



District of Columbia Government Child and Family Services Agency



Annual Public Report FY 2014

Implementation of the Adoption and Safe Families Amendment Act of 2000

MISSION

The mission of the Child and Family Services Agency (CFSA) is to promote the safety, permanence, and well-being of children and families in the District of Columbia.

PHILOSOPHICAL STATEMENT ON PERMANENCY

Permanency is reunification, adoption, guardianship or legal custody.¹ When these options are exhausted, CFSA will assure the establishment of an enduring connection with at least one committed adult who is safe, stable and able to provide the following components of a supportive relationship:

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

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

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I. INTRODUCTION

Since its inception as a cabinet-level agency in 2001, the Child and Family Services Agency (CFSA) has focused its activities and accomplishments on maintaining the safety, permanency, and well-being of children² and families in the District of Columbia. Two essential pieces of legislation continue to guide and support these efforts:

- ❖ The federal Adoption and Safe Families Act of 1997 (ASFA), which amended the Adoption Assistance and Child Welfare Act of 1980 [Public Law 96-272]
- ❖ The DC Adoption and Safe Families Amendment Act of 2000 (DC ASFA)

Both require the timely placement of children in safe and enduring living arrangements. To that end, all child welfare agencies must meet an array of statutory practice and process requirements, including “reasonable efforts” to place children in permanent homes. As well, each agency must establish firm time requirements for petitioning the termination of parental rights for children who cannot be reunified with their parents. Agencies are commensurately mandated to increase the timeliness of adoptions.

CFSA consistently publishes an Annual Public Report (APR) to chronicle the Agency’s compliance with ASFA requirements. Each report also responds to the stated expectations outlined in Appendix A, *Excerpt from the CFSA Establishment Act of April 2001*.

This year’s APR is another snap-shot of the Agency’s permanency efforts and successes throughout the District’s fiscal year (FY), October 1 – September 30. The FY 2014 report focuses on the following information:

- ◆ An outline of the Agency’s implementation of ASFA-related accomplishments and practice improvements
- ◆ A summary of statistical analysis of cases, including data on entry, length of time in care, and exits
- ◆ Successes and challenges reducing the number of children in foster care
- ◆ An evaluation and assessment of the quality and effectiveness of service provision, including results from internal and external sources that indicate areas for improvement
- ◆ An overarching evaluation of Agency performance
- ◆ Recommendations for new legislation that may help to further the mission and goals of CFSA
- ◆ A summary of feedback on the report from the Mayor’s Advisory Committee on Child Abuse and Neglect

Requirements of DC ASFA

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

² The term “children” in this document comprises clients from birth through age 20.



To fully grasp CFSA's current practice approach to implementation of ASFA mandates, it is helpful to understand the Agency's *Four Pillar Strategic Framework*, established in early 2012 to focus on case practice and to strengthen child welfare outcomes.

Pillar One: Narrowing the Front Door

CFSA's strategies and services are geared toward affording children the opportunity to grow up with their families. Home removals are, therefore, a last resort. To prevent entrance through the front door of the child welfare system, CFSA implements programs and evidence-based

approaches that stabilize and support families, while contracted community-based partners provide services and interventions. These services and interventions are tailored for families who come into contact with the Agency through a report of abuse or neglect but whose risk factors are low-to-moderate and who therefore can be served best in their own homes.

Pillar Two: Foster Care as a Temporary Safe Haven

When imminent risk to a child's safety makes it imperative to place the child in foster care, CFSA immediately begins the planning process to ensure the child's expedient exit to permanence. As a first step, CFSA seeks placements with the child's relatives, always aspiring to place the child in the most appropriate and family-like setting possible. Regardless of placement setting, CFSA keeps children connected to their schools and communities. Further, through frequent and high-quality visits, CFSA also promotes and strives to preserve both maternal and paternal relationships, alongside sibling connections.

Pillar Three: Ensure Child Well-Being

Children are entitled to a nurturing environment that supports their growth and development into healthy, self-assured, and educated adults. CFSA commits to working collaboratively with public and private agencies to provide resources to secure such an environment, while addressing child education, mental health, and physical health care so that children thrive.

Pillar Four: Exit to Positive Permanency

CFSA strives to ensure that every child exits foster care as quickly as possible to a well-supported family environment or lifelong connection. Families may also receive ongoing support after positive permanency is achieved in order to maintain stability and to reduce the likelihood that the child will re-enter the system. The Agency strives to ensure that older youth exit care with appropriate community-based aftercare services and the education and skills necessary to become successful, self-supporting adults.

II. IMPLEMENTATION OF ASFA

The Child and Family Services Agency (CFSA) has taken the following specific actions to ensure compliant implementation with the nine ASFA requirements listed under the *Introduction*. While each of the services described below were active in FY 2014, it should be noted that CFSA continues to review and evaluate service outcomes such that some may be revised or eliminated for FY 2015.

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

Pursuant to CFSA policy, social workers must review case plans within 90 days from a child's entry into the Agency's physical or legal custody, or from the date of referral for an in-home case. Follow-up reviews occur every 90 days thereafter. All reviews consider the case plan in light of CFSA's *Practice Model*. At a minimum, the FY 2014 reviews addressed the appropriateness, timeliness, quality, and consistency of services provided to the child, the child's parents, and to the child's caregiver. In foster care cases where reunification was the permanency goal, the case review also considered the progress made by parents to accomplish the specific objectives outlined in the initial case plan. All reviews were attended by the CFSA or CFSA-contracted private agency social worker in partnership with the social worker's supervisor, the age-appropriate child, the child's parents, other appropriate kin, and other individuals the family wished to involve. The social worker may have also invited the foster parents or congregate care provider, the assigned assistant attorney general, as well as other professionals (e.g., the guardian *ad litem* and nurse care manager, sometimes assigned to children with special medical needs). Based on these reviews, case plans were updated (at a minimum) every 6 months.



CFSA complemented the social workers' case plan reviews through the robust Quality Service Review (QSR) process, which in FY 2014 included 125 randomly-selected in-home and out-of-home cases. Each review examined case practice, system performance, and outcomes for individual children and families in order to identify strengths to be maintained and to distinguish areas in need of attention or enhancement. Most importantly, in recognition of the frequent interlacing of mental health services with child welfare services, CFSA partnered with the District's Department of Behavioral Health (DBH) to review shared child welfare and mental health cases to promote District-wide consistency for assessing the quality of services and measurements of improvement.

Overall, the quantitative and qualitative data culled through the QSR process provided a deeper understanding of family dynamics and needs, in addition to providing a comprehensive view of service delivery. The following indicators were used for rating service delivery success and its interface with the mental health system:

- ❖ Engagement
- ❖ Assessment and understanding
- ❖ Teamwork and coordination
- ❖ Planning interventions
- ❖ Supports and services

A key component of the case review process was the direct involvement of the cognitively age-appropriate child and birth parents. In this regard, the *engagement* indicator was used to measure the direct involvement of age-appropriate children, their biological parents (including incarcerated parents), substitute caregivers, and other supportive figures in the case planning process. Although engagement with biological parents³ had been a challenge in previous years, the Agency continued to make concrete strides in training social workers to ensure parents were welcomed and comfortable participating in the case planning process whenever possible. Training, which was provided directly by CFSA's Child Welfare Training Academy, includes (but was not limited to) coursework on family-focused practice, strength-based solution-focused practice, cultural competence, engaging fathers, behavioral-based case planning, and urgent permanency.

An important training component for engaging parents was helping social workers to recognize that the trauma related to child abuse and neglect is not isolated to the children. Parents have frequently been victims of trauma themselves as children, making engagement in their child's case planning a challenge. The hard work required for stabilizing a family can trigger a parent's past histories and without proper support, engagement efforts can be frustrating. In recognition of this challenge, CFSA implemented the evidence-based Trauma Systems Therapy (TST) training for staff, social workers, and resource parents.

While the TST approach to child welfare practice was used to help heal both the obvious and the subtle wounds of abuse and neglect of children, it was also incorporated as a permanency strategy. TST allowed staff to review and address all facets of case planning from engagement to assessments, including families receiving in-home services. In particular, cases were examined and discussed through the lens of behavior stemming from the traumatic experience (whether the behavior was that of a child, a teenager, or an adult) and how this impacted permanency. Resultantly, referrals for services were tailored to address the individual child and family needs.

For teens and young adults (ages 15 through age 20), CFSA's case planning review process included youth-driven conferences that welcomed all members of the youth's permanency team (i.e., social worker, supervisor, birth and foster parents, as well as others invested in the youth's safety, permanency, and well-being). These conferences provided opportunities for the collective review of a youth's progress towards the accrual of life skills that prepare the young adult for lifelong self-sufficiency after leaving foster care. In addition, CFSA implemented the evidence-based *Foster Club Transition ToolKit* to support and review a youth's transition goals and objectives. Individualized transition plans were prepared by youth in partnership with at least one supportive adult involved in their lives, including teachers and mentors. The tool further assisted youth to assess their assets, identify resources, and to plan for goal achievement. Used nation-wide, the toolkit also provided a "Readiness Scale" for youth to track their progress in 10 critical areas, including but not limited to finances and money management, job and career choices, education, self-care and health, housing, and other life skills related to community, culture, and social life.

To augment permanency efforts in FY 2014, CFSA also created the "case practice specialist" position to assist with out-of-home cases. Through specialized case reviews, the case practice specialist supported social workers' efforts, specifically for pre-adoptive homes. Support included multidisciplinary staffings to address barriers to adoption.

³ As with all child welfare systems, engagement of fathers has been a historical challenge. In addition to increased training for social workers on fatherhood engagement, CFSA has developed the Connecting Dads Initiative to incur greater involvement of fathers. The Agency is still in the early stages of gathering data on the engagement of fathers but has been successful in development of father/child activities. In FY 2014, over 75 fathers participated in the Dunkin' Dads basketball tournament, sponsored by CFSA and the Bennington Road Boys and Girls Club.

For families receiving in-home services, CFSA's In-Home and Family Support Services administration incorporated the RED team *Consultation and Information Sharing Framework* into their case planning reviews and activities.⁴ Each case planning RED team (CPRT) brought family members together with other identified informal or formal supports to develop meaningful and achievable goals that addressed safety, well-being, and family functioning. The team collectively reviewed the case plan for progress in teamwork activities, family-centered planning, and service decision processes. CPRT also followed up on commitments made by team members to ensure a clear pathway to case closure. This included concurrent planning for more than one permanency option in the event that reunification was ultimately impossible or not in the best interest of the child. An initial CPRT occurred within the first 30 days of a newly-assigned in-home case. Subsequent CPRTs were held every 90 days to revisit the case plan with the family, to make revisions when needed, and again, to ensure safe case closure.



CPRTs were not an isolated effort. Group decision-making has been a key principle underlying CFSA's child welfare practice, informed by the direct involvement of family. The group decision-making process, as described, built Agency capacity to make more consistent and reliable decisions over time. Further, the *Consultation and Information Sharing Framework* was entered into FACES.NET⁵ during the time of each RED team review. The following RED teams were currently operating at the Agency during FY 2014:

- ◆ **10-15 Day Review** – This RED team reviewed Child Protective Services' (CPS) cases, beginning at the 10-day mark for all investigations and then again at the 15-day mark for all family assessments.⁶ The two review periods allowed for a thorough review of all information collected, including collateral information, history of the family, collaborative referrals needed, identified next steps, possible disposition, and any assessments that may have occurred.
- ◆ **CPS Hotline** – As the entry gateway to the District's child welfare system, the Hotline RED team is always charged with reviewing available information and answering the following questions:
 - Does the report of child maltreatment meet the statutory threshold for intervention?
 - If the report does not meet the threshold for child protection intervention, should the potential client be referred for child welfare and/or community services?
 - Does an accepted report require a traditional forensic child protection investigation?
 - Does the report present as a child concern that can be addressed through an alternative response approach?

⁴ RED (Review, Evaluate, and Direct) teams comprise six to eight individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of case practice at key decision points in a case, such as home removal, placement changes, case assignment transfers, and permanency reviews. This *Consultation and Information Sharing Framework* occurs in a collaborative setting among multidisciplinary CFSA staff. The framework allows for open discussion among participants while also providing the structure and consistency to ensure productivity and effective decision-making.

⁵ FACES.NET is CFSA's statewide automated child welfare information system (SACWIS).

⁶ For more information on family assessments and the investigation process, refer to #3 Timely Investigations.

- ◆ **Removals and Out-of-Home services** - Transfers from CPS to the assigned ongoing social worker required staffings that could occur as early as the day after a child's removal from home. The staffings always occurred prior to the Family Team Meeting (FTM).⁷ These case transfer staffings informed the receiving social work team of the safety concerns that triggered the removal. The staffing also addressed the trauma that the children and family have experienced. Services to the family and children were addressed as well as any criminal matters that have occurred as a result of the removal.
- ◆ **Placement Matching** –The placement matching RED team meeting invited the currently contracted nine private agencies. The meeting reviewed a child's case to identify placement options when the child experienced a placement disruption or was at-risk of placement disruption. The assigned ongoing social workers presented their clients' cases with the goal of opening more options for appropriate placement.
- ◆ **Permanency** – In order to increase timely permanency outcomes for children who had either a goal of adoption, guardianship, or reunification, the Permanency RED team reviewed and assessed any barriers or complicating factors that may have impeded achievement of the goal. Next-step activities were developed in addition to facilitation by follow-up Permanency RED teams to ensure completion of the action steps and progress towards the stated goal.
- ◆ **Special Corrective Actions** – The special corrective action RED team meetings reviewed barriers to permanency for children whose cases fell under the following circumstances:
 - Four or more placements within the last 12 months
 - Goal of adoption for more than a year but no placement in a pre-adoptive home
 - Currently in foster care with goal of reunification and yet has previously twice re-entered care
 - Permanency goal of reunification for more than 18 months
 - Placed in an emergency facility for longer than 90 days
 - Placed in a foster home or facility that exceeds the licensed capacity or placed in a facility without a valid license
 - Under 14 years old with a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA)⁸
 - Placed in a psychiatric residential treatment facility more than 100 miles from the District of Columbia

The team drafted next steps either to remove the child from the corrective action category or to prevent the child from entering the category again.

- ◆ **In-Home Big RED**⁹ - Transfers of a case from CPS to in-home services should be streamlined and efficient. The In-Home Big RED meeting reviewed with the family the reason for the referral, risk statements, strengths and protective capabilities, safety planning, and any behaviors that may have put the children at risk, or created a generally unsafe environment. The newly-assigned in-home social worker and the family were introduced to one another so they could begin partnering to develop their plan for working together to achieve optimal safety and well-being for the child and family. Ideally these meetings would have occurred in the family's home and included the CPS investigative social worker as well as the in-home social worker.

⁷ See #2 Reunification Successes for more information on FTMs.

⁸ The Alternative Planned Permanent Living Arrangement (APPLA) is a term coined by the U.S. Congress during the writing of the *Adoption and Safe Families Act* (ASFA). This term was created when ASFA struck the term "long-term foster care" from statute. APPLA is selected only when reunification, referral for termination of parental rights, adoption, legal guardianship, and relative placements have been determined to be inappropriate.

⁹ Big RED team meetings include supervisory aspects of case practice.

- ◆ **Permanency Big RED** – As with all RED teams, this meeting followed the *Consultation and Information Sharing Framework* to review and assess complicating factors that may have functioned as barriers to achieving timely permanency. The assigned program manager facilitated the meeting during the social worker’s 1:1 supervision with the supervisor. The meeting’s goal was to establish a projected permanency date, and to develop next steps accordingly. Steps may have required policy changes or interagency communication and collaboration with legal parties or at higher management levels within the organization. Throughout FY 2014, an assigned case practice specialist and supervisor ensured the completion of action steps and progress. The assigned program manager reviewed all follow-up steps. The Permanency Big RED was also used to conduct administrative follow-up steps to those outlined as a result of Quality Service Reviews (QSRs), previously described. The team met 60 days following the completion of the QSR.
- ◆ **CPS Big RED** – These reviews were conducted for investigations that were opened for longer than 35 days.¹⁰ As with all other RED teams, the *Consultation and Information Sharing Framework* was used to review barriers to case closure and to develop next steps to address those barriers, including timeframes for completion of steps by identified responsible parties. Follow-up occurred by the assigned CPS program manager and supervisor to ensure that actionable items are completed.
- ◆ **Quality Service Review (QSR) Big RED** - Most recently, the QSR Big RED was introduced to provide a forum for sharing QSR findings and recommendations as well as following up on case progress. The team looked globally at systemic factors impacting permanency. As with other Big RED team meetings, participants included the assigned supervisor, program manager, administrator, deputy director, and staff from the Quality Assurance unit.

Currently, the Agency is in the process of gathering preliminary evaluation data for the 10-15 Day Review and In-Home RED team meetings. Manual tracking is taking place to capture data elements, e.g., demographics (i.e., ward, gender, and language), allegations, paternal and maternal engagement, type of permanency goal, placement type, length of time in care, identification of barriers to reunification or kinship care, services and next steps. The Agency developed a FACES.NET framework for reporting outcomes for each RED team in order to produce management reports and track performance and trends for FY 2015.

2. Reunification Successes – Reasonable efforts are made to reunify children with their families unless contrary to the child’s safety.

As noted under **Section III: Statistical Analysis of Cases**, based on CFSA’s internal benchmarks, FACES.NET data revealed that the percentage of children in out-of-home placement who had a goal of reunification and who had weekly visits with their parents in FY 2014 was 78 percent, a 6 percent increase from 72 percent in FY 2013. The percentage of reunifications that occurred within 12 months of the child’s entry into foster care was 52 percent in FY 2014, a 3 percent increase from FY 2013. The percentage of children who experienced re-entry into the foster care system within 12 months of reunification decreased from 4.6 percent in FY 2013 to 2.4 percent in FY 2014. The Agency is aggressively using all of the strategies described below to increase this percentage.

¹⁰ Cases open for longer than 35 days exceed the Agency’s current benchmark for case closure after 30 days.

The primary strategy for ensuring permanency has been successful family engagement, which has been proven to directly impact successful reunification.¹¹ For this reason, CFSA made concerted efforts to get parents and family members engaged in the case planning process from the onset of each case. The Family Team Meeting (FTM) was the primary, evidence-based vehicle for initiating engagement with birth parents and kin. It has always been a structured planning and decision-making meeting, led by trained facilitators, and specifically focused on engaging families, family supports, and professional partners in order to develop the initial case plan and to lay the groundwork for permanency. Pursuant to legislation and policy, CFSA held FTMs under the following circumstances:

- ❖ When a child is at risk of removal from the home
- ❖ In the 72-hour period following a child being taken into custody
- ❖ At other points of critical decision-making during a foster care case, such as changing a permanency goal

The inclusion of families, as well as children (when age appropriate), has always been central to the concept of FTMs. Additional supportive participants may have included family friends, clergy, caregivers, resource parents, service providers, and the guardian *ad litem*, if one was appointed. When children received services while remaining at home, their parents or legal guardians had to consent to CFSA discussing their family's strengths and needs with other team members, including maternal and paternal kin, during an FTM. When children were in the custody of CFSA however, CFSA may have identified, located, and engaged kin without the parent or legal guardian's consent as per the federal *Fostering Connections* legislation. At any time throughout the life of the case, a request for an FTM may have been made. Always, the FTM focused on decisions that support children's safety, permanence, and well-being.



Another engagement strategy to support reunification was the *Parent Advocate Project* (PAP). The PAP paired mentors with parents who currently have children in foster care with a goal of reunification. Many of the trained mentors have (in the past) had open cases with CFSA and have subsequently successfully reunited with their own children. PAP is an innovative program designed to

facilitate and support faster, safer, and permanently lasting reunifications for families and children. Its success has been built on mentors approaching parents as peers and speaking from a position of experience with successful interaction with the child welfare system. As a result of their direct experience, mentors had tremendous gravitas with the clients with whom they are paired. Mentors also provided consultation for services and referrals, as well as one-on-one support to parents seeking a similar outcome with their own children. Through their empathy with parents who were traumatized when their children were removed from their home, and who may have been hesitant to work with their social worker, mentors were able to offer relevant counsel and sound advice. Based on their own experiences and successful outcomes, PAP mentors facilitated engagement between parents and social workers as well as promoting a parent's progress toward case goals and reunification.

¹¹ There is extensive research on the relationship between family engagement and successful reunification. For a comprehensive summary, see the Child Welfare Information Gateway Issue Brief, *Family Reunification: What the Evidence Shows* at https://www.childwelfare.gov/pubPDFs/family_reunification.pdf.

When a child is removed from home, it is essential that communication lines remain open (as appropriate). Social worker visits within the first 4 weeks of placement (85 percent by the end of FY 2014), as well as weekly parent-child visits (77 percent), have been crucial for achieving the goal of reunification. For all initial placements and re-entries into foster care where the focal child had a goal of reunification, the assigned social worker must have visited the birth parent at least one time per month in the first 3 months following the child's placement. Additionally, the social worker, family support worker, or nurse care manager must have conducted an additional visit so that at least two per month occur for those first 3 months. At each and every visit, the visiting staff discussed and documented in FACES.NET parent engagement with respect to the permanency goal, case plan, and overall progress toward family stability and permanency.

It is both CFSA policy and practice that visitation with parents, siblings, and other kin is a child's right, not a privilege or something to be earned or denied based on behavior of the child or their parents. The child, the parent or legal guardian, and each sibling have a right to visit as often as reasonably necessary to develop and enhance their attachment to each other. While the maintenance of familial connections is always important for children, it is particularly important for children with the goal of reunification. Again, reunification best occurs when the familial tie is maintained through the child's frequent visitation and on-going interaction.

A long-standing program that has supported reunification has been the Family Treatment Court (FTC) program, an effective partnership among the Family Court Operations Division (Family Court) of the DC Superior Court, CFSA, the Office of the Attorney General (OAG), and the District's Department of Behavioral Health's (DBH) Addiction Prevention and Recovery Administration (APRA). Over its 10-year history, the interagency steering committee has also collaborated with various inpatient treatment facilities, outpatient treatment and support facilities, and community-based transitional housing programs and supportive service providers. Although the program began as an intensive inpatient program for substance abusing mothers at-risk of having their children removed from their care, it has evolved over time to include service delivery to mothers who are working toward reunification. Throughout its existence, the central goal of the program has been to give mothers the chance to rebuild their lives and their families without losing legal custody of their children. It has particularly assisted mothers whose cases involved a nexus between substance abuse and child neglect. It has further enhanced family reunification through the provision of comprehensive substance abuse treatment and supportive services, and it has supported system-wide compliance with ASFA mandates for achieving timely permanency for children.

Once children are reunited with their families, it is essential that proper supports are in place to secure reunification and protect family stabilization. Supports have been greatly enhanced as the result of CFSA's successful bid for the title IV-E child welfare waiver, awarded in 2013 to further support the Agency's vision of timely permanency for children in foster care. For the first time in the history of child welfare, CFSA was able to allocate IV-E funds for prevention, family stabilization, in-home services, expediting permanency, and decreasing the likelihood of re-entry into foster care. These same funds were formerly allocated to services for children receiving out-of-home services. Given the decrease in children entering out-of-home care and the increase of children remaining at home and receiving in-home services (see [Section III: Statistical Analysis of Cases](#)), CFSA's application proposed the implementation of post-reunification services that can aid families prior to, during, and following the child's transition home. CFSA's target population for these services has been the child who has been in out-of-home care for 6-12 months and had a permanency goal of reunification.

By way of example, CFSA recently implemented *Project Connect*, an evidence-based model that works with high-risk families affected by parental substance abuse, mental health issues, or domestic violence. The program has offered home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program has also offered home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most *Project Connect* families has been prevention of removals, the program has also worked to facilitate reunification if removal was necessary. In addition, CFSA implemented HOMEBUILDERS®, an intensive family preservation program designed to avoid unnecessary out-of-home placement. Also an evidenced-based program, the HOMEBUILDERS model engages families by delivering services in their natural environment at times when families are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.

3. Timely Investigations – Reports of Abuse and neglect are expeditiously investigated and appropriate action is taken.

In FY 2012, CFSA began measuring acceptable investigations by producing a quarterly scorecard that tracks National Standard measures as well as the Agency's internal benchmarks. One benchmark was the timeliness and efforts made for closing investigation cases. The Agency standard for initiating investigations within 48 hours is 95 percent, including documented good faith efforts.¹² While the Agency performed at a baseline of 70 percent in FY 2012, the average for the first three quarters of the current fiscal period was 86 percent. CFSA has worked to steadily improve performance on this measure.

Pursuant to law and policy, investigations of abuse and neglect are prioritized for investigating a report within a prescribed amount of time based on the allegation: Priority Level I must be investigated within 2 hours whilst Priority Level II must be investigated within 24 hours.¹³ Allegations of child abuse and neglect are generally received through CFSA's CPS Hotline (202-671-SAFE). Each report is subsequently vetted by trained Hotline staff, guided by CFSA's *Hotline Procedural Operations Manual* (HPOM), a user-family detailed, step-by-step guide that was developed to increase efficiency and ensure appropriate responses to the child abuse and neglect reports. Included in the HPOM are guidelines to implementing a Differential Response (DR) model, supported by the evidence-based Structured Decision Making (SDM™) tool used to assist the Agency with critical decision-making around risk and safety.¹⁴

¹² This standard is based on the *LaShawn Implementation and Exit Plan*. In 1989, the American Civil Liberties Union (later Children's Rights, Inc.) filed the *LaShawn A. v. Barry* lawsuit over the quality of services the District of Columbia was providing to abused and neglected children in its care. Today, the District is working to meet all requirements of the Implementation and Exit Plan (IEP) negotiated in December 2010, so that the federal court system will return control of local child welfare to the city. The 2010 IEP includes (1) Outcomes to be Achieved (Section I), (2) Outcomes to be Maintained (those requirements where the District of Columbia's current performance meets proposed exit requirements) (Section II), (3) Sustainability and Exit (Section III), (4) and the 2010-2011 Strategy Plan (action steps to achieve the outcomes) (Section IV). Citations from federal law, District of Columbia law and regulations, the Modified Final Order (MFO), and CFSA policy are included. It should be noted that CFSA still complies with District law which requires certain investigations to be initiated within 24 hours.

¹³ Details of priority levels are outlined in CFSA's *Investigations Policy*.

¹⁴ SDM™ is the Agency's Structured Decision Making tool which assesses risk during investigations. This risk assessment tool assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect. With Differential Response (DR), traditional child protection investigations are no longer the sole approach to engaging families around allegations of maltreatment. Under DR, CFSA may refer families under certain neglect allegations and with no immediate safety concerns for a Family Assessment (FA) which differs from a traditional investigation in that the FA social worker utilizes clinical skills to partner with the family, who must agree to participate, to develop a service plan to meet their needs. Families who participate in the family assessment are not assigned a substantiation decision. Additional information is located on CFSA's website:

<http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPS%2520DR%2520Family%2520Assmnt%2520GUIDE.pdf>

Historically, CPS Hotline calls have initiated a full-scale CPS investigation of the family to determine the veracity of the allegation and to assess the level of risk to the child and family. Substantiated allegations could mean a child's removal from the home, placement of the child in foster care, and entry of the perpetrator's name on the Child Protection Register (CPR).¹⁵ If removal was not determined to be necessary, but the allegation was still substantiated, the perpetrator's name would still be placed on the CPR database. In addition, CFSA would refer the family for ongoing services with either a CFSA in-home social worker or a family support worker at one of CFSA's five contracted Healthy Families/Thriving Communities Collaboratives (Collaborative). A report is *screened out* when elements of child abuse or neglect are not met, such as in the following circumstances:

- ✓ The alleged perpetrator is not a parent, guardian, or custodian. The Hotline worker forwards the report to law enforcement.
- ✓ The alleged victim is 18 years of age or older. Again, the report is forwarded to law enforcement.
- ✓ The alleged victim resides outside of the District and there is no emergency situation (as defined by law). The report is forwarded to the appropriate child welfare jurisdiction.

Information and Referrals (I&Rs) are calls that do not require the Hotline worker to formally screen for abuse or neglect. They either fall outside of the parameters of CFSA's mandate or they require a non-investigatory response from the Agency. The following examples apply to I&Rs:

- ✓ A curfew violation is the only presenting issue.
- ✓ Fetal Alcohol Spectrum Disorder (FASD) is the presenting issue.¹⁶
- ✓ The call is a request from another child welfare jurisdiction to provide assistance by way of a "courtesy interview" of a child or family residing in the District.

For I&Rs, the Hotline worker is instructed to provide the caller with contact information for appropriate District agencies, organizations, or service providers who can appropriately address their issues or concerns.

Based on the DR model, the RED team determined which of the following "pathways" was the most appropriate for each Hotline report it reviewed:¹⁷

- ❖ Most impactful in terms of changes to how the Agency responds to reports of child abuse or neglect was implementation of the Family Assessment (FA) assignment, a key component of the DR model. FA assignments have dramatically strengthened CFSA's ability to tailor the response according to a child or family's needs, limiting the need for removals and increasing in-home services. Only a family assessed by the SDM tool as low-to-moderate risk for child abuse and neglect has been eligible for the FA assignments. To support those assignments, CFSA created an entire FA unit, doubling its staff over the

¹⁵ Pursuant to District law, CFSA maintains a Child Protection Register (CPR). This database is the District's confidential index of perpetrators with substantiated or inconclusive findings of child abuse and neglect. These findings are the direct result of evidentiary disposition decisions made by investigative social workers under the purview of the Agency's CPS administration. Unless a name is expunged from the CPR database as the result of an appeal, it is maintained in the database for life.

¹⁶ Pursuant to the Child Abuse Prevention and Treatment Act (CAPTA), health care providers must notify CPS of all infants born and identified as affected by illegal substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or FASD. Such notification need not be in the form of a report of suspected child abuse or neglect. It is ultimately the responsibility of CPS staff to assess the level of risk to the child and other children in the family and to determine whether the circumstance constitutes child abuse or neglect under state law. At present, CFSA's investigations policy does not require CPS to open an investigation based solely on FASD.

¹⁷ The only Hotline reports that are not subject to a RED team review are those that require, in the clinical judgment of the Hotline worker, an immediate Agency response due to emergent circumstances OR reports that are screened out.

past 2 years. In addition, the Agency developed FACES.NET management reports to track and monitor frequency and volume. It should be noted that the FA process is voluntary. For a family who agrees to the process, there is no finding or substantiation of abuse or neglect, nor is any adult's name entered into the CPR database. The family may, however, have an in-home case opened through the Agency's Office of Community Partnerships so that services and resources are provided according to the family's unique needs and goals for stabilization. Again, it is also possible that the family will be referred for services or case management by one of the neighborhood Collaboratives.

- ❖ Whenever a child's safety was at imminent risk, the Hotline referral resulted in a formal CPS investigation that complied with the timeframes previously cited (either 2 hours or 24 hours). The assigned CPS investigative social worker then contacted the family and performed a comprehensive investigation of the reported allegations. The investigation results may have required removal of a child from the home and the opening of an out-of-home case. In partnership with the family, the social worker would have developed a safety plan to address the risk factors, and provided linkages to necessary services offered through CFSA or the community. Depending on the risk level and needs of the family at the investigation's closing, a disposition of "inconclusive" may have also resulted in a referral to a Collaborative for services, or as noted earlier, an open in-home case under CFSA's Office of Community Partnerships.



CFSA also incorporated a series of continuous quality improvement processes throughout the investigations life cycle. As noted, a major improvement to practice has been the inclusion of the RED team process, applied to the CPS Hotline process as well as investigation cases. As stated earlier, CFSA also worked to improve the timeliness of responses to Hotline reports through enhancement of the SDM tool. Through its partnership with the Children's Research Center (CRC), CFSA developed and implemented revisions to the SDM tool to support consistency for determining whether allegations can be substantiated based on local regulatory requirements in addition to whether the allegation warrants a response from the Agency.

Mandatory reviews are required for all investigations that have been open for 18-days or longer. During these reviews, which are described in the *Investigations Procedural Operations Manual (IPOM)*, CPS management staff evaluated the steps that were completed in the investigation process and determined what steps may have still needed to be accomplished to complete a comprehensive investigation within a 45-day timeframe. Providing immediate feedback within the investigation cycle allowed social workers to undertake necessary activities to complete the investigation in a timely and effective manner.

When the Hotline received a new report about a family with a current in-home case, but the report did not meet a level that required an investigation, the Family Assessment and in-home social workers conducted a joint safety assessment. The social worker managing the case was responsible for providing a re-assessment to address the new allegations. CFSA in-home staff ensured that interventions and services were in place to help the family to stabilize, focusing on child safety.

CFSA also incorporated the Educational Triage Unit into the investigation process. Although the unit is not a pathway itself, it does comprise a dedicated unit of trained social workers who are responsible for vetting and researching Hotline calls that allege educational neglect. The unit was created in 2013 to respond to an increase in educational neglect calls from District

schools that partially resulted from the passage of *Attendance Accountability Amendment Act*, “to amend the Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2010.” Among its many provisions was a mandate that District public schools (and charter schools) formally report to the Hotline whenever an enrolled child had 10 unexcused absences. Many of these reports involved cases that did not, in fact, meet the statutory definition of educational neglect.

4. Services for Timely Reunification – Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.

As noted under **Reunification Successes**, CFSA had several practices that supported reunification. In addition to the earlier cited services (i.e., the Parent Advocate Program, Family Treatment Court, and Project Connect), the following services have been implemented to increase timely reunifications:

- ◆ The **Rapid Housing Program** (RHP) has been a shared effort among CFSA, the Collaboratives (mentioned earlier), and The Community Partnership for the Prevention of Homelessness (TCP). Funded by CFSA, TCP administered the assistance of payments while the Collaboratives provided case management and support services. RHP provided short-term assistance to families in need of stable housing for preservation or reunification and also assisted eligible youth aging out of foster care with time-limited assistance to facilitate their transition out of foster care.
- ◆ CFSA implemented the **Family-Link Model** in partnership with the Foster and Adoptive Parent Advocacy Center (FAPAC) to informally bring together a child’s birth parents and foster parents within 1-2 days of the child’s placement. This facilitated “ice breaker” meeting provided both sets of parents with an opportunity to exchange information about themselves, their family routines, and their traditions. With this personal information in mind, both sets of parents were able to strategize together to help the child through the period of separation and transition. The model also reinforced the importance of birth parent participation in the child’s case plan to support reunification while providing invaluable information to the foster parent about the child’s needs, preferences, expectations, hopes, and concerns.
- ◆ The **Utilization Management** (UM) **Review** is a family-centered model that involves a team meeting with the age-appropriate child and his or her family members to discuss holistic needs, appropriate services, and placement recommendations. Based on the results of the Comprehensive Childs Needs Assessment (CNA)¹⁸ and the consensus of the team, CFSA ensures that children were placed in a setting that best met the child’s unique needs until reunification could be achieved in a timely manner.

It should be noted that CFSA’s *Four Pillar Strategic Framework* ardently focuses on the prevention of children entering the District’s child welfare system. Accordingly, there is a great emphasis on the use of an array of prevention strategies and services aimed at family preservation and mitigating a family’s risk for a child to enter foster care. Such strategies have included funding community-based agencies that have proven to be adept at eliminating the need for Agency intervention. For those families who did indeed require some level of intervention because of a presenting abuse or neglect issue, strategies also involved stewarding Agency resources and social workers toward helping families to overcome their risk factors and to ensure child safety quickly and effectively.

¹⁸ CNAs provide social workers with a profile of a child’s strengths and needs with an eye toward finding the best foster care placement match. CNAs are first completed when a child enters foster care and are then updated at scheduled intervals. The information is subsequently used to ensure appropriateness of the placement type and to ensure that prospective providers have the necessary tools, qualifications, and skill sets to meet each child’s unique placement needs.

The District annually directs competitive grants toward effective community-based prevention programs that help reduce placements into foster care and provide families with the necessary tools to remain intact. In FY 2014, these grants included the following evidence-based services:

- ❖ **Parent Education and Support Project (PESP)** – PESP provided in-home visitation, classroom education, and support services specifically geared toward equipping parents with tools and strategies to keep children safe and to nurture and promote healthy development and academic achievement. The program also linked families to clinical services, support groups, and direct assistance programs.
- ❖ **Father-Child Attachment Program** – The program provided home visitation and consultation services in District wards that had disproportionate reports of abuse and neglect (Wards 7 and 8). The program was designed to help fathers forge lasting bonds with their children. Program goals included increasing protective factors by improving relationships and interactions between the father (non-custodial in most cases) and the child’s mother.
- ❖ **Home Visitation** – CFSA awarded multi-year grants to two community-based organizations that provide voluntary, intensive home-visiting services for up to 150 families. Families served may have had histories of trauma, intimate partner violence, and mental health or substance abuse issues. Services began prenatally or shortly after the birth of a baby and may have continued through the child’s 5th birthday.
- ❖ **Parent and Adolescent Support Services (PASS)** – In 2013, CFSA and the Department of Human Services (DHS) entered into a Memorandum of Understanding to support expansion of the DHS Parent Adolescent Support Service (PASS). The PASS program is a voluntary program open to families of District youth ages 10-17 who have committed a “status offense”, which includes truancy, running away, curfew violations and extreme disobedience. PASS worked cooperatively with families and service providers to reduce these challenging behaviors before child welfare or juvenile justice intervention was needed.

As referenced earlier, CFSA has leveraged federal funding from the title IV-E waiver to augment prevention and family stabilization services in FY 2014. The Agency maintained its ongoing commitment to fund effective services and interventions outside of its own purview, and continued to seek and expand available resources in support of families outside of the child welfare system.

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

In the event that reunification is not possible, CFSA considers it imperative that adoptive families are identified and that adoptions take place in a timely fashion. To facilitate these efforts, CFSA’s adoptive parent recruiters were assigned to each CFSA administration and to each CFSA-contracted agency. Recruiters served as the point of contact with respect to adoption or guardianship activities, following cases soon after the goal of adoption was established. Further, they identified pre-adoptive placements and placement resources (if not already identified) and helped to establish permanency plans. This effort was particularly successful with the private agencies that managed the majority of out-of-home cases, allowing greater access to the recruiters and resulting in greater teaming to move children toward permanency.

For children placed in pre-adoptive homes, CFSA expedited the adoption process as a critical mission for the well-being of the child. Efforts to this end began prior to the *Four Pillar*

Strategic Framework but they have evolved and strengthened as a result of the framework being infused into daily practice standards.



To provide services for adoptive as well as guardianship families, CFSA partnered with Adoptions Together, Inc., a community-based organization that administers services to children and families throughout the District. In particular, the organization's Post Permanency Family Center (PPFC) was a resource specifically for adoptive and guardianship families. CFSA ensured that these families were notified of PPFC's supportive services which prepared families for the transition and supports them after adoption or guardianship was achieved. As a "one stop shop", PPFC offered direct service case management, advocacy, and family counseling as part of their resource and service array. There were also support groups for children, teens, and adults, including parenting classes. Additionally, PPFC offered regular trainings throughout the year on topics germane to permanency, all the while maintaining a vast information and resource library for adoptive parents, guardians, and professionals.

CFSA also contracted with the Center for Adoption Support and Education (CASE), which received CFSA referrals for supports and services for adoptive families. CASE also used an adoption-centered therapeutic approach to enhance the well-being of the children and families it serves. In addition to a counseling staff, CASE services included professional and adoption competency trainings, parent and family education, and other permanency-related workshops and seminars. All services were available for any family and child who achieved permanency via adoption or guardianship from the District, no matter the length of time since permanency was achieved. Both organizations were equipped to offer in-home therapeutic services on a case-by-case basis to families.

Given the level of intensity and the type of clinical supports each case could bring, the CFSA post-permanency social worker had to determine which of the two providers would be the most appropriate to the needs at hand. Both organizations also provided integrated family therapy. Whereas CASE was equipped to manage more challenging cases (e.g., cases that involved overturned adoptions, competing adoptions, and more heavy court-involvement), PPFC offered monthly respite services and crisis support 24 hours a day, 7 days a week. Respite services included a program called, *A Place to Go and Grow*, which targets kinship, foster, adoptive, and guardianship families caring for children who exhibit emotional and behavioral challenges (ages 5 to 14). Direct services included case management, crisis intervention, and advocacy to assist families with accessing services and resources to meet their individualized needs.

In addition to the above services, CFSA provided adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs. These subsidies were based on the family's need to ease the potential financial burden resulting from welcoming a new child or sibling group into the home. Criteria for receiving subsidies are outlined in CFSA's *Adoption Subsidy policy* and CFSA's administrative issuance on *Guardianship and Grandparent Caregiver Subsidies*.

6. Criminal Record Checks

The District of Columbia Municipal Regulations (DCMR) outlines certain convictions that prevent any individual from licensure (DCMR § 6008.4). If, however, results of the local and federal FBI criminal background history checks reveal other convictions, the law does not prohibit a license to be granted after the individual's satisfactory completion of all other requirements and a review that determines that the individual is able to provide care for foster children consistent with the guidelines for health, safety, and welfare of the children. CFSA strictly enforced background checks for prospective foster, adoptive, kinship providers, guardians, and facilities. Following licensure, CFSA continued to perform biannual background checks for as long as the foster care provider wished to remain licensed through the District.

By way of an Agency border agreement with the State of Maryland, and fortified via contractual requirements with providers residing in neighboring states, prospective foster and adoptive homes outside of the District had to complete criminal background checks prior to being licensed as caregivers for District wards. While the re-licensure process in other states may vary, CFSA required its contracted partners to adhere to District standards regarding background criminal records checks.

CFSA also used 'LiveScan' technology to collect fingerprints and subsequently send them to the Metropolitan Police Department (MPD) as part of the background check process. Verification from MPD's database was received within minutes and then transmitted to the Federal Bureau of Investigation (FBI), which responded with results within seven to ten days. This technology has been in use at CFSA since 2008, and has significantly expedited the licensing process. Prior to implementing 'LiveScan', the background checks were processed manually and results took up to 3 weeks to verify. The efficiencies and dependability of the 'LiveScan' technology helped to maximize the availability of valuable resources for children requiring placement at any given time.

7. Administrative Reviews and Permanency Hearings

CFSA and the Family Court worked collaboratively to ensure that when a child entered foster care, a "permanency hearing" occurred according to federal standards, i.e., no later than 14 months after the child's removal from home and at least once every 12 months thereafter for as long as the child remains in care. It should be noted that the District's frequency of permanency hearings exceeded federal standards. That is, CFSA permanency hearings occurred at least every 6 months even though it was common for them to occur more frequently at the discretion of the presiding judge. Moreover, in between permanency hearings, the judge may have scheduled status hearings to hear about progress on certain case matters.

DC ASFA also requires the court to rule that CFSA has made "reasonable efforts" to implement the child's permanency plan. The standard permanency hearing templates used by Family Court judges prompted them to clearly articulate the reasonable efforts CFSA made to implement children's permanency plans. Judges made these case-specific determinations at each permanency hearing. It should be noted that each hearing functioned as an administrative review as well as a status hearing on the progress being achieved towards a child's permanency goal.

8. Hearing Notifications and Opportunity to be Heard

The District remained in compliance with notice requirements under DC ASFA through District statutes and rules governing judicial proceedings in abuse and neglect cases. Specifically, Rule 10 under the *Superior Court Rules for Neglect and Abuse Proceedings* requires that parties to a case be provided notice and opportunity to be heard. The rule defines which other

parties and/or persons are also to be entitled to such notice and opportunity. Rule 11 requires that a copy of the petition along with a summons to appear in court be served on any parent, guardian, or custodian named in the case.

DC Code §16-2357 mandates that notice be provided to all parties to the case once a motion to terminate parental rights is filed. The same provision requires the presiding judge to direct issuance of a summons and copy of the motion to the affected parent, or other appropriate persons, either directly or constructively. As general practice, proceedings to terminate parental rights do not advance unless proper notice has been issued.

To further support notification of interested individuals in ongoing hearings, the Office of Planning, Policy and Program Support (OPPPS) within CFSA sent notification of upcoming permanency hearings to caregivers to ensure their attendance and participation in the hearings.

9. Interstate Adoptions and Medical Assistance

In June 2005, the District of Columbia Office of the Attorney General issued an opinion advising District agencies that “every child receiving IV-E payments for foster care maintenance and adoption assistance [are] to be enrolled in the Medicaid program in the state in which he or she is placed. For out of state placements, the resident state, not the District, would then be financially responsible for these children’s medical care.”

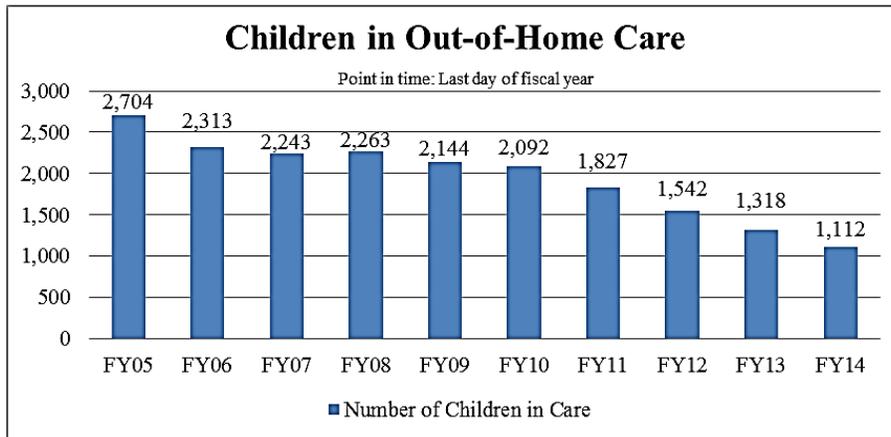
In compliance with this legal opinion, CFSA began advising potential adopters residing out of state of their rights and responsibilities. Since 2005, CFSA’s standard adoption subsidy agreement has reflected this policy.

CFSA’s *Adoption Subsidy Agreement* continued in FY 2014 to include a clause stating that if the parent resides in the District of Columbia, the child is eligible to receive medical benefits provided for under title XIX of the Social Security Act (Medicaid) through the District of Columbia. If the parent resides outside of the District of Columbia but within the United States, the child will receive Medicaid in the state in which he or she resides.

If need be, CFSA would submit an application for Medicaid benefits on behalf of the child residing in another state but the coordination of medical services for the child has traditionally been the responsibility of the parent and the Medicaid office in the state of residence. CFSA maintained a listing of the cases for requested interstate Medicaid.

III. STATISTICAL ANALYSIS OF CASES

As noted, the *CFSA Establishment Act of 2001* requires the Agency’s APR to include demographic, entry, and exit information about the foster care population. Accompanying the data are brief longitudinal analyses with trend highlights. CFSA’s FACES.NET system generated the reports based on data entry of social workers and other direct service staff. Summary data are highlighted.



The District foster care population has dropped by more than half over the last decade.

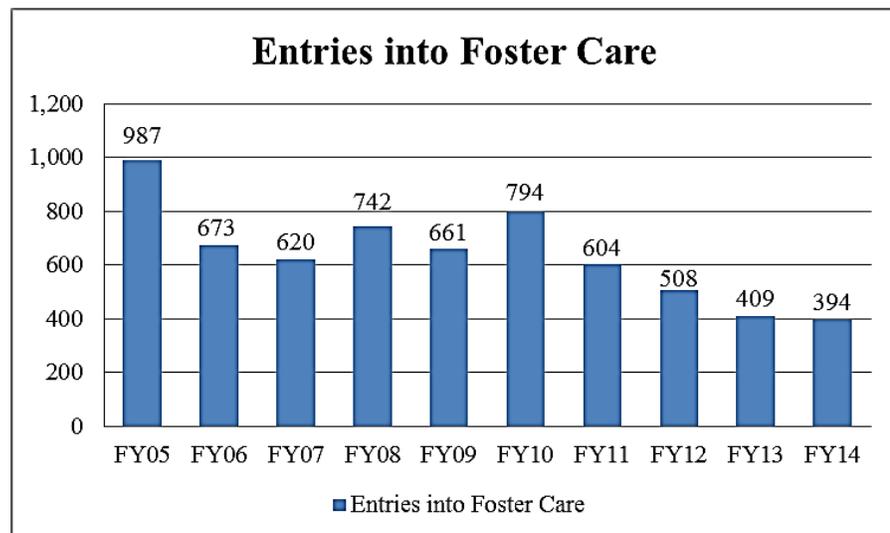
The overall population of children in out-of-home care continued to trend downward. Since the end of FY 2005, there has been a 59 percent reduction in the foster

care population. Of the 1,112 children and youth in care at the end of FY 2014, 573 were youth between the ages of 13 and 20 years old (52 percent of the total foster care population).

In regards to permanency goals, *reunification* was FY 2014's most common goal (33 percent) among all children, edging out *guardianship* and *adoption* at 24 percent each. In addition, the percentage of youth with a goal of *Alternative Planned Permanent Living Arrangement (APPLA)* fell to an all-time low of 16 percent.

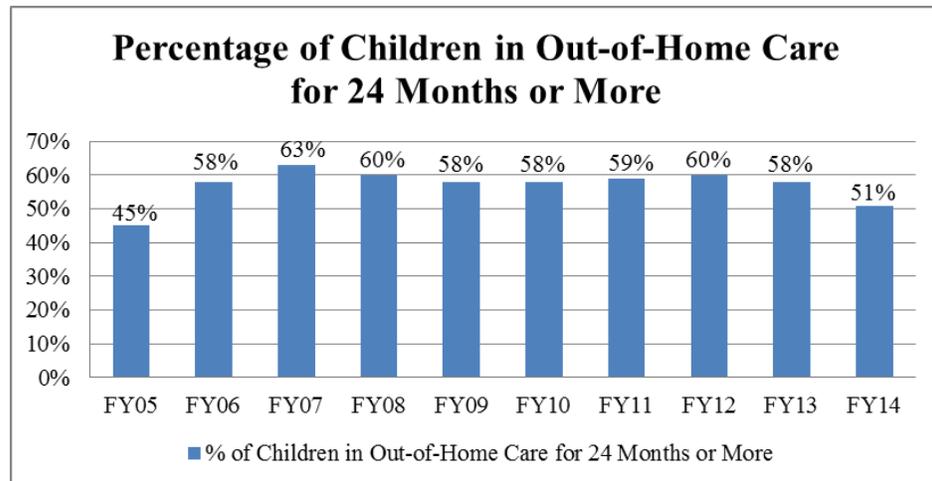
In FY 2014, entry of District children into foster care remained low.

CFSA is maintaining a narrow front door with only 394 children entering care in FY 2014, about 4 percent less than the previous year. This is a 60 percent drop from the 10-year high of 987 entries in FY 2005.



In FY 2014, children in foster care for 24 months or more dropped by 7 percent.

One of the overarching goals for both the federal ASFA and DC ASFA is to reduce the number of children who “languish” in foster care without ever having achieved permanency through one of the three main permanency goals: reunification, guardianship, or adoption.



To offset this trend, CFSA developed the *KinFirst* program in 2012 to focus on early identification of relative placement resources for children at-risk of entering foster care.¹⁹ By the end of FY 2012, the number of children receiving kinship services was 17 percent. By the end of FY 2013, 25 percent of children were receiving kinship services. Although the percentage dropped slightly in FY 2014 to 22 percent, this percentage decrease can be attributed to the reduction in actual number of out-of-home clients, hence the number of referrals for the past fiscal year. The success of the *KinFirst* program has also extended to expediting permanency for children who have been in a long-term placement (more than 24 months). For example, by the end of FY 2014, 51 percent of children were in foster care for 24 months or more,²⁰ a relatively strong decrease of 7 percent from the end of FY 2013 (see accompanying graph). Commensurate with this significant drop in the out-of-home population, the number of children who entered into this cohort during FY 2013 (174) decreased by 19 percent in FY 2014 (140).²¹

Statistical Analyses

The following tables reflect the status of children on the last day of FY 2014 - September 30, 2014. The tables specifically address information requirements listed in *Appendix A: CFSA Establishment Act of April 2001*.

Information requirement - Total number of children in care, their ages, legal status, and permanency goals

¹⁹ *KinFirst* coordinates the expertise of multiple interagency resources, including CFSA’s Family Team Meeting (FTM) Unit, Diligent Search Unit (DSU), and Kinship Licensing Unit. Collectively, these resources identify and engage family at the earliest possible stages of a case. As a result, the *KinFirst* initiative helps to divert some children from entering care by locating kinship caregivers for those children who must be placed into out-of-home care. The relationship between kinship care and permanency (reunification and guardianship) is well-documented in the Child Welfare Information Gateway Issue Brief, *Family Reunification: What the Evidence Shows*. For a copy of the full report, see https://www.childwelfare.gov/pubPDFs/family_reunification.pdf.

²⁰ In the FY 2008 Annual Public Report, CFSA erroneously reported 68 percent and 63 percent for children in foster care over 24 months during FY 2004 and FY 2005 respectively. Those figures were corrected to 36 percent and 45 percent, respectively, for the FY 2009 report. They have been carried over into this FY 2014 report.

²¹ CFSA’s Placement Services Administration is currently in the process of tracking permanency outcomes directly related to kinship placements. FY 2014 data is preliminary and will therefore be added to the FY 2015 Annual Public Report.

At the end of FY 2014 . . .

A total of 1,112 youth were in out-of-home care, which is an all-time low for the 10 years that CFSA has been publishing the Annual Public Report.

The percentage of older children (ages 15-20) in out-of-home care was 44 percent.

The number of District youth in care with the goal of APPLA continues to be fairly low at 16 percent.

Reunification is the most common permanency goal among all children in foster care.

Children in Foster Care by Age

Point in Time: End of FY 2014

| Age (in years) | # of Children |
|----------------|---------------|
| <1 Year | 35 |
| 1 | 60 |
| 2 | 52 |
| 3 | 45 |
| 4 | 46 |
| 5 | 47 |
| 6 | 51 |
| 7 | 37 |
| 8 | 30 |
| 9 | 26 |
| 10 | 38 |
| 11 | 40 |
| 12 | 32 |
| 13 | 41 |
| 14 | 40 |
| 15 | 66 |
| 16 | 65 |
| 17 | 89 |
| 18 | 75 |
| 19 | 97 |
| 20 | 100 |
| Total | 1,112 |

Children in Foster Care by Permanency Goal

Point in Time: End of FY 2014

| Goal | # of Children |
|---|-------------------|
| Guardianship | 270 |
| Reunification | 367 |
| Adoption | 271 |
| Alternative Planned, Permanent Living Arrangement (APPLA) | 175 ²² |
| Legal Custody ** | 1 |
| Data Unavailable # | 28 |
| Total | 1,112 |

** The goal is custody with the non-custodial parent.
 # Data entry anomalies prevent actual goals from being reflected. The majority of these children have been in care between 6 and 12 months, but their goal of reunification is not reflected in the FACES.NET management information system as "Court Approved". Permanency goals for youth in care for more than 180 days must be "Court Approved" to be validated in FACES.NET reports.

Children in Foster Care by Legal Status

Point in Time: End of FY2014

| Status | # of Children |
|---------------------|---------------|
| Committed | 925 |
| Shelter Care | 111 |
| Administrative Hold | 76 |
| Total | 1,112 |

²² Of the 175 children with the goal of APPLA, 99 percent were from ages of 15 up through 20 years. CFSA practice directly involves this age group in the decision-making process for goal establishment. However, social workers must submit documentation with justification to the CFSA director (or the private agency executive director) for review and signature approval.

Information requirement - Number of children who entered care during the year (by month), their ages, legal status, and primary reasons for entering care

In FY 2014. . .

CFSA experienced a 10-year low in the total number of foster care entries, including a 4 percent reduction from FY 2013.

Every year since 2004, neglect has been the most prevalent causal factor for entries into foster care, even though it dropped by 9 percent in FY 2014. In FY 2014, neglect accounted for 65 percent of all entries, compared to 74 percent in FY 2013.

Unfortunately, physical abuse as a causal factor trended in the wrong direction in FY 2014. Of the 394 entries into care, 23 percent (91 entries) were attributed to physical abuse, compared to 21 percent (86 entries) in FY 2013.



From FY 2013 to FY 2014, parental drug and alcohol abuse increased by 9 and 4 percentage points respectively as causal factors for entries into foster care, compared to a decrease of 5 percentage points for both as causal factors in FY 2013.

Foster Care Entries by Child Age and by Month, FY 2014

| Age | 2013 | | | 2014 | | | | | | | | | Total by age |
|---------------------|------|------|------|------|------|------|------|-----|------|------|------|-------|--------------|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | |
| <1 Year | 7 | 4 | 4 | 2 | 3 | 2 | 9 | 6 | 11 | 3 | 8 | 2 | 67 |
| 1 | 4 | 4 | 1 | 2 | 4 | 2 | 1 | 0 | 2 | 1 | 2 | 4 | 33 |
| 2 | 1 | 2 | 1 | 1 | 2 | 0 | 2 | 2 | 2 | 0 | 3 | 0 | 31 |
| 3 | 3 | 1 | 1 | 2 | 0 | 2 | 3 | 0 | 3 | 3 | 3 | 4 | 15 |
| 4 | 3 | 0 | 3 | 2 | 2 | 3 | 2 | 0 | 1 | 2 | 3 | 2 | 22 |
| 5 | 2 | 0 | 4 | 1 | 1 | 1 | 5 | 1 | 1 | 0 | 2 | 4 | 18 |
| 6 | 1 | 1 | 1 | 2 | 3 | 0 | 5 | 2 | 1 | 3 | 2 | 0 | 19 |
| 7 | 5 | 2 | 0 | 1 | 2 | 1 | 2 | 0 | 1 | 0 | 2 | 1 | 15 |
| 8 | 1 | 0 | 2 | 0 | 4 | 3 | 0 | 0 | 2 | 0 | 2 | 0 | 15 |
| 9 | 3 | 1 | 1 | 0 | 3 | 0 | 3 | 4 | 3 | 1 | 2 | 1 | 18 |
| 10 | 1 | 0 | 5 | 0 | 2 | 0 | 4 | 2 | 3 | 1 | 1 | 0 | 20 |
| 11 | 1 | 2 | 1 | 1 | 2 | 0 | 2 | 0 | 1 | 1 | 3 | 0 | 13 |
| 12 | 0 | 0 | 1 | 3 | 1 | 1 | 5 | 0 | 1 | 0 | 3 | 1 | 23 |
| 13 | 2 | 2 | 1 | 0 | 2 | 3 | 2 | 1 | 2 | 3 | 3 | 3 | 17 |
| 14 | 1 | 2 | 0 | 0 | 1 | 2 | 4 | 0 | 0 | 0 | 1 | 0 | 16 |
| 15 | 0 | 0 | 2 | 1 | 2 | 4 | 2 | 0 | 3 | 0 | 2 | 3 | 18 |
| 16 | 3 | 0 | 3 | 0 | 2 | 0 | 5 | 0 | 6 | 3 | 0 | 0 | 18 |
| 17 | 1 | 0 | 2 | 0 | 1 | 4 | 3 | 1 | 3 | 2 | 6 | 3 | 25 |
| 18+ * | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Total by mo. | 40 | 21 | 33 | 18 | 37 | 28 | 59 | 19 | 46 | 23 | 48 | 29 | 394 ** |

* The two 18+ youth had been living with a parent under court-ordered protective supervision following a stay in foster care. During the reporting period, their respective protective supervision arrangements disrupted and they re-entered foster care.

** CFSA actually placed 394 unique children in FY 2014.

Foster Care Entries by Legal Status and by Month, FY 2014

| Status | 2013 | | | 2014 | | | | | | | | | Total by status |
|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------------|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | |
| Administrative Hold | 36 | 21 | 23 | 15 | 24 | 19 | 41 | 15 | 40 | 15 | 29 | 18 | 293 |
| Commitment | 0 | 0 | 9 | 0 | 3 | 6 | 4 | 3 | 2 | 1 | 1 | 2 | 31 |
| Shelter Care | 2 | 0 | 1 | 2 | 9 | 1 | 7 | 1 | 2 | 3 | 15 | 6 | 49 |
| Data Unavailable # | 2 | 0 | 0 | 1 | 1 | 2 | 7 | 0 | 2 | 4 | 3 | 3 | 25 |
| Total by month | 40 | 21 | 33 | 18 | 37 | 28 | 59 | 19 | 46 | 23 | 48 | 29 | 394* |

Data entry errors prevent actual legal status from being reflected. These 25 children should be evenly distributed among all legal status types.

* CFSA actually placed 394 unique children in FY 2014, but three of these children entered, exited, and re-entered out-of-home placement during the year.

| Primary Reason for Entry into Foster Care, FY 2014 | Number of Placements in which Primary Reason was a Factor* |
|--|--|
| Drug Abuse (Child) | 1 |
| Relinquishment | 2 |
| Abandonment | 5 |
| Inadequate Housing | 5 |
| Voluntary ** | 9 |
| Sexual Abuse (Alleged/Reported) | 11 |
| Alcohol Abuse (Parent) | 13 |
| Death of Parent(s) | 13 |
| Child's Behavior Problem | 16 |
| Caretaker ILL/ Unable to Cope | 21 |
| Incarceration of Parent(s) | 33 |
| Drug Abuse (Parent) | 53 |
| Physical Abuse (Alleged/Reported) | 91 |
| Neglect (Alleged/Reported) | 255 |

*Children may have multiple primary reasons for entering care. CFSA actually placed 394 unique children in FY 2014.

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



Information requirement - Number of children in care for 24 months or longer by length of stay in care, including length of stay by permanency goal, number of children who became part of this class during the year, and ages and legal status of these children

In FY 2014 . . .

- Of all District children in care, 51 percent had been in care for 24 months or more, a decrease from 58 percent in FY 2013.
- CFSA’s efforts to reduce the number of youth with the goal of APPLA have paid off. From 52 percent in FY 2008 to only 27 percent at the end of FY 2014, APPLA goals are down 25 percent.
- The goal of *guardianship* among youth has increased from 27 percent in FY 2013 to 34 percent in FY 2014. Exits to guardianship increased by 39 percent from 139 in FY 2013 to 193 in FY 2014.
- Only 140 youth, or 13 percent of the population of children in foster care, reached or passed the 24-month mark in care during FY 2014. Although this percentage has remained constant since FY 2013, it is still the lowest number to enter into this cohort in 7 years.

| Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay | | | | | |
|--|------------------------------------|-------|-------|-----|----------------|
| Point in Time: End of FY 2014 | | | | | |
| Goal | Length of Stay in Months (FY 2013) | | | | Total Children |
| | 24-35 | 36-47 | 48-59 | 60+ | |
| Guardianship | 48 | 42 | 29 | 74 | 193 |
| APPLA | 12 | 17 | 20 | 94 | 143 |
| Adoption | 48 | 23 | 37 | 66 | 174 |
| Reunification | 28 | 8 | 4 | 9 | 49 |
| Data Unavailable # | 4 | 3 | 0 | 1 | 8 |
| Total Children | 140 | 93 | 90 | 244 | 567 |

Data entry errors prevent actual permanency goals from being reflected. These permanency goals should be evenly distributed among the other categories in this table.

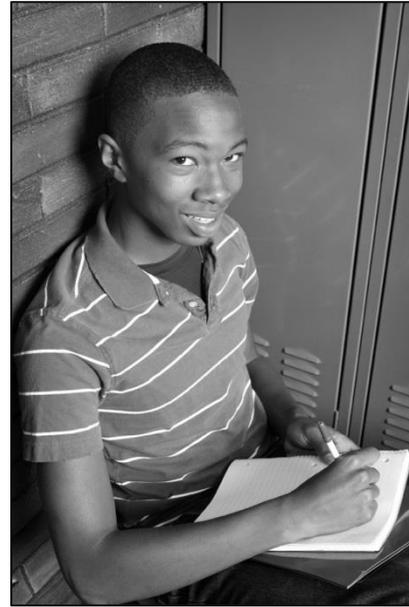


District Children Who Became Part of This Class in FY 2014 by Age and Length of Stay

Key: ■ Children who entered class in FY 2014

| Age (in years) | Length of Stay in Months (FY 2014) | | | | Total Children |
|-----------------------|------------------------------------|-------|-------|-----|-------------------|
| | 24-35 | 36-47 | 48-59 | 60+ | |
| 2 | 9 | 0 | 0 | 0 | 9 |
| 3 | 8 | 4 | 0 | 0 | 12 |
| 4 | 11 | 4 | 6 | 0 | 21 |
| 5 | 9 | 3 | 5 | 1 | 18 |
| 6 | 9 | 5 | 7 | 2 | 23 |
| 7 | 4 | 5 | 3 | 4 | 16 |
| 8 | 9 | 0 | 1 | 6 | 16 |
| 9 | 5 | 3 | 1 | 2 | 11 |
| 10 | 5 | 5 | 4 | 4 | 18 |
| 11 | 4 | 3 | 2 | 4 | 13 |
| 12 | 3 | 3 | 1 | 6 | 13 |
| 13 | 7 | 5 | 6 | 3 | 21 |
| 14 | 6 | 1 | 3 | 10 | 20 |
| 15 | 6 | 8 | 6 | 12 | 32 |
| 16 | 6 | 8 | 11 | 13 | 38 |
| 17 | 11 | 9 | 7 | 21 | 48 |
| 18 | 12 | 6 | 3 | 35 | 56 |
| 19 | 10 | 10 | 8 | 55 | 83 |
| 20 | 6 | 11 | 16 | 66 | 99 |
| Total Children | 140 | 93 | 90 | 244 | 567 |

Note: Age is calculated as of September 30, 2014.



District Children Who Became Part of This Class in FY 2014 by Legal Status and Length of Stay

Key: ■ Children who entered class in FY2014

| Goal | Length of Stay in Months (FY 2014) | | | | Total Children |
|-----------------------|------------------------------------|-------|-------|-----|-------------------|
| | 24-35 | 36-47 | 48-59 | 60+ | |
| Commitment | 129 | 87 | 88 | 243 | 547 |
| Shelter Care | 3 | 5 | 2 | 1 | 11 |
| Administrative Hold | 8 | 1 | 0 | 0 | 9 |
| Total Children | 140 | 93 | 90 | 244 | 567 |

Information requirement - Number of children who exited care by month, number of children in this class who had been in care for 24 months or longer, ages and legal status of these children, and reasons for their exit from care

In FY 2014 . . .

- A total of 597 children exited from foster care; 19 percent did so within 8 months of entry.
- Only 6 percent of exits occurred within 1 month of entry, the same as in FY 2013. This is a dramatic improvement from the past when, for example, 23 percent of exits occurred within 1 month of entry in FY 2010.
- Thirty-one percent of children (188) exited to return to their birth families. There were also 163 exits to guardianship (27 percent).



Exits from Foster Care by Length of Stay and by Month, FY 2014

| Stay (in months) | 2013 | | | 2014 | | | | | | | | | Total by stay |
|-----------------------------|------|------|------|------|------|------|------|-----|------|------|------|-------|---------------|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | |
| <1 | 7 | 2 | 0 | 2 | 5 | 3 | 2 | 1 | 3 | 1 | 7 | 3 | 36 |
| 1-4 | 1 | 5 | 3 | 4 | 4 | 3 | 4 | 3 | 7 | 4 | 6 | 5 | 49 |
| 5-8 | 4 | 1 | 4 | 0 | 2 | 1 | 7 | 0 | 3 | 5 | 1 | 3 | 31 |
| 9-12 | 5 | 2 | 0 | 6 | 2 | 4 | 1 | 6 | 0 | 2 | 2 | 2 | 32 |
| 13-23 | 11 | 4 | 11 | 9 | 2 | 5 | 8 | 2 | 2 | 12 | 8 | 11 | 85 |
| 24+ | 36 | 59 | 42 | 29 | 20 | 28 | 31 | 19 | 46 | 23 | 14 | 21 | 368 |
| Total exits by month | 64 | 73 | 60 | 50 | 35 | 44 | 53 | 31 | 61 | 47 | 38 | 45 | 597* |

*A total of 601 exited care but 597 of those were unique counts of youth who exited care in FY 2014. Four children exited care, returned to foster care, and exited again within the reporting period.

Exits from Foster Care by Age and by Month, FY 2014

| Age (in years) | 2013 | | | 2014 | | | | | | | | | Total by age |
|-----------------------------|------|------|------|------|------|------|------|-----|------|------|------|-------|--------------|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | |
| <1 | 0 | 2 | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 2 | 9 |
| 1-5 | 19 | 18 | 12 | 12 | 8 | 13 | 9 | 7 | 12 | 11 | 16 | 11 | 145 |
| 6-12 | 19 | 30 | 19 | 13 | 16 | 9 | 14 | 13 | 19 | 17 | 10 | 21 | 199 |
| 13-15 | 4 | 5 | 5 | 10 | 1 | 4 | 7 | 1 | 5 | 7 | 4 | 2 | 55 |
| 16-18 | 7 | 6 | 7 | 3 | 3 | 3 | 6 | 3 | 9 | 3 | 1 | 2 | 53 |
| 19+ | 15 | 12 | 17 | 11 | 7 | 15 | 14 | 7 | 16 | 9 | 6 | 7 | 136 |
| Total exits by month | 64 | 73 | 60 | 50 | 35 | 44 | 53 | 31 | 61 | 47 | 38 | 45 | 597* |

*A total of 601 exited care but 597 of those were unique counts of youth who exited care in FY 2014. Four children exited care, returned to foster care, and exited again within the reporting period.

Note: Age is calculated as of the date child left care.

Exits from Foster Care by Legal Status and by Month, FY 2014

| Status | 2013 | | | 2014 | | | | | | | | | Total by status |
|------------------------|------|------|------|------|------|------|------|-----|------|------|------|-------|-----------------|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | |
| Commitment | 52 | 64 | 53 | 41 | 25 | 37 | 41 | 27 | 50 | 41 | 24 | 30 | 485 |
| Administrative Hold | 7 | 4 | 1 | 6 | 5 | 3 | 8 | 3 | 7 | 3 | 9 | 11 | 67 |
| Shelter Care | 5 | 5 | 5 | 3 | 5 | 3 | 3 | 1 | 4 | 3 | 5 | 4 | 46 |
| Protective Supervision | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| Total by month | 64 | 73 | 60 | 50 | 35 | 44 | 53 | 31 | 61 | 47 | 38 | 45 | 597* |

*A total of 601 exited care but 597 of those were unique counts of youth who exited care in FY 2014. Four children exited care, returned to foster care, and exited again within the reporting period.

Exits from Foster Care by Primary Reason and by Month, FY 2014

| Reason | 2013 | | | 2014 | | | | | | | | | Total by reason |
|---|------|------|------|------|------|------|------|-----|------|------|------|-------|-----------------|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | |
| Reunification | 23 | 12 | 16 | 16 | 12 | 13 | 19 | 9 | 11 | 17 | 20 | 22 | 188 |
| Emancipation | 12 | 8 | 14 | 10 | 6 | 12 | 14 | 5 | 14 | 7 | 4 | 6 | 112 |
| Guardianship | 16 | 26 | 19 | 19 | 9 | 11 | 15 | 9 | 20 | 14 | 2 | 3 | 163 |
| Adoption | 10 | 26 | 10 | 4 | 5 | 7 | 5 | 6 | 9 | 6 | 6 | 11 | 105 |
| Living with other relatives | 2 | 1 | 1 | 1 | 2 | 1 | 0 | 0 | 5 | 2 | 6 | 3 | 24 |
| Placement/Custody to be provided by another District Agency # | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 4 |
| Death of Youth | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 3 |
| Total exits by month | 64 | 73 | 60 | 50 | 35 | 44 | 53 | 31 | 61 | 47 | 38 | 45 | 597* |

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

*A total of 601 exited care but 597 of those were unique counts of youth who exited care in FY 2014. Four children exited care, returned to foster care, and exited again within the reporting period.

Information requirement - Number of children who left care by permanency goal, their length of stay in care by permanency goal, number of children whose placements disrupted by placement type, and number of children who re-entered care

Exits from Foster Care by Permanency Goal and by Month, FY 2014

| Goal | 2013 | | | 2014 | | | | | | | | | Total by goal |
|-----------------------|------|------|------|------|------|------|------|-----|------|------|------|-------|---------------|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | |
| Reunification | 24 | 13 | 13 | 16 | 14 | 15 | 19 | 7 | 16 | 15 | 19 | 24 | 193 |
| Guardianship | 17 | 27 | 22 | 19 | 10 | 12 | 17 | 9 | 21 | 14 | 5 | 3 | 174 |
| APPLA | 12 | 8 | 12 | 10 | 4 | 10 | 11 | 5 | 13 | 8 | 4 | 5 | 102 |
| Adoption | 10 | 25 | 10 | 4 | 6 | 7 | 5 | 7 | 9 | 6 | 6 | 12 | 107 |
| Data Unavailable †† | 1 | 0 | 3 | 0 | 1 | 0 | 1 | 3 | 0 | 2 | 1 | 0 | 12 |
| Legal Custody | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 3 | 1 | 9 |
| Total by month | 64 | 73 | 60 | 50 | 35 | 44 | 53 | 31 | 61 | 47 | 38 | 45 | 597* |

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

*A total of 601 exited care but 597 of those were unique counts of youth who exited care in FY 2014. Four children exited care, returned to foster care, and exited again within the reporting period.

Exits from Foster Care by Permanency Goal and Length of Stay, FY 2014

| Goal | Length of Stay in Months (FY 2014) | | | | | | Total Children |
|-----------------------|------------------------------------|-----------|-----------|-----------|-----------|------------|----------------|
| | <1 | 1-4 | 5-8 | 9-12 | 13-23 | 24+ | |
| Reunification | 35 | 45 | 26 | 16 | 39 | 34 | 193 |
| Guardianship | 1 | 2 | 0 | 8 | 21 | 144 | 174 |
| APPLA | 0 | 0 | 0 | 0 | 1 | 101 | 102 |
| Adoption | 0 | 0 | 0 | 3 | 19 | 85 | 107 |
| Data Unavailable †† | 0 | 0 | 5 | 5 | 1 | 1 | 12 |
| Legal Custody | 0 | 2 | 0 | 0 | 4 | 3 | 9 |
| Total Children | 36 | 49 | 31 | 32 | 85 | 368 | 597* |

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

*A total of 601 exited care but 597 of those were unique counts of youth who exited care in FY 2014. Four children exited care, returned to foster care, and exited again within the reporting period.

In FY 2014 . . .

- Children living in traditional foster care were six times more likely to experience a placement disruption than children living with relatives in kinship care.
- Due to fewer children residing in group homes, the ratio of disruption between kinship and group homes may have seemed less than that between traditional foster and kinship homes. Yet, the percentage of disruption was higher for youth in group homes (8 percent) when compared to traditional foster homes (6 percent) and kinship homes (1 percent).
- There was a 20 percent decrease in the number of children who re-entered out-of-home care, compared to FY 2013.

Placement Disruption for Children in Foster Care Report by Placement Type, FY 2014

| Placement Type | Total Clients | Total Clients with Disruptions | Total Disruptions |
|--|---------------|--------------------------------|-------------------|
| Foster Homes (Kinship) | 479 | 7 | 7 |
| Foster Homes (Pre-Adoptive) | 118 | 2 | 2 |
| Foster Homes (Specialized) | 37 | 8 | 10 |
| Foster Homes (Therapeutic) | 391 | 84 | 111 |
| Foster Homes (Traditional Foster Family Emergency (STAR Home)) | 40 | 4 | 4 |
| Foster Homes (Traditional) | 670 | 41 | 41 |
| Group Settings (Group Homes) | 118 | 10 | 10 |
| Group Settings (Independent Living) | 99 | 7 | 7 |
| Group Settings (Residential Treatment) | 51 | 0 | 0 |
| Other (Developmentally Disabled) | 5 | 0 | 0 |
| Other (Not in Legal Placement) | 57 | 2 | 2 |
| Other (Substance Abuse Services (Non Paid)) | 3 | 0 | 0 |
| Total | 1660 | 152 | 194 |

It is important to note that while CFSA attempted to maintain the placement stability of all foster children, planned placement changes sometimes occurred specifically to further a child's progress to permanency. Other times, unplanned changes occurred due to crises or unforeseen circumstances. These changes were required to secure a more stable living environment for the child.

In FY 2014, CFSA updated the Agency's policy definition of "placement disruption" in addition to revising how FACES.NET captured planned and unplanned moves. The following scenarios define "placement disruptions" and thereby require a comprehensive placement assessment and *disruption staffing*:

1. Provider is unwilling or unable to care for child.
2. Provider cannot meet the child's behavioral or medical needs.
3. Provider's contract ended and the child moved from their current foster home as a result.

IV. REDUCING THE NUMBER OF CHILDREN IN CARE

Pursuant to CFSA's *Four Pillar Strategic Framework*, strategies to decrease the number of children in care focused first on narrowing the front door to foster care, and secondly on children exiting foster care expeditiously to a permanent home. As a result of this increased focus, the percentage and count of children in foster care decreased substantially between FY 2013 (1,318) and FY 2014 (1,112). This 16 percent decrease (n=206) was a relatively large percentage reflecting the success of the Agency's strategies.

Narrowing the Front Door

CFSA's strategies to decrease the number of entries and re-entries into foster care have been discussed earlier in the report. These specifically include the Differential Response approach (i.e., Family Assessments) and maximization of the title IV-E funds for prevention programs and family stabilization. CFSA also entered into contractual agreements in FY 2014 with providers to extend current services as part of the District's title IV-E waiver. As well, CFSA developed a communication plan to increase social worker awareness of the availability of services, e.g., monthly meetings with the providers to discuss challenges with referrals and possible strategies to address them.

Additional strategies used to narrow the front door included improved engagement of families and the scheduling of pre-removal Family Team Meetings. Further, as noted, CFSA contracted with the Collaboratives to provide families in their neighborhoods and communities with access to a range of services geared toward mitigating abuse and neglect risk factors, building familial capacity to care for children, promoting family stability and self-sufficiency, and ultimately keeping children safe in their homes and out of the foster care system. By providing a series of diverse family assistance, education and support services, and interventions, CFSA was able to divert more formal involvement with the child welfare system.

Exits to Positive Permanency

In FY 2014 there were 601 exits of children in foster care. Of those, 482 (80 percent) were to positive permanency (i.e., reunification/living with other relatives, adoption, and guardianship). The remaining exits were older youth exiting to self-sufficiency with at least one adult serving as a lifelong connection to support the youth's ongoing progress.

CFSA examined its progress in securing permanency for children by measuring the following two outcomes: (1) children had permanency and stability in their living situations, and (2) the continuity of family relationships was preserved for children. In order to ensure that every child exited foster care as quickly as possible to a well-supported family environment or lifelong connection, CFSA provided families with ongoing support after positive permanency was achieved. Support was conscientiously tailored to maintain stability and to reduce the likelihood that the child would re-enter the system.

V. EVALUATION OF SERVICES AND NEW SERVICE PROGRAMS FOR FY 2015

Throughout FY 2014, CFSA continued its successful partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives) for providing many services. Each of the five Collaboratives is strategically located in different neighborhoods throughout the District where larger numbers of families have historically had greater contact with the child welfare system. In addition to services identified under **Section II: Implementation of ASFA (# 4 Services for Timely Reunification and # 5 Adoption Services)**, CFSA contracted with the Collaboratives to provide families in their communities with access to a range of services that fall within four overarching service categories:

- ◆ Family Supportive Services – these services included but were not limited to emergency assistance, crisis intervention, parent education and training, and fatherhood engagement.
- ◆ Co-location of 10 CFSA in-home units in the Collaborative communities for cases that were open with the Agency but did not involve a home removal – CFSA continued to utilize a distinct teaming approach with Collaborative services that maintained co-location of staff but supplemented case management through reviews by the RED teams.
- ◆ Youth Aftercare Services – CFSA provided intensive case management services to youth before, during, and immediately after their transition from the foster care system. After a youth transitioned from foster care, the youth was still eligible for aftercare services for 2 calendar years. Services were provided by CFSA’s contracted partnership with the Collaboratives as well as CASA of DC.²³ Services included assistance in the search for stable housing, ongoing life skills development, employment or vocational guidance, etc.
- ◆ Community Capacity Building – This category encompassed a range of efforts on the part of Collaborative staff and their community partners to strengthen and expand the neighborhood resources available to community residents. Capacity building included improved collaborations among neighborhood service providers, and an improved ability of communities to develop various issue-based activities and initiatives. Services may have been funded through the waiver.

Collaborative services were available to families who were referred by CFSA and to those who self-referred or were referred through the assistance of other third-party agencies. This ongoing collaboration of service delivery remained a critical part of the family support infrastructure in the District. It provided the crucial opportunity for families to have universal access to services in their communities.

In addition to the Collaboratives, CFSA continued to partner directly with community-based providers to develop a continuum of preventive services for at-risk children and families. Efforts included primary prevention programming through grant-funded programs under the Grandparent

²³ Court Appointed Special Advocates (CASA) for Children of DC is a volunteer-driven organization that advocates for abused and neglected youth in the nation’s capital. Each year, CASA DC serves approximately 200 youth in the District of Columbia foster care system through the CASA program.

Caregiver Program, the Parent Education and Support Project (PESP), Home Visitation, and also through collaboration with the DC Children's Trust Fund (DCCTF).

The role of DCCTF is to use public education, technical assistance, and targeted funding to strengthen families and protect children from abuse and neglect. DCCTF also established the Center for Excellent Parenting & Communities to address the training needs of parents. The Center focuses on three broad categories: (1) parent education, (2) parent support, and (3) community awareness.

To ensure efficacy of these and other contractual partnerships, CFSA and its grantees focused on programmatic evaluations to determine the impact of services. Grantees were responsible for monitoring and evaluating program activities, including a review of the appropriateness, quality, and timeliness of each service. Additionally, grantees monitored and evaluated achievement of program objectives, reporting back to CFSA.

To evaluate the programs receiving funds from the title IV-E waiver funds (i.e., PESP, Project Connect, Home Visitation, and Community Capacity), CFSA contracted with an independent consultant to develop an evaluation that would assess the services. Although the plan was approved in June 2014, and implementation started shortly thereafter, evaluation results are still preliminary. CFSA expects to provide concrete data for the FY 2015 report.

With regard to licensure for foster, adoptive, and kinship parents, CFSA bolstered its licensure processes and its recruitment efforts by introducing the Structured Analysis Family Evaluation (SAFE) modality. This new modality has increased the efficiency for timely completion of home studies while at the same time enhancing the quality of the home study itself. SAFE provided unique information-gathering tools, as well as analytical tools and procedures that produced an in-depth, concise, and comprehensive report surpassing the parameters of a traditional home study. The end result remains a uniform home study report that not only contains factual descriptive and identifying information about an applicant but also contains a comprehensive psychosocial evaluation that identifies specific family strengths and addresses issues of concern. The SAFE home study also continued to enhance the child placement process by incorporating these same details into the placement decision-making process.

New Service Programs for FY 2015

A brand new service being introduced in FY 2015 is the *Safe Families for Children* program funded through the title IV-E waiver monies. This program provides a secure, temporary home (average length of stay is 6 weeks) for children whose parents are in a crisis situation. Parents maintain full custody while volunteer "respite" families are extensively screened prior to their involvement. The program is available to children ages 0-18 years, including teen parents.

Many of the service programs utilized by CFSA throughout the last year are demonstrating robust outcomes, based on the decrease of children coming into care and the increase of families receiving in-home services (see [Section III: Statistical Analysis of Cases](#)). Many of the following services were established in FY 2014 and will continue into FY 2015:

- ◆ **Parent Education and Support Project (PESP)** – As noted earlier, PESP provided in-home visitation, classroom education, and support services specifically geared toward equipping parents with tools and strategies to keep children safe and to nurture and promote healthy development and academic achievement.
- ◆ **Father-Child Attachment Program** – This program was designed to help fathers forge lasting bonds with their children in order to improve child development outcomes. Program goals included increasing protective factors specifically by improving non-custodial father/custodial mother relationships and interactions.
- ◆ **Home Visitation** – CFSA awarded multi-year grants to two community-based organizations that provide voluntary, intensive home-visiting services for up to 150 families. Families

served may have had histories of trauma, intimate partner violence, and mental health or substance abuse issues. Services began prenatally or shortly after the birth of a baby and continued through the child's 5th birthday.

- ◆ **Parent and Adolescent Support Services (PASS)** – In 2013, CFSA and the Department of Human Services (DHS) entered into a Memorandum of Understanding to support expansion of the DHS Parent Adolescent Support Service (PASS). The PASS program was a voluntary program open to families of District youth ages 10-17 who have committed a “status offense”, e.g., truancy, running away, curfew violations, and extreme disobedience. PASS worked cooperatively with families and service providers to reduce these challenging behaviors before child welfare or juvenile justice intervention was needed. PASS also followed up with a family after case closure (at one and six months) to see if the success was maintained and if the family could benefit from any additional support.
- ◆ **The Family Treatment Court Program (FTC)** - FTC has traditionally been a CFSA-funded voluntary residential substance abuse treatment program that was coordinated and supervised by the Family Court for CFSA-referred women with dependent children who were the subject of a child neglect case. Recently (in the first quarter of FY 2014), FTC was expanded to include fathers as well as non-residential treatment options. This expansion is supported and funded by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP). With the OJJDP funding, FTC was able to employ dedicated recovery specialists who work with clients in the various treatment modalities to ensure that client interventions are individualized and appropriate. It should be noted that FTC's expansion did reduce the numbers reported for FY 2014 but these numbers are expected to increase as the program continues forward into FY 2015. For FY 2014 there were 12 participants (11 women and 1 man. Again, as a result of the new FTC redesign, the cases remain court-involved and therefore no client has actually completed the program. However, four of the clients have been successfully reunified with their children even though their children continue to receive in-home services. One of the clients will be reunified with her child by the completion of this report, totaling five successful reunifications. CFSA will continue to focus on referrals to this program moving forward into FY 2015.

VI. EVALUATION OF AGENCY PERFORMANCE

Office of Agency Performance

In order to evaluate the overall outcomes of the Agency and its contracted partners, the Office of Agency Performance (OAP) took responsibility for oversight of the collection and submission of quantitative data that reflected CFSA's ongoing progress towards achievement of the mandated *LaShawn Implementation and Exit Plan* (IEP) standards.²⁴ Serving as the liaison between CFSA and the Center for the Study of Social Policy (CSSP), OAP ensured that the Agency met these IEP standards, as well as the Agency's internal benchmarks and other child welfare measures.²⁵

²⁴ As noted earlier in the document, the American Civil Liberties Union (later Children's Rights, Inc.) filed the *LaShawn A. v. Barry* lawsuit in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. Today, the District is working to meet all requirements of an Implementation and Exit Plan (IEP) negotiated in December 2010, so that the federal court system will return control of local child welfare to the city. The 2010 IEP includes (1) Outcomes to be Achieved (Section I), (2) Outcomes to be Maintained (those requirements where the District of Columbia's current performance meets proposed exit requirements) (Section II), (3) Sustainability and Exit (Section III), (4) and the 2010-2011 Strategy Plan (action steps to achieve the outcomes) (Section IV). Citations from federal law, District of Columbia law and regulations, the Modified Final Order (MFO), and CFSA policy are included.

²⁵ CSSP is the Court Monitor for Agency compliance with the standards set forth by the IEP.

To do so, OAP assigned specific staff to work closely and collaboratively with all program areas. OAP also provided the following support to management and staff working toward the common goal of improving child welfare practice outcomes:

- ❖ Assisting in the validation of quantitative data (both manually and via FACES.NET)
- ❖ Conducting in-depth, monthly data analyses specific to performance measures
- ❖ Compiling and analyzing educational neglect data as required by the District of Columbia Truancy Task Force
- ❖ Facilitating bi-monthly meetings to assess IEP progress²⁶
- ❖ Providing data-driven decision-making guidance to Agency leadership
- ❖ Sharing trends in Agency performance across Agency administrations through monthly management team meetings and other Agency forums
- ❖ Participating in joint case reviews with CSSP in order to document progress on IEP standards

The Quality Improvement (QI) division of CFSA's Office of Planning, Policy, and Program Support (OPPPS) was responsible for monitoring and communicating the status of qualitative factors through CFSA's data collection tools. Both internal and external stakeholders reviewed and evaluated Agency performance to develop strategies for improvement. QI also advised senior management regarding performance and the effectiveness of case practice and service provision. No less than quarterly, OAP and QI provided face-to-face feedback to CFSA managers and contracted agency staff. During these meetings, both CFSA and private agency managers discussed strategic approaches to the challenges raised.²⁷

Bi-Annual Needs Assessment

CFSA recognizes a second element of performance evaluation that is challenging to qualify: the general experience of stakeholders and the children and families served by the child welfare system. In response, every 2 years, CFSA has completed the comprehensive, Agency-wide *Needs Assessment* to evaluate current and projected out-of-home placements and support services within the context of helping children to achieve their permanency goals. The *Needs Assessment* has acted as a self-evaluation tool for the Agency and offers insights into the experience of out-of-home care from the multiple perspectives of age-appropriate children, families, foster parents, private agencies, and social workers. These insights have been combined with statistical analyses of placement and other data to identify needs that presently exist or may exist in the future if appropriate interventions are not put in place. The *Needs Assessment* has also examined services and resources necessary to prevent entry or re-entry into foster care, as well as supports and resources needed for children to be more stable in their placements. Most importantly, it has sought to identify placement-related factors that support or hinder achievement of permanency goals for children in care.



In 2013, CFSA completed its most recent *Needs Assessment* which identified positive permanency outcomes such as an increase in family stabilization services, a reduction in the overall time that children remain in out-of-home care, and the projection that the overall number of children placed in out-of-home care will continue to decline. Moreover, the document identified

²⁶ Attendees at OAP bi-monthly meetings include CSSP, Office of the General Counsel, CFSA's Child Information Systems Administration, Office of Program Operations, and the Office of Planning, Policy, and Program Support.

²⁷ Additional information on CFSA's Continuous Quality Improvement Plan is provided in Appendix C.

challenges such as an increase in guardianship disruptions, revealing a need to explore the causes behind the disruptions and possible solutions. In FY 2014, CFSA used the findings from the *2013 Needs Assessment* to build upon strategies that have already proven successful while identifying possible solutions to address challenges to placement stability and overall permanency (see *Section V: Evaluation of Services and New Service Programs for FY 2015*).

Resource Development Plan (RDP)

The *Needs Assessment* and RDP have been complementary documents insofar as the findings and recommendations of the former have allowed the latter to detail the Agency's intent to effectively allocate and plan resources according to practice and placement needs. The RDP has been designed to organize and establish the agenda for service development priorities that most closely reflect the results and client needs identified through the previously-mentioned quantitative and qualitative assessments. On a yearly basis, RDP updates are completed in the context of the significant tasks the Agency has committed to achieving, including the following priority areas for 2014:

- Ongoing implementation of the *Four Pillar Strategic Framework* and Agency strategic plan
- Ongoing implementation of kinship strategy to increase placement of children with kin and to expedite kin licensure
- Review of children in congregate care and identification of youth who can be moved to a family-based or less restrictive setting
- Finalization of placement contracts for FY 2015

Quarterly Quality Assurance (QA) Trend Analysis Report

CFSA's Quality Assurance (QA) division tracked, monitored, and analyzed trends by using data collection tools. These tools related to Agency performance outcomes and a variety of service delivery indicators. In addition, on a quarterly basis, the QA published the results in the *Quarterly QA Trend Analysis Report*.

The primary goal of the *Trend Analysis Report* was to provide a comprehensive picture of the patterns and trends gleaned from the reviews and research conducted by QA staff during each quarter. The primary objective was to interpret and communicate the qualitative and quantitative information that has been collected.

Items and concerns included in this report were based on one or more of the following criteria:

- ◆ QA observed the issue or phenomenon on a significant number of cases.
- ◆ The same issue was identified in more than one unit or private agency.
- ◆ The issue may not have appeared frequently but presents a significant risk factor.
- ◆ There was an observable increase or decrease in the statistical information over the course of the quarter.
- ◆ There was no positive movement on an indicator despite significant efforts.
- ◆ Management determined that the issue requires regular monitoring.

The report was intentionally flexible in both length and format, as it needed to be responsive to changing needs, interests, and priorities. Outcome measures were categorized according to the Agency's *Four Pillar Strategic Framework* as well as elements from the CFSA *Practice Model*.

As part of the dissemination process, QA staff met with program staff to highlight particular trends and themes in the data. Jointly, the QA and program staff identified the recommendations or action steps needed to address the findings. Action steps included a preliminary draft report, meeting with staff to share findings and gather feedback, revisions to the report, and then finalization and dissemination of the report. Over the subsequent quarter, the QA staff continued to collect information and provide feedback on the changes so that when the next trend report is

released, staff will be able to see what impact their changes have actually had on practice. Although the FY 2014 has not yet been published as of the writing of this report, early indications include the following highlights:

- ❖ Reviewers noted that CPS investigations were increasingly linking families to services.
- ❖ Competing adoption petitions were delaying permanency.²⁸
- ❖ Despite a one-quarter drop, there was an increase in Agency compliance with entering race and ethnicity data in FACES.NET.
- ❖ Some Hotline staff members needed to improve their customer service skills.

Each of the above highlights will be examined by program staff upon the publication of the report.

Child Protective Services Hotline

Each month, recordings of at least five randomly-selected Hotline calls were reviewed and evaluated by QA staff, according to the following domains:

- ◆ Customer Service
- ◆ Reporter and Child Information
- ◆ Caregiver and Household Information
- ◆ Safety and Risk Information
- ◆ Assessment and Supervisory Consultation

Selection was based on calls that have been previously evaluated and rated by the Hotline worker's supervisor. The review process provided a uniform assessment of Hotline worker practice and efficiency while simultaneously evaluating the efficacy of the supervisory quality control process.

Differential Response (DR)

Described under **# 3 Timely Investigations**, the DR model allowed for CFSA to tailor its responses to Hotline calls. CFSA's QA division was directly involved with evaluating outcomes for DR in the District. Quarterly, QA conducted an evaluation of the Family Assessment (FA) path for clients, generally including an evaluation of 15 recently closed FAs. The evaluation process comprised three phases and includes the following tools: (1) the FA Employee Satisfaction Survey, (2) the FA Evaluation, and (3) the Family Exit and Satisfaction Tool. In 2013, the QA unit reviewed 32 FAs and interviewed those families who had recently been involved with the FA program. However, in 2014, CFSA suspended these reviews in deference to a new contract with the Institute of Applied Research (IAR), a child welfare consulting group based out of Missouri. CFSA hired IAR to conduct an external review of the FA program.

Child Fatality Reviews (CFR)

The District has a two-tiered process for evaluating practice performance in regards to child fatalities: (1) a micro-level review specific to internal cases and (2) a macro-level review that includes the District government at large.

Micro-Level Reviews

CFSA's internal CFR process focused only on cases that have had CFSA-involvement within 4 calendar years preceding the child's death. This process included the opportunity for staff to conduct an honest and open discussion of the system's involvement with the child and family, specifically for learning and system improvement. Recommendations regarding policy, training,

²⁸ Although it is not always the case, there are instances where more than one party will petition for adoption of the same child. These competing petitions require more time in order for CFSA and the Family Court to determine the best interest of the child.

documentation, or other issues made by participants were recorded, collected, and shared with Agency management as well as other individuals for follow up as needed. When applicable, observations and recommendations from the CFR were elevated to senior leadership for immediate attention, in addition to being included in the above-cited *Quarterly QA Trend Analysis Report*. Data from this report were also included in the annual *Child Fatality Report*, which detailed fatality trends, findings, and recommendations.

Macro-Level Reviews

Under the direction of the Office of the Chief Medical Officer, the macro-level, citywide Child Fatality Review Committee (CFRC) comprised multi-disciplinary representatives from public and private agencies in the field of education, health, mental health, human services, jurisprudence, law enforcement, and public safety. Participants met monthly to identify broad systemic issues that influence child fatalities. Based on these meetings, CFRC issued an annual report of citywide statistics and recommendations. Each respective agency reviewed the recommendations and reports back on the action steps taken.

Multidisciplinary Team Consultations (MDTCs)

Multi-disciplinary team consultation (MDTC) is a voluntary, confidential meeting (or staffing) that provided CFSA and private agency social workers, supervisors, and program managers with a venue to discuss and evaluate challenging, individual cases that have not been selected for other QA processes. Although these staffings may have complemented other existing meetings such as a Family Team Meeting, they were not intended to replace other meetings.

In preparation for an MDTC, QA staff invited professionals with expertise appropriate to the consultation (e.g., clinical, legal, medical, and other professional colleagues). QA also facilitated the scheduling of the meeting. Participants generally included program staff, clinical or medical staff (such as those responsible for substance abuse treatment or domestic violence resources), representatives from placement resources, and legal staff, if needed. On rare occasions, family members or the cognitively age-appropriate child were invited.

Based on the MDTC summaries, non-identifying information related to the challenges reported by casework staff was incorporated into the *Quarterly QA Trend Analysis Report*. This approach allowed the process to remain confidential and supportive for individual social workers while still providing the Agency with current evaluative information about performance challenges facing front-line program staff.

VII. RECOMMENDATIONS FOR ADDITIONAL LEGISLATION OR SERVICES

CFSA's focus for FY 2014 was to create legislation to support Agency efforts in keeping families together, enhancing service delivery to children in foster care, and amending administrative rules and regulations in accordance with laws passed in the District of Columbia. Two pieces of legislation were under consideration in FY 2014: (1) *Grandparent Caregiver Subsidy Transfer Amendment Act 2014* and (2) Foster Youth Statement of Rights & Responsibilities Final Rulemaking.

The first legislation was specific to the Grandparent Caregivers Program (GCP). GCP was established by local legislation to support low-income District residents raising their grandchildren, great-grandchildren, great-nieces, or great-nephews. Previously, to be eligible for a GCP monthly subsidy, an applicant must have been the qualifying child's primary caregiver—and have had that child living in the home—for the previous 6 consecutive months. This requirement helped to ensure that subsidies would be used as the law intended: to help an intergenerational relative who

has stepped in and committed to the primary caregiver role for the child long-term.

CFSA has encountered cases where the eligible caregiver has become unable to provide care to the child due to death or failing mental and physical health. When that happened, the child was left without an able caregiver and was at risk of entering foster care. To address this circumstance, CFSA with the support of the Mayor and City Council proposed an amendment to the law modifying the GCP. The Grandparent Caregivers Program Subsidy Transfer Emergency Amendment Act of 2014, now law, has allowed CFSA to transfer the subsidy from the eligible caregiver to another relative who did not meet the initial GCP requirements but was willing to care for the child.

The Grandparent Caregivers Program Subsidy Transfer Emergency Amendment Act of 2014 aligned with CFSA’s Four Pillars Strategic Framework in keeping children out of foster care when their extended family could care for them with additional support. It also improved stability for children when circumstances meant that a family had to make a change in the primary caregiver but wanted to continue caring for the child. For low-income families, this subsidy was the difference between fulfilling their commitment and being unable to afford to do so.

In regards to the Foster Youth Statement of Rights & Responsibilities Final Rulemaking, these proposed rules would update the DC Municipal Regulations (DCMR) as required under the “Foster Care Youth Statements of Rights and Responsibilities Amendment Act of 2012” (DC Law 19-276). This Act requires the Mayor to update DCMR to incorporate existing rights for youth in foster care provided by any federal or local law, administrative issuances, or other policy documents. These rules will affect the ways in which CFSA disseminates information to children in foster care in the District of Columbia as well as any future foster child.

CFSA efforts have included submission of the final rulemaking to the Executive Office of the Mayor for review prior to the publication of the final rulemaking in the DC Register. All rules must be adopted in accordance with a public process which ensures public notice and opportunity to comment. In developing rules for this law, CFSA was a part of work group which included child welfare advocates, youth, and government officials.

The following table summarizes the actions needed and justification for both pieces of legislation:

| Law/Regulation | Action | Purpose/Justification |
|--|---------------|--|
| Grandparent Caregiver Subsidy Transfer Amendment Act 2014 | Amend Law | To allow the Grandparent Caregivers Program (GCP) subsidy to be transferred to another relative who is related to the child by blood, marriage, domestic partnership, adoption, or is a godparent of the child, and is willing to be the permanent caregiver. The transfer of the GCP subsidy will help divert children from entering foster care, and will support families remaining intact. |
| Foster Youth Statement of Rights & Responsibilities Final Rulemaking | Amend Rule | The Foster Youth Statements of Rights and Responsibilities Amendment Act (DC Law 19-276) requires the Mayor to incorporate existing rights (29 DCMR §§ 6004, 6203, and 6303) for foster children and new rights as specified in the legislation in one document. |

VIII. THE DISTRICT OF COLUMBIA MAYOR'S ADVISORY COMMITTEE ON CHILD ABUSE AND NEGLECT (MACCAN)

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) was first established under the administration of Mayor Marion Barry, pursuant to the *Mayor's Order 1988-262*. Alongside advice on the protection of abused and neglected children, MACCAN's stated purpose was to offer advice on the prevention and treatment of child abuse and neglect. In addition, MACCAN was charged with the following seven major functions:

1. Promote public awareness of programs and advise on public concerns relating to child abuse and neglect in the District of Columbia.
2. Assist in improving services and in coordinating the activities of public and voluntary agencies concerned with the prevention and treatment of child abuse and neglect.
3. Study and make appropriate recommendations with respect to needs assessments, proposals, policies and legislation, and on the annual report on the implementation of the Child Abuse Prevention and Treatment Act of 1977.
4. Advise on standards for staff qualifications, caseload levels, and supervisory requirements for agencies involved in the District's handling of abused and neglected children and their families.
5. Serve as the Multidisciplinary Task Force for the purpose of the Children's Justice Act Grants under Public Law 100-294, the Child Abuse Prevention and Treatment Act of 1988.
6. Issue an annual report on its activities.
7. Undertake other duties as may be assigned.

Under *Mayor Vincent C. Gray's Order 2012-164*, MACCAN's purpose and duties were expanded to include advice on the continuum of child welfare services, early intervention, and sources of permanency (e.g., reunification, guardianship, kinship care, and adoption). MACCAN's seven major functions were also revised:

1. Recommend approaches to improving coordination of services among public agencies responsible for the provision of child welfare services.
2. Promote public awareness of programs and advise on public concerns relating to child abuse and/or neglect in the District of Columbia.
3. At the direction of the Mayor, develop reports and plans regarding specific issues.
4. Serve as the Multidisciplinary Task (MDT) Force for the purpose of the Children's Justice Act (CJA) Grants under Public Law 100-294, the Child Abuse Prevention and Treatment Act of 1988.²⁹
5. Convene on a quarterly basis, at a minimum.
6. Maintain meeting minutes.
7. Undertake other duties as assigned.

²⁹ In 2014, MACCAN relinquished CJA grant responsibilities to MDT which meets more regularly with members of representative government agencies; members of MACCAN who serve on both committees serve as liaisons from MDT to MACCAN on activities of the CJA for collaboration as appropriate.

At least 11 non-governmental MACCAN members are appointed according to their demonstrated expertise and representation from one or more of the following entities:

- ◆ Advocacy organizations that work on behalf of children and youth (e.g., health, mental health, education)
- ◆ Community-based child welfare providers
- ◆ Foster, adoptive, and birth parent advocacy groups
- ◆ Universities, public policy organizations, and research centers

Governmental representatives are appointed from each of the following District agencies:

- ◆ Child and Family Services Agency
- ◆ Department of Behavioral Health
- ◆ Department of Disability Services
- ◆ Department of Health
- ◆ Department of Human Services
- ◆ Department of Youth Rehabilitation Services
- ◆ District of Columbia Public Schools
- ◆ Family Court Operations Division of the District of Columbia Superior Court
- ◆ Metropolitan Police Department
- ◆ Office of the Attorney General
- ◆ Office of the State Superintendent of Education

In FY 2014, MACCAN met six times with each meeting open to the public in accordance with the *Open Meetings Act* (DC Official Code §2-571-577) and the *Freedom of Information Act* (DC Official Code §2-531-538). As a meeting participant, CFSA provided appropriate resources to ensure MACCAN's effective operation, including communication with MACCAN's chairperson, public notice of meeting times and agendas, meeting minutes, and compliance with the requirements of the DC Office of Boards and Commissions (OBC) and the Board of Ethics and Government Accountability (BEGA).

CFSA has annually provided MACCAN with an early draft of the APR for purposes of review and recommendations. MACCAN's response to the FY 2014 APR is included below:

DC Mayor's Advisory Committee on Child Abuse and Neglect

January 30, 2015 Andrea Guy
Deputy Director for Planning, Policy and Program Support
DC Child and Family Services Agency
Washington, DC

Ms. Guy,

On behalf of the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN), we are pleased to review and provide comment for the Annual Public Report FY2014. We congratulate you as Deputy Director for Planning, Policy and Program Support, as well the team in preparation of another excellent report.

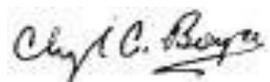
We have a few minor comments to the summary of the outstanding work represented in the report. Within the report we wanted to clarify the role of MACCAN relevant to the Children's Justice Act (CJA). Please note that MACCAN does not serve as the Multidisciplinary Task Force for the purpose of the Children's Justice Act Grant (see page 40). MACCAN relinquished CJA oversight to the Multidisciplinary Team (MDT) which meets more frequently with members of representative government agencies. We requested that members of MACCAN who serve on both committees should serve as liaisons from MDT to MACCAN on activities of the CJA for collaboration as appropriate. MACCAN roles will continue to be advisory and collaborative for all activities of child abuse and neglect in DC, including CJA. For example, public meetings include scheduled in-depth presentations on cross-cutting and collaborative issues to increase opportunities for partnership to advance the work of MAACAN.

We were pleased to see the efforts related to domestic violence highlighted in the report (e.g. page 13, Project Connect). Domestic violence is an excellent example of a cross-cutting issue across District agencies where increased efforts and collaboration can impact child abuse and neglect. Human trafficking is another area of mutual concern by MACCAN. In the age of social media and rapidly emerging technologies, human trafficking remains complex and difficult. We encourage DCFSA to continue to advance strategies in prevention of human trafficking in partnership with other District social service agencies.

Evidence based programs remain a strength for DCFSA. The new service programs for FY2015 (page 33) are a welcome addition and many are funded by supplementary grant programs. We congratulate DCFSA for its successful competition for grant funds, but hope to see more information on models of sustainability and dissemination of programs which are proven successful so that DC can continue to benefit. Notably, several of the existing and proposed service programs are evidenced-based. The report would be enhanced with more information on the evidence and data for these programs in the report. MACCAN is available to assist with goals in any of these areas.

It is clear that the number of children in foster care has been greatly reduced with the lowest number of children in care this decade. Gaps in care and services are quickly addressed. MACCAN applauds DCFSA for its diligent and hardworking efforts demonstrated in the report of the District's accomplishments during FY2014 and every day. DCFSA efforts are exceptional and MACCAN is pleased to note the substantial progress of DC's prevention and intervention of child abuse and neglect documented in this current report to the public. We look forward to serving as a partner as the work continues for the children of DC.

Respectfully submitted,



On behalf of the
DC Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN)

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

The Director must:

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

(A) A description of the specific actions taken to implement the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);

(B) A full statistical analysis of cases including:

(i) The total number of children in care, their ages, legal statuses, and permanency goals;

(ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;

(iii) The number of children who have been in care for 24 months or longer, their length of stay in care, including:

(I) A breakdown in length of stay by permanency goal;

(II) The number of children who became part of this class during the previous year; and

(III) The ages and legal statuses of these children;

(iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and

(v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;

(C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;

(D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:

(i) The service programs which will be made available under the plan in the succeeding fiscal year;

(ii) The populations which the program will serve; and

(iii) The geographic areas in which the services will be available;

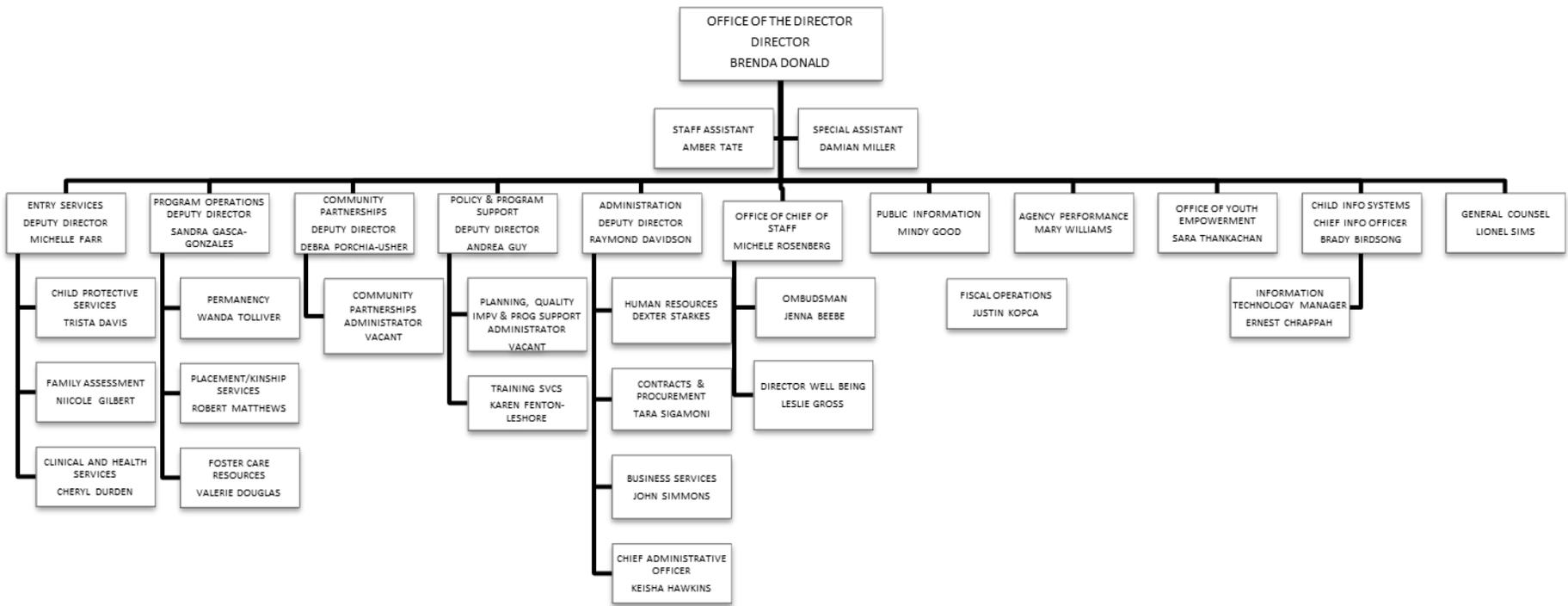
(E) An evaluation of the Agency's performance;

(F) Recommendations for additional legislation or services needed to fulfill the purpose of the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and

(G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.

APPENDIX B: CFSA ORGANIZATIONAL CHART

(AS OF SEPTEMBER 30, 2014)



APPENDIX C: CONTINUOUS QUALITY IMPROVEMENT PLAN

The District of Columbia's child welfare system has developed a robust, self-directed continuous quality improvement (CQI) plan that ensures children and families residing in the District receive the very best services and practice standards the District has to offer. The *CQI Plan* serves as the blueprint for how direct and non-direct service components of the Agency (including private contracted agencies) have developed and are implementing CQI processes within their daily scope of work. Implementation and oversight of the District's plan is primarily the responsibility of the CQI Steering Committee, established by CFSA in FY 2014. The Steering Committee provides administrative oversight at the "state level" with respect to achieving positive permanency outcomes as well as compliance with both federal and local guidelines. Additionally, the Steering Committee defines priorities through program alignment planning and program performance data reviews. This includes system-wide communication of improvement strategies, as well as proactive tracking and monitoring of key performance measures. Further, CFSA's Quality Improvement (QI) division employs a strategic CQI framework across a series of concurrent quality assurance activities and processes. QI uses these processes to advise senior management about the effectiveness of case practice and service provision, to inform practice change, and to improve outcomes for the safety, well-being, and permanency for children and families.³⁰

The following common functions are part of CFSA's comprehensive CQI process:

- ✓ **Data Collection** (quantitative and qualitative): QI staff collects data and information to assess whether practice adheres to clearly defined expectations that achieve desired outcomes.
- ✓ **Data Analysis**: QI staff reviews data and identifies areas of strength and challenges.
- ✓ **Feedback and Recommendations**: QI staff provides feedback and collaborates with program staff to recommend practice changes to improve performance and outcomes.
- ✓ **Implementation of Change**: In response to the recommendations, changes are implemented and practice is adjusted as necessary.
- ✓ **Change Management**: QI staff supports and sustains practice improvements through ongoing feedback and assessment.

Stakeholder input is an important component of CFSA's approach to setting priorities for CQI planning. In addition to the CQI Steering Committee, the Agency meets annually with a broader group of stakeholders, including contracted providers, advocates, judges, and representatives from the Citizen Review Panel and the Mayor's Advisory Committee on Child Abuse and Neglect. Together, CFSA and stakeholders review highlights from the past fiscal year, as well as previewing and prioritizing for the upcoming fiscal year. Outcomes are regularly reported to the Agency's leadership team, inclusive of CFSA's director.

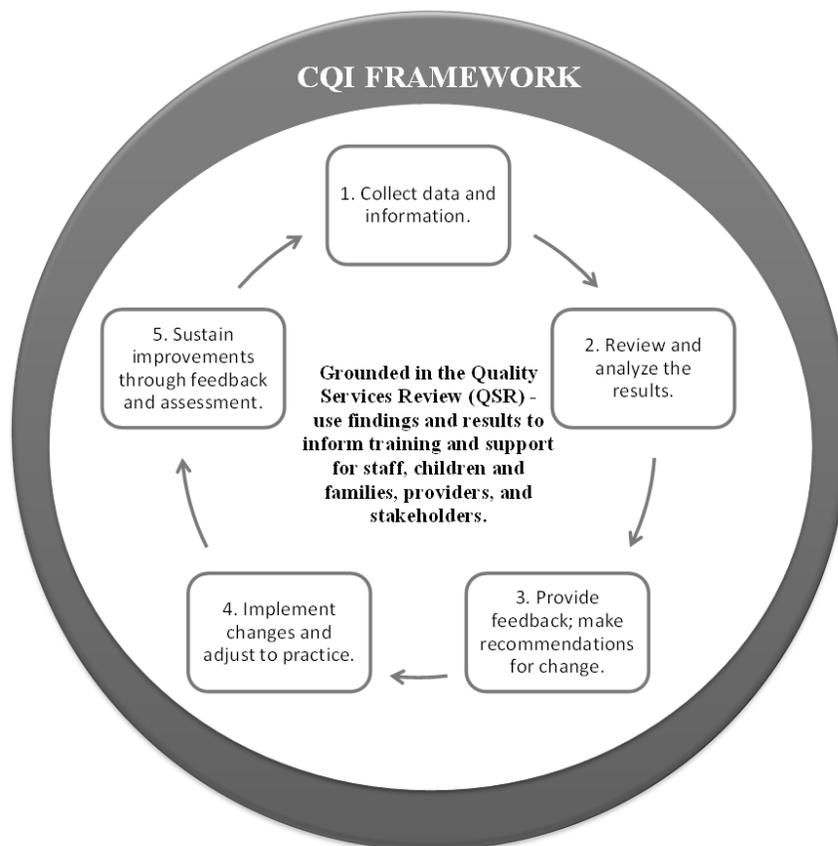
As noted under *Section VI: Evaluation of Agency Performance*, CFSA utilizes several mechanisms for assessing and evaluating practice and services, including the Agency's *Continuous Quality Improvement (CQI) Plan*. Each CFSA administration holds itself accountable to various indicators that attest to the outcomes for services affiliated with that particular practice

³⁰ CFSA's FY 2011 Continuous Quality Improvement Plan is available online at: <http://cfsa.dc.gov/publication/continuous-quality-improvement-plan>.

area.³¹ While support services (e.g., monthly or quarterly reports, data tracking, licensing) are included in the CQI reporting structure, the following direct service areas incorporate indicators that reflect specific internal and external benchmarks and standards:

- ❖ Child Protective Services (CPS) Hotline
- ❖ CPS Investigations
- ❖ In-Home Services
- ❖ Community Services
- ❖ Title IV-E Waiver
- ❖ Foster Care Resources
- ❖ Kinship Support
- ❖ Placement Services Administration
- ❖ Permanency Administration
- ❖ Office of Well-Being
- ❖ Mayor's Services Liaison Office
- ❖ Office of Youth Empowerment

QI's various quality assurance activities are depicted in the graphic below.



³¹ For an organizational chart depicting CFSA's administrations, see *Appendix B. DC Child and Family Services Agency – FY 2014 Annual Public Report* Prepared by the Office of Planning, Policy, and Program Support

District of Columbia Government
Child and Family Services Agency

200 I Street, SE
Washington, DC 20003

Prepared by CFSA's
Office of Planning, Policy, and Program Support
(202) 724-7100