills, healthy relationships, and a sense of community. This innovative model is part of the District's

larger strategy to create small, well-coordinated housing and shelter programs throughout DC and to link clients with supportive services to move residents toward self-sufficiency.

- The Mary Elizabeth House transitional housing program is available for pregnant and parenting youth exiting the foster care system between the ages of 21 and 24. There are eleven two-bedroom apartments. The young families are able to remain in the program for up to two years. Weekly case management is provided to assist with education, employment, budgeting, parenting and life skills development. There is an on-site daycare center to ensure the children are meeting their developmental milestones. Eleven young parents and their children have been engaged in the program in fiscal year 2019.