District of Columbia Government
Child and Family Services Agency

Annual Public Report
FY 2015

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.

CFSA's FOUR PILLARS STRATEGIC AGENDA

With its partners, CFSA is committed to promoting the safety and permanency of children and youth involved with the District's child welfare system. In 2012, CFSA initiated a new strategic agenda known as the *Four Pillar Strategic Framework*. This initiative continues to guide practice for the child welfare system. In addition to describing each pillar, the following sections provide updates to previous initiatives outlined in the 2014 RDP and updates to priority requirements identified in the MFO.

Pillar One: Narrowing the Front Door

CFSA's strategies are focused on preserving families. Removing a child from a home is a last resort. CFSA and our partner agencies implements programs and evidence-based approaches to stabilize and support families. 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 necessary to place the child in foster care, CFSA immediately begins the planning process to ensure the child's exit to permanence. As a first step, CFSA seeks placements with the child's relatives, always desiring to place the child in the most appropriate and family-like setting possible. Regardless of placement setting, CFSA strives to keeps children connected to their parents, siblings and family as well as schools and communities.

Pillar Three: Ensure Child Well-Being

Children are entitled to grow up in a caring and nurturing environment. When children are in foster care we need to be able to provide environment which support their growth and development into healthy, self-assured. CFSA is committed to working collaboratively with public and private agencies to provide such environments, while addressing 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 receive ongoing support after re-unification occurs 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-sufficient adults.

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

Pursuant to the *Child and Family Services Agency (CFSA) Establishment Act of 2001*, CFSA is required to provide the Executive Office of the Mayor, the Council, and the public with an annual report that describes the ongoing and specific actions the Agency has taken to implement the *Adoption and Safe Families Amendment Act of 2000* (ASFA), (DC Law 13-136; 47 DCR 2850). Each report provides a full statistical analysis of cases, an analysis of difficulties encountered by CFSA to reach the goal for reducing the number of children in foster care, an evaluation of services, an evaluation of the Agency's performance, and recommendations for any additional legislation or services needed to fulfill the requirements set forth by ASFA. Lastly, CFSA's APR includes comments on the report submitted by the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN).

Since its inception as a cabinet-level agency in 2001, CFSA has focused its activities and accomplishments on the mandate to maintain the safety, permanency, and well-being of children and families in the District of Columbia. [2] In addition to ASFA, the federal *Adoption and Safe Families Amendment Act* of 1997, § 302, Pub.L. No. 105-89, 111 Stat. 2115, (1997)) continues to guide and support these efforts.[3]

Both acts 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, establishment of firm time requirements for petitioning the termination of parental rights for children who cannot be reunified with their parents, and increasing the timeliness of adoptions.

This year's APR is another snapshot of the Agency's permanency efforts and successes throughout the District's fiscal year, October 1 – September 30 (FY 2015). The FY 2015 report focuses on the following information:

Requirements of

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 to age 20.

[3] The federal ASFA was enacted on 11/19/97, and the District of Columbia legislated DC ASFA in March 2000. In addition to federal compliance, DC ASFA requires CFSA to implement and maintain system-wide operational improvements for the District's child welfare system.

- 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

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 2015, CFSA continues to review and evaluate service outcomes such that some may be revised or eliminated for FY 2016.

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

To obtain stakeholder feedback and recommendations on the case planning process, CFSA convened focus groups, conducted interviews, and disseminated surveys among social workers, children's attorneys, parents' attorneys, birth parents, and foster parents. Based on stakeholder feedback, the Agency developed a new format for case plans that aligns with the new child and caregiver functional assessments outlined below to support a trauma-informed child welfare system. This assessment data will inform the key domains to be included in the case plan. In July 2015, CFSA fully integrated the new case plan module into FACES.NET, which includes the automatic transfer of assessment data into service plans.

CFSA's Permanency Planning Policy requires social workers to develop the initial case plan within 30 days of the transfer of a case from the Child Protective Services (CPS) administration. Case planning must occur in collaboration with birth parents, family members, and children who are developmentally able to participate in the process. As of October 1, 2015, FACES.NET management reports indicate that 85 percent of children and youth in foster care have current case plans. Of the children and families receiving in-home services, 74 percent are reported to have current case plans. For the remaining 15%, there are multiple reasons why the case plan is not completed within 30 days, such as children in abscondence; children in psychiatric facilities who are not available to complete treatment plans; and, the complexity of issues in some cases, where the worker must ensure family members are available and involved, and it sometimes takes longer to get the family members engaged.

After the initial case plan is created, the social worker convenes the family and the child's case management team on an interval basis to conduct a case plan review and complete modifications to the case plan as needed. Interim team reviews assess a child's status and progress toward short- and long-term goals. They also evaluate the appropriateness, effectiveness, comprehensiveness, responsiveness, and timeliness of interventions. At a minimum, case plans must be updated and reviewed by a supervisor every six months.

Every case-carrying CFSA or CFSA-contracted social worker in the District must create the case plan in CFSA's federally approved statewide automated child welfare information system (SACWIS), also known as FACES.NET. Various data fields within this system are programmed as "mandatory" fields that must be populated by the social worker in order for the case plan to be created and approved within FACES.NET. The content of each child's case plan is driven, in part, by a cadre of tools that are integrated into the FACES.NET module. Historically, social workers have used the evidence-based Structured Decision Making (SDM) screening and assessment tool to individualize case plans based on the unique needs of each child and family. Social workers jointly create the case plan document with the parents and the child (if age-appropriate). The document must be signed and dated by the parents and child, and a hard copy must be maintained in the case file.

Since CFSA's successful submission and receipt of the five-year trauma grant (awarded by the federal Administration for Children and Families in 2013), CFSA has transitioned from sole use of the SDM tool to implementation of the Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS). Every 90 days, social workers complete the assessment tools and the results are populated to the case plan. In addition, every 90 days the social worker completes a functional assessment for parents called the Caregiver Strengths and Barriers assessments.[4] The CAFAS and PECFAS assessments measure a child's functioning over the following eight domains:

- ✓ School or work
- ✓ Home
- ✓ Community
- ✓ Behavior toward others
- ✓ Mood or emotions
- ✓ Self-harm behaviors
- ✓ Substance use (Note: PECFAS does not measure substance use.)
- ✓ Thinking capabilities

CFSA uses a dashboard to track completion of case plans based on established time frame requirements.

Quality Service Reviews (QSR)

During calendar year 2015, the QSR staff reviewed 125 cases from different program areas. Of these cases, 105 were out-of-home cases and 20 were in-home cases. The sample was

[4] The Caregiver Strengths and Barriers Assessment (CSBA) is a caregiver assessment tool shared by CFSA and the Collaboratives. CSBA focuses on 14 domains related to parents' capacity to meet the needs of their children and the extent to which services increase the protective capacity of the parents and reduce safety concerns for the children in their care.

stratified to include representation from each of the Agency's seven contracted private agencies with case management responsibility, including cases managed through CFSA's Office of Youth Empowerment, Permanency Administration, and Office of Community Partnerships.[5]

QSRs examine performance through 32 different child and family-specific and system-specific indicators to identify strengths and areas in need of enhancement and improving outcomes for children and families. Indicators address the status of the child or family, as well as the effectiveness of the case practice. Among specific indicators, QSRs evaluate planning interventions and, in particular, the extent to which the case planning process strategically focuses on services that address permanency, safety, and well-being. The QSR *Engagement* indicator, for example, measures a team's outreach efforts to engage and build rapport with the child, birth parents, and caregivers, as well as engaging stakeholders in case planning participation. Reviews also examine whether team efforts are tracked or adjusted based on a child and family's situation and needs. Lastly, QSRs investigate the extent to which the child, birth parents, and caregivers are included to determine supports to address needs and goals.

As part of the review, QSR specialists conduct hard-copy case record reviews and conduct face-to-face interviews with clients and stakeholders. These interviews, combined with the case record review, determine the extent that child or system factor has been met. If interviews reveal gaps in the area of parental involvement with case plan development, the case may be rated as "unacceptable" and in need of refinement.

Each case is reviewed by two reviewers who must first participate in a two-day training workshop before participating in several field experiences and finally before being certified as a lead or partner reviewer. All reviews are conducted over a two-day period. At the end of the two-day period, the reviewers debrief with the social worker and supervisor to jointly discuss next steps that are needs-based, concrete, measurable, and can be realistically achieved, or initiated. A debriefing will also occur with other stakeholders, including management.

Approximately 30 days after the debriefing, the reviewers once again follow up with the social worker to determine whether the next steps were accomplished and to discuss any remaining obstacles that may need to be addressed.

2015 QSR Ratings

Among the 2015 reviews, the following results stood out from some of the indicator ratings:

[5] As of the end of FY 2015, CFSA's private agency contractors case managed 47 percent of the children in foster care.

Safety

The *Safety* indicator is measured in several ways, including how safe the child is at home, at school, and in the community. Safety for children in all placement types was rated high (above 85 percent), including in-home cases where children are living at home with their biological parents.

Supports and Services

The ratings for *Supports and Services* include strategies and services planned for the child, biological parent, or the substitute caregiver. In 2015, the rating for the support of the substitute caregiver increased to 85 percent acceptable, compared to 79 percent acceptable in 2013. For in-home cases, the ratings for services to the parent were 65 percent acceptable, up from 52 percent acceptable in 2014.[6] Ratings for non-custodial mothers declined from 53 percent in 2014 to 44 percent in 2015. Ratings for children also declined from 83 percent in 2014 to 78 percent in 2015. CFSA's Quality Assurance unit is still analyzing these results and as yet, does not have firm information on the potential reasons for these declines. It is anticipated that further analysis will result in strategies for improvement. In contrast, services and supports to non-custodial fathers increased from 36 percent in 2014 to 44 percent in 2015.

Permanency

The *Permanency* indicator is rated both as a status indicator for how close a child's case is to resolution of legal custody, and as a practice measure for how well the agency is preparing for permanency. Just under half of the out-of-home cases reviewed rated acceptable for the status indicator, meaning that permanency was not imminent for the majority of the children reviewed. The indicators for *Planning for Permanency* and *Pathway to Case Closure* for out-of-home cases decreased from 65 and 66 percent (respectively) in 2013 to 60 percent and 63 percent acceptable in 2015.

Engagement

The *Engagement* indicator is rated separately for the child, mother, father, and substitute caregiver (when appropriate). The QSR indicator looks at not just the relationship between the social worker and the client, but what efforts have been made to locate and involve the person in case planning and what accommodations have been made to sustain their involvement. Ratings for the child and the substitute caregiver remained acceptable in more than 80 percent of the cases reviewed. Ratings for the mother and father, however, both declined compared to previous years. For example, ratings in 2013 were 69 percent for mothers and 57 percent for fathers. In 2015, these ratings were 52 percent acceptable for mothers and 26 percent acceptable for fathers.

CFSA relies on these QSR ratings to obtain qualitative information related to case planning. Senior management reviews the trends and will modify continuous quality improvement efforts accordingly. The information from the reviews conducted in 2015 are still being analyzed to determine what trends can be identified and corresponding strategies.

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[6] Too few in-home cases were reviewed in 2013 for a meaningful comparison.

Agency Performance Reviews and Findings

CFSA's Agency Performance office (AP) manages, develops, and oversees all performance standards related to best practices in child welfare. AP conducts a variety of qualitative case reviews and quantitative analyses that focus on a multitude of practice areas. Two AP reviews pertain specifically to case planning: *Safety Assessments* and *Acceptable Investigations Review*.

Safety Assessments

Each month, AP generates a sample of cases for review of documentation of safety assessments, using reports from FACES.NET. Supervisors from CFSA's Permanency administration review and assess the documentation of social worker visits to children served in-home and in foster care, as well as documentation of weekly visits for the first month of children initially entering foster care. Standard visitation requirements include twice-a-month visits for children currently in foster care, and once-a-week visits for the first four weeks for new placements and re-placements. For each review period, reviewers are assigned four to five cases, using an electronic survey tool developed by CFSA staff to assess documentation of safety. These review activities are compiled every six months into a *Safety Assessment Report.* The data is also shared with the Center for the Study of Social Policy (CSSP).[7] Results from the January – June 2015 report include the following data (see below for explanation of the ranges in performance):

- Safety assessments for children in out-of-home placements during the monitoring period ranged from 27 percent – 67 percent acceptable.
- For children who require visits during the first four weeks of placement, 30 percent – 68 percent received safety assessments during the monitoring period.
- During this review period, the percentage of cases being rated as having "safety fully assessed" ranged from 46 percent – 66 percent. Performance at the end of the review period, however, was in the mid-40s. Out of the 208 total completed safety assessment reviews, 111 (53 percent) were rated as "safety being fully assessed". Thirty-seven (18 percent) were rated as "safety not being adequately assessed". The remaining 60 reviews rated safety as being "partially assessed" at either or both visits (29 percent). A total of 82 percent of the sample had safety rated as "partially or fully assessed". Due to the history of low scores on "fully assessing" for safety for in-home cases, CFSA partnered in FY 2015 with the National Resource Center to develop and implement a *Quality Home Visitation and Documentation* training. The two-day training was offered for all social workers and supervisors in March 2015.

A few explanations are offered for the range in performances cited above. First, excluding January and February, the universe is relatively small for the number of children included in the

[7] CSSP is the Court Monitor for Agency compliance with the standards set forth by the *LaShawn Implementation and Exit Plan* (IEP). The IEP was negotiated in December 2010 as the result of the American Civil Liberties Union (later Children's Rights, Inc.) filing the initial LaShawn A. v. Barry lawsuit in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. Today, the District is working to meet all requirements of the IEP so that the federal court system will return control of local child welfare to the city

sample, usually 20-25 each month.[8] Therefore, it is not uncommon to see wide fluctuations in the performance percentages from month-to-month (i.e., from March to June).

For additional context, of the 193 assessments for safety for children in out-of-home care, only 19, or 10 percent, were rated as "safety not adequately assessed". This means that social workers either assessed safety partially at the required visits or fully at only one of the required two visits for 174, or 90 percent, of the cases under review, an improvement from previous monitoring periods. While the monthly performance during the reporting period is still below the benchmark, there is overall improvement in the quality of the safety documentation for children in out-of-home placements.

Regarding safety assessments for children requiring once-a-week visits for the first four weeks, these numbers tend to be lower than those for the twice monthly visits. As with safety assessments for children in out-of home placements, the universe and monthly sample size for these reviews is relatively small, usually 20-25 each month. As such, it is not uncommon to see double digit fluctuations in the performance percentages from month-to-month.

Of the 112 assessments for safety for children in out-of-home care, only 20, or18 percent, were rated as "safety not adequately assessed". This means that social workers either assessed safety partially at the required visits or fully at only one of the required visits for 174, or 90 percent, of the cases under review. Again, this is an improvement from previous monitoring periods.

Acceptable Investigations Review

CPS managers and supervisors, AP staff, and staff from the Office of Policy, Planning, and Program Support (OPPPS) regularly conduct case reviews to address questions about the following performance measures:

- Use of CFSA's Hotline screening tool for prioritizing response times for initiating investigations
- Interviews with and information obtained from the five core contacts of an initial investigation (e.g., the victim child, the maltreater, the reporting source, medical resources, and educational resources)
- Interviews with collateral contacts who are likely to provide information about the child's safety and well-being
- Interviews with all children in the household outside the presence of the parents or caregivers, including social worker documentation of good-faith efforts to see the child or to locate the child
- Medical and mental health evaluations of the children or parents when the social worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations[9]
- Use of the risk assessment protocol for making decisions resulting from an investigation
- Initiation of services during the investigation to prevent unnecessary removal of children from their homes

[8] In January and February, one Permanency program manager employed a separate reviewer to conduct an internal review of visitation documentation of her unit. Although that data was not submitted to the court monitor, the results of those surveys are included in the analysis.

[9] When a parent refuses to consent to such an evaluation, the investigative social worker and the assigned supervisor consult with the assistant attorney general to determine whether court intervention is necessary to ensure the health and safety of the child.

Findings from the *Acceptable Investigations Review* are shared with CSSP. Historically, reviewers completed an 84-question survey on the acceptability of investigations. Feedback on this survey indicated that social workers were experiencing some confusion with the wording of the questions. As a result, there was inconsistency regarding the use of the survey tool. Staff from AP, CPS, CSSP, and OPPPS designed and developed a new "acceptable investigation review survey tool" and resource guide to increase the reliability of results and support a learning environment for reviewers. The survey now consists of 61 questions pertaining to performance requirements only, plus an additional separate section of 11 questions to be used for internal use to help inform practice.

Findings from the *Acceptable Investigations Review* are based on a sample of CFSA records of child abuse and neglect investigations completed each month during the January – June 2015. Of the 100 investigations reviewed, reviewers indicated that 64 percent were of acceptable quality while 36 percent were not of acceptable quality. In the previous monitoring period (July – December 2014), reviewers indicated that of the 132 investigations, 69 percent were of acceptable quality while 30 percent were not of acceptable quality. Reviewers noted that the investigations that were not of acceptable quality lacked interviews with core contacts, collateral contacts, and non-victim children in the household, as well as poor initiation of services. In particular, CFSA needs to enhance the quality of interviews with medical and educational resources. This information was shared at an all-staff meeting for CPS investigations. A final report was distributed to key CPS management. Additionally, the CPS managers have the final scoring sheets for each social worker for additional one-on-one coaching opportunities. CPS management is working on strategies of improvement to include individual coaching, support and/or additional training.

Case Plan Reviews during RED Team Meetings

RED teams utilize a consultation and information sharing framework as a critical thinking tool for use among CFSA staff.[10] The case planning RED team (CPRT) brings families together with formal or informal supports to develop meaningful and achievable goals that address safety, well-being, and family functioning. CPRT reviews focus on teamwork activities, family-centered planning, and service decision processes. The team also follows up on commitments made by meeting participants in order to ensure a clear pathway to case closure. Initial case planning starts at the Family Team Meeting, which according to CFSA occurs within the 72-hour period following a child being taken into custody, and at other points of critical decision-making during the life of a case (additional Family Team Meeting details are included in the following section under *Reunification Successes*). A completed, written case plan is finalized within 30 days of the case opening.

[10] 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.

In 2014, the QSR Big RED was introduced to provide a forum for sharing QSR findings and recommendations, as well as following up on case progress.[11] The team, which includes supervisors, program managers, administrators, deputy directors, and quality assurance staff, looked at systemic factors impacting permanency. QSR reviewers participated in Big REDs on approximately 30 cases through July 2015. As a result of lessons learned from this process, QSR staff is now meeting with program staff after the completion of reviews to discuss outstanding trends and significant findings rather than to focus on individual cases.

The Permanency Big RED team includes participation by supervisors. The supervisory lens in this context helps to address any action steps that may related to permanency-related policy changes, communication with other agencies and legal parties, or involving higher levels of CFSA management. During these meetings, the team reviews and assesses potential barriers to timely permanency, establishes a projected permanency date, and develops next steps. The Permanency Big RED is also used to follow up on steps outlined as a result of QSRs.

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

Of the 486 children who exited care in FY 2015, 202 (41 percent) exited to reunification. CFSA utilizes effective family engagement, which is essential for achieving successful family reunification, as a core component of good social work practice. Research has suggested that parental involvement is correlated with expedited reunification and other forms of permanency.[12] For this reason, CFSA made concerted efforts to engage parents and family members in meaningful activities, including the involvement of birth families in planning and decision-making, facilitating visits between children and their birth families, and early engagement in the case planning process. Some of these activities are described in the following sections.

Family Team Meetings (FTMs)

The FTM is CFSA's primary, evidence-based vehicle for initiating engagement with birth parents and kin. It is a structured planning and decision-making meeting, led by trained facilitators, that is focused on engaging families, family supports, and professional partners (including the Department of Behavioral Health) in order to develop the initial case plan and to lay the groundwork for permanency. Social workers engage the parents, non-custodial parents, children (where appropriate), any identified kin, and the guardian *ad Litem* to create a plan for the child's permanency and well-being. Within this plan, the Agency works to support the child's adjustment to foster care while maintaining family and community connections. Preserving family and community connections can allow children the opportunity to remain in the same school district, maintain connections and relationships with family members, and have the ability to continue to participate in events in their respective school, church and community. The decisions made on behalf of the child in FTMs can support the goal of reunification.

Teaming

[11] Big RED team meetings include supervisory aspects of case practice.

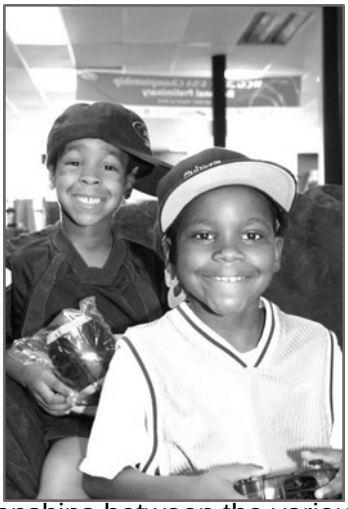
[12]. Tam, T. S., & Ho, M. K. W. (1996). Factors influencing the prospect of children returning to their parents from out-of-home care. Child Welfare, 75(3), 253-268. Merkel-Holguin, L., Nixon, P., & Burford, G. (2003). Learning with families: A synopsis of FGDM research and evaluation in child welfare. Protecting Children, 18(1- 2), 2-11.

As part of the Agency's *Practice Model*, case planning occurs with direct input from family members, extended family members, and other adults who play a significant role in the child's life. Case planning provides teaming opportunities between birth families, foster families, and service providers to discover together the most beneficial approaches to successful outcomes. Other opportunities, such as the facilitated ice breaker sessions (see below), are important opportunities to facilitate positive permanency outcomes. The *Practice Model* requires that all permanency planning methods include family engagement, concurrent planning, and teaming so that children and families are assured successful, positive permanency outcomes.

Parent Advocate Project (PAP)

PAP pairs mentors with parents who currently have children in foster care with a goal of reunification. Many of the trained mentors have had past involvement 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 can have a tremendously helpful impact on the confidence of the clients with whom they are paired. Mentors also provide 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, mentors are able to offer relevant counsel and sound advice regarding the trauma that parents experience when their children are removed from their home, and who may have been hesitant to work with their social worker. Based on their own experiences and successful outcomes, PAP mentors facilitate engagement between parents and social workers, in addition to promoting a parent's progress toward case goals and reunification.

Shared Parenting



DC Family Link is a co-parenting model developed and implemented through the longstanding partnership between CFSA and the Foster and Adoptive Parent Advocacy Center (FAPAC). Based on the recognition that permanency and stability outcomes are more successful when foster parents and birth parents are teaming together, the model specifically seeks to improve positive outcomes for children in foster care by embracing shared parenting practices between the two sets of parents. The model is also designed to help alleviate any sense of conflict for children who may feel they have to "choose" between caregivers. Currently, CFSA offers three-hour trainings on shared parenting practices for all foster, kinship, and adoptive parents who are or will be parenting children in the DC foster care system. The training focuses on how to build positive working relationships between the various parties who share responsibility for the child (i.e., members of the resource and birth families), as well as the importance of working together for the benefit of the child. Outcomes are jointly evaluated by CFSA and FAPAC

Ice Breakers

As a part of the Family-Link model, CFSA has implemented a facilitated “ice breaker” meeting that occurs within 1-2 days of the child’s placement. This meeting provides 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 are able to strategize together to help the child through the period of separation and transition. The model also reinforces 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. Via this model, FAPAC and CFSA are strengthening outreach efforts to increase parent participation and will be assessing the impact on placement stability as well as exits to permanency.

Visitation

CFSA firmly acknowledges that the continuity of family relationships is essential for successful reunification and for the achievement of other positive permanency outcomes. Therefore, the Agency places children with kin as the first option whenever possible, whether the kin are a child’s immediate relatives, close extended family, or pseudo/fictive kin. The Agency works diligently to place siblings together to preserve the family relationship. As of September 30, 2015, 68 percent of children were placed with one or more siblings. If circumstances prevent sibling placement, CFSA makes every effort, as required by the Agency’s *Visitation Policy*, to ensure frequent, intentional, and quality visitation time. Most importantly, the Agency prioritizes visitation between children and parents, siblings (when placed separately), extended family members, and others who have strong emotional ties to the child, unless the Family Court determines and orders that it is not in the best interest of the child to do so.

These intentional visits are crucial for maintaining family relationships and successfully achieving reunification outcomes. CFSA is making great strides in reaching the benchmark (85 percent) for visits between parents and children in foster care with the goal of reunification. At the conclusion of FY 2015, CFSA’s performance for parent-child visits for children with the goal of reunification stands at 83 percent, an increase from 77 percent in FY 2014. CFSA was not as successful in meeting the goal of increasing visits between siblings (at least twice monthly). Although the FY 2015 target is 85 percent, CFSA’s performance for visits between siblings stands at 77 percent for FY 2015, a three percentage point increase from 74 percent in FY 2014.

When a child’s goal is reunification, social workers are encouraged to facilitate permanency through regular parent visits and by involving parents in the case-planning process. Parents must be visited at least twice per month during the first three months following a child’s removal from the home. At least one of the visits must be by a social worker with case management responsibility, while the other visit can be conducted by a social worker, nurse care manager, or family support worker. After three months, the social worker will continue to work with the parent as often as necessary to facilitate reunification but he or she must visit at least once a month for as long as the goal is reunification, unless the parents are unavailable or refusing to cooperate. In addition to assessing safety and risk, every visit also includes a discussion of permanency goals, visitation requirements, and required action steps in the case plan.

Project Connect

Project Connect is an intensive family preservation model for substance-affected families with at least one child in foster care with the goal of reunification. The model was developed in 1992 by Children's Friend, Inc., a private, non-profit social service agency in Rhode Island. The model works with high-risk families involved with the child welfare system that are affected by parental substance abuse, many of whom are also impacted by mental health issues and domestic violence. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification, which is how CFSA uses the model.

Family Treatment Court (FTC)

Since 2001, the Family Treatment Court (FTC) has supported reunification through 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). In FY 2015, there were 32 parents being served in the program. Of these, nine achieved reunification. Over its 10-year history, this 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 was expanded in FY 2014 to include residential and outpatient options for mothers in addition to including fathers. Throughout its existence, the central goal of the program has been to give parents the chance to rebuild their lives and their families without losing legal custody of their children. It has particularly assisted mothers whose cases involved both 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.

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

The CFSA *Four Pillars Score Card* tracks National Standard measures as well as the Agency's internal benchmarks.[13] One benchmark is the timeliness and efforts made for closing CPS investigations. The Agency standard for initiating investigations within 48 hours is 95 percent.[14] During the court monitoring period, performance on this standard ranged from 63 to 72 percent.[15]

[13] The scorecard resulted from the Agency's *Four Pillar Strategic Framework,* focusing on four key practice areas: (1) narrowing the front door to the system, i.e., preventing removals and stabilizing families; (2) providing a temporary but assuredly safe haven for those children who must enter foster care; (3) ensuring every child's well-being potential; and (4) promoting safe child exits from foster care to a well-supported family environment or lifelong connection as quickly as possible

[14] This standard is based on the IEP.

[15] As noted earlier, the court monitoring period is from January to June 2015.

DC Municipal Regulations mandate that investigations be initiated in the following time-frames: Priority Level I must be investigated within 2 hours; Priority Level II must be investigated within 24 hours.[16] Allegations of child abuse and neglect are generally received through CFSA's CPS Hotline (202-671-SAFE). Each report is screened by trained Hotline staff, guided by CFSA's *Hotline Procedural Operations Manual* (HPOM), a detailed, user-friendly, 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 the Differential Response (DR) approach to referrals, supported by the evidence-based SDM tool used to assist the Agency with critical decision-making around risk and safety.[17]

CPS Hotline calls are screened by trained staff before being assigned an appropriate response along the following Entry Services continuum:

(1) 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. In this case, 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.

(2) 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.[18]
- ✓ 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 that can appropriately address their issues or concerns.

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[16] Details of priority levels are outlined in CFSA's *Investigations Policy*.

[17] 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 (CPS-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. When CPS determines that a child's immediate safety is at risk of harm, a formal investigation occurs (CPS-I). 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

[18] 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.

(3) Based on the DR model described above, the Hotline worker must determine which of the following "pathways" is the most appropriate for each Hotline report:

- Family Assessment: In terms of how the Agency responds to reports of child abuse or neglect, most impactful has been the creation of the Family Assessment (FA) unit, which functions as a key component of the DR model. FA currently has nine units, each comprising five social workers and one supervisor. Only a family assessed by the SDM tool as low-to-moderate risk for child abuse and neglect is eligible for the FA assignments. Based on preliminary outcome evaluations reported by the Institute of Applied Research, 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. The study further concluded that children whose families were directed to the FA pathway were no less safe than they would have been had the family been investigated. In addition, the Agency developed FACES.NET management reports to track and monitor frequency and volume. It should be noted that the pathway decision is made by the RED team using a decision tree. Further, 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. It is also possible that the family will be referred for services or case management by one of the neighborhood Collaboratives. At any point in time that the safety of a child becomes a significant factor that cannot be addressed through a safety plan, the pathway will immediately be changed to a CPS investigation.

- CPS Investigation: Whenever a child's safety is at imminent risk, the Hotline referral results in a formal CPS investigation that complies with the timeframes previously cited (either 2 hours or 24 hours). The assigned CPS investigative social worker then contacts the family and performs a comprehensive investigation of the reported allegations. The investigation results may require removal of a child from the home and the opening of an out-of-home case. In partnership with the family, the social worker develops a safety plan to address the risk factors, and provides 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 result in a referral to a Collaborative for services, or as noted earlier, an open in-home case under CFSA's Office of Community Partnerships.[19]

RED Team Support of Entry Services

As part of CFSA's perpetual and deliberate process to advance its practice protocols, Entry Services has also implemented the RED team, using the *Consultation and Information Sharing Framework,* mentioned earlier.

[19] There are three possible disposition decisions based on a CPS investigation of an allegation of child maltreatment: (1) substantiation, supported by credible evidence; (2) unfounded, based on a lack of credible evidence or evidence of a false report; and (3) inconclusive, based on insufficient evidence. Additional details are outlined in CFSA's *Investigations Policy*.

In March 2014, the *Consultation and Information Sharing Framework* was incorporated into the FACES.NET system for permanent documentation and access throughout all program areas. RED teams have also been institutionalized to structure the decision-making process for the District's DR approach. To ensure its efficacy, a RED team readiness audit was completed in September of 2014 to assess whether the elements within the framework were being used consistently to render decisions that impact the implementation of DR. The readiness assessment results indicated that the RED team performance exceeds foundational elements identified to support successful decision-making DR outcomes.

The following RED teams were currently operating in Entry Services during FY 2015:

- CPS Hotline – As the entry gateway to the District's child welfare system, the Hotline RED team is charged with reviewing available information and answering the questions below. The assessment of the information will determine the pathway (including being screened out when the threshold is not met).
  - 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?
- Removals and Out-of-Home services – The day after a child is removed, a removal RED team occurs. During this removal RED team meeting, the case is transferred from CPS to the assigned ongoing out-of-home social worker. The transfer meetings always occur prior to the FTM.[20] These case transfer meetings inform the receiving social work team of the safety concerns that triggered the removal. The meeting also addresses the trauma that the children and family have experienced. Services to the family and children are addressed as well as any criminal matters that have occurred as a result of the removal.
- CPS Big RED – These reviews are conducted for investigations that are opened for longer than 35 days.[21] As with all other RED teams, the *Consultation and Information Sharing Framework* is 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 is done by the assigned CPS program manager and supervisor to ensure that actionable items are completed.

As stated earlier, CFSA also worked to improve the timeliness of responses to Hotline reports through enhancement of the SDM tool (i.e., the Hotline screening 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.

[20] See #2 Reunification Successes for more information on FTMs.
[21] Cases open for longer than 35 days exceed the Agency's current benchmark for case closure after 30 days.

When the Hotline receives a new report about a family with a current in-home case, but the report does not meet a level that requires an investigation, the FA and in-home social workers conduct a joint safety assessment. The social worker managing the case is then responsible for providing a re-assessment to address the new allegations. CFSA in-home staff ensures that interventions and services were in place to help the family to stabilize, focusing on child safety. CFSA also incorporated the Educational Neglect Triage Unit into the investigation process. The Educational Neglect Triage Unit consists of ten family support workers (FSWs or triage workers) and one supervisor. The Triage Unit FSWs are charged with triaging educational neglect referrals received from the District's school system to support the screening process, which determines whether a child welfare response is warranted. In addition, the FSWs also serve as a direct support to CPS social workers by conducting various tasks to support children and families.

Although the Triage Unit is not a pathway itself, it is a unit of trained family support workers who are responsible for screening 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 and charter schools formally report 10 unexcused absences for determination of educational neglect. 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.

CFSA has several practices that support reunification. In addition to the earlier cited services (FTMs, PAP, FTC, and DC Family Link), the services listed below have been implemented to increase timely reunifications.

Functional Assessments

In July 2015, CFSA implemented a new behavior-based case management model that includes important clinical components to case planning. The model consists of the Child and Adolescent Functional Assessment Scale (CAFAS) and the related Pre-school and Early Childhood Functional Assessment Scale (PECFAS), as well as the SDM Caregiver and Strengths and Barriers Assessment (CSBA). These evidence-based assessments provide clinical picture of clients allowing the social work team to develop a reliable measure of a child's functioning and progress over time. Further, the tools require teaming and parental involvement to inform the case planning process, helping social workers and family members to develop more relevant case plans that can address reunification issues in meaningful and effective ways. Overall CAFAS/PECFAS will provide consistency in decision-making for permanency strategies.

The CSBA (Family Functional Assessment) is a caregiver assessment tool shared by CFSA and CFSA's contracted community partners, the Healthy Families/Thriving Communities Collaboratives (Collaboratives). CSBA focuses on 14 domains related to parents' capacity to

meet the needs of their children. The assessment also helps determine which services increase the protective capacity of the parents and reduce safety concerns for the children in their care. CFSA anticipates that the new assessment tool will help the Agency fully grasp a family's progress, well-being outcomes, and changes in overall functioning. By using a common tool, CFSA and the Collaboratives hope to enhance the capacity of both entities to come together in a coordinated manner and to team on cases to jointly address the needs of the family.

Coordination of Mental Health Services

The Department of Behavioral Health (DBH) and CFSA have developed a strong collaborative partnership that has led to the development of a range of programs and initiatives that establish a consistent approach to serving children and families involved with both the child welfare and mental health systems. Integral components of this approach include DBH co-located staff at CFSA and at the five community-based Collaboratives whereby mental health resources are readily accessible. DBH co-located staff works with the individual core service agencies to ensure timely coordination of services, as well as conducting substance abuse screenings and mental health assessments of children and families. Lastly, the staff assists with connecting children and families to services.

CFSA, DBH, and the DC Department of Human Services (DHS) also collaborate on *DC CrossConnect*, a joint initiative to improve service delivery for families involved with all three agencies.[22] Using a cross-systems model based on national best practices, the framework centers on one lead agency coordinating services, and participating agencies' priorities and goals being aligned under one unifying plan. The framework is made possible by several factors, including agency co-location (already in place), the April 2015 introduction of a cross-system unified case planning protocol, and the ongoing practice of shared data solutions. Representatives from all three agencies receive cross-system and RED team training that allows for shared practice and experience. As a result, providers and families are engaged through a unified plan that provides clearer direction, purpose, and support. In FY 2016, the framework will be expanded to support additional families.

Housing Strategies

The Rapid Housing Program (RHP) provides short-term rental payments to families in need of stable housing for preservation or reunification. RHP also assists eligible youth aging out of foster care with time-limited assistance to facilitate their transition out of foster care.

An additional housing resource was recently developed as an innovative inter-generational housing model. The *Generations of Hope* (GOH) provides permanent housing in the District for

[22] Additional support comes from the Department on Disabilities Services (DDS), the Department of Youth Rehabilitative Services (DYRS), the Department of Health Care Finance (DHCF), and the Department of Health (DOH).

young mothers transitioning with children from foster care. The program includes support from senior citizens and other families also living within the residential setting Under the terms of a multi-year grant agreement, GOH is leading the District's efforts to develop, implement, and oversee an intergenerational housing program with supportive and case management services. The project includes 17 affordable apartments for seniors and eight for young single mothers. The new residence opened in the District in the fall of 2015.

The following additional housing opportunities are included in CFSA's strategies:

- *Hope and a Home* is a supportive program for low-income families with children who are preparing to reunify. The program offers up to a three-year stay in transitional housing that offers skill building in job readiness and financial literacy.
- *So Others Might Eat* (SOME) is a two-year housing with supportive services program to help stabilize homeless families.
- *Wayne Place* is a 12-18 month transitional housing with supportive services for youth aging out of foster care. This joint project of CFSA and DBH provides supportive transitional housing for District youth ages 18-24 who need extra support to succeed in exiting foster care or returning to the community from psychiatric residential treatment—or who are in need of post-care stabilization services 1-2 years after these events.
- *New Day* is a 12-18 month program for parents with young children. The program provides supportive and case management services to help the family with acquiring stable housing.

Collaboratives

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. The Collaboratives offer the following services for the timely reunification of families:

- *Reunification Support*: For families with an open CFSA case whose children have been in out-of-home placement with a permanency goal of reunification, the neighborhood Collaboratives provide supportive services, and for certain targeted cases, post-reunification services to coordinate an effective transition for children back to their natural home. The Collaboratives may also be required to provide post-transition services after the case is closed, whether it is a CFSA or a private agency case.
- *Family Preservation and Reunification Support Services*:[23] The Collaboratives coordinate family preservation or family reunification support services whenever families are identified to receive these services. For the purpose of achieving and maintaining family unity within a safe environment, CFSA recognizes that Collaborative family preservation and family reunification supports may require additional referrals to one or more of the following services:
    - Counseling (educational, vocational)
    - Medical and psychological evaluations and treatment

[23] Additional evidence-based practice services are described under Family Preservation Models in *Section V. Evaluation of Services*.

- Skill building (in the areas of parenting, age appropriate disciplinary practices, child care, advocacy for support and services, conflict resolution, budgeting, housekeeping)
- Assistance and support to enhance positive family responsibility and self-sufficiency
- Housing information and assistance
- Emergency financial assistance
- Day care assistance
- Respite care
- Transportation assistance
- Other assistance with and connection to both formal and informal support systems and resources

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.

At the end of FY 2015, there were 238 children with the goal of adoption, and 152 children placed in pre-adoptive homes with a court-ordered goal of adoption (as specified in the child's permanency plan). CFSA's priority is to reunite children with their parents. When reunification is not possible, CFSA provides an alternative placement that is safe and stable. Placing youth in nurturing stable homes can often be accomplished through adoptive families. CFSA's adoptive parent recruiters are assigned to each CFSA administration and to each CFSA-contracted agency. The role of the recruiters is to serve as the point of contact following cases soon after the goal of adoption is established in order to better ensure timely and safe placement for children. The recruiters have the role of identifying pre-adoptive placements and placement resources (if not already identified) and to assist in the creation of permanency plans. Past efforts to have the recruiters serve in this capacity were successful with the private agencies who served the majority of out-of-home cases. This teaming created the opportunity for strong collaboration, greater access to recruiters and the ability to move children toward permanency. Prior to placement and prior to adoption, each family is provided family integration therapy as a method of building rapport and assisting with the transition into the adoptive home.

Through the RED team framework, staff assesses barriers or complicating factors that inhibit the achievement of timely permanency, including but not limited to risk and safety factors. The team also establishes a projected permanency date. As a result of the consultation, next steps are developed and often involve ways to address systemic barriers (e.g., policy changes or interagency communication and collaboration at higher levels within the organization and legal parties). This approach has helped to ensure completion of the identified action steps and progress towards permanency. During FY 2015, however, the Agency began to shift away from the Big RED format toward incorporation of the consultation and information sharing framework into group supervision, being facilitated by clinical specialists and permanency supervisors from the Office of Well Being. This change provides peer-to-peer learning among management and their social worker units during the group supervision process.

To ensure that adoptive and guardianship families are provided appropriate services, CFSA partners with Adoptions Together, Inc., a community-based organization that administers services to children and families throughout the District. One of the primary resources provided

by Adoptions Together is the Post Permanency Family Center (PPFC) which specializes in post-permanency services for any child who has achieved permanency via adoption or guardianship, no matter the length of time since permanency has been achieved. CFSA serves as the conduit to notify these families that PPFC is a support for their transition to post adoption or guardianship. In effect, PPFC is a "one stop shop", for direct service case management, advocacy, and family counseling. The program also offers support groups for children, teens, and adults, including parenting classes. By the end of FY 2015, PPFC served 107 families (304 individuals).

The Center for Adoption Support and Education (CASE) provides lifelong services and support to children and youth who achieved permanency through adoption or guardianship. It also utilizes an adoption-centered therapeutic approach to enhance the overall well-being of the children and families it serves. CASE offers a myriad of other supportive services for families such as adoption competency trainings, parent and family education, as well as other permanency-related workshops and seminars.

Recognizing that many of CFSA's clients have needs related to a history of trauma, lack of employment, limited education etc., the CFSA post-permanency social worker may consider referring clients to the services provided by both CASE and PPFC. Whereas CASE is equipped to manage more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and more heavy court-involvement), PPFC offers monthly respite services and crisis support 24 hours a day, 7 days a week. The final decision about which services are needed, CASE or PPFC, ultimately depends on the family's needs.

Respite services include *A Place to Go and Grow*, a program that targets kinship, foster, adoptive, and guardianship families caring for children (ages 5 to 14) who exhibit emotional and behavioral challenges. Direct services include case management, crisis intervention, and advocacy to assist families in the assessment of needs along with identified resources to help in meeting those needs.

CFSA also provides adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs as specific needs arise. These subsidies are provided to ease the potential financial challenges that may come with 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 – Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.

District Licensing Standards

Pursuant to CFSA policy and the licensing requirements set forth by the *District of Columbia's Municipal Regulations* (DCMR)*,* all licensing standards are applied equally across the District's child welfare system for foster, kinship, and adoptive homes, as well as for child care institutions (i.e., group homes and residential facilities). These standards include criminal record checks.

Guidance, tracking, data collection and monitoring of District-wide licensing is handled by CFSA's Foster Care Resources Administration (FCRA) for foster homes and the Office of Facility Licensing (OFL), for facilities. Any facility that is licensed to care for children within the District of Columbia is licensed by OFL, which helps to ensure consistent and equal application of standards. Compliance encompasses all foster homes and child care institutions receiving title IV-B or IV-E funds, including any foster home operated by a CFSA-contracted child-placing agency. This also applies to any CFSA foster home or facility that is located in another jurisdiction but serving children in CFSA's custody.

Licensing of Youth Residential Facilities (Group Homes) and Independent Living Programs

For private providers interested in successful licensure of group homes, shelters, and emergency care facilities, they must be in compliance in the following areas as outlined by D.C. Municipal Regulations (DCMR), specifically, 29 DCMR §§ 6201, *et al*.:

- Types of licenses (original annual, provisional, or restricted)
- General licensing procedures
- Modifications of licenses
- Licensing facilities in other jurisdictions
- Operating procedures and staff (including criminal records and child protective register checks)
- Sanitation admission and placement
- Services (e.g., educational, mental health, and transportation)

Similarly, independent living programs (ILPs) must comply with requirements outlined in 29 DCMR §§ 6301, *et al.* Many of these requirements naturally overlap with the group homes (e.g., residents' rights and responsibilities, fire and carbon monoxide protection, and quality assurance) while others are unique to the ILP (e.g., initial individual transitional independent living plans). Both youth residential facilities (YRF) and ILPs are subject to a three-phase original licensing process:

- Phase 1: Submittal of a licensing application with supporting documents
- Phase 2: Sanitation and environmental on-site physical plant inspection
- Phase 3: Final walk-through of the physical plant and issuance of a license

In 2015, the Agency's Office of Facility Licensing relicensed eight youth residential facilities and five independent living programs.

Psychiatric Residential Treatment Facilities (PRTFs)

PRFTs provide inpatient psychiatric services for children under the age of 22 who are often involved in multiple agencies and unable to reside safely in the community in a less restrictive setting. In order for CFSA to place a child, the PRTF must be accredited by the Joint

Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, and the Council on Accreditation of Services for Families and Children.

Pursuant to 29 DCMR §948, a PRTF must be licensed in the state where the facility is located, if required by the state. In the District of Columbia, PRTFs are under the purview of DBH. DBH does not license but it does recommend whether a provider should or should not be certified by the Department of Healthcare Finance based upon review of the facility.

Foster Care Licensing

All CFSA and CFSA-contracted foster parents are held to the same licensing standards. For foster parents caring for District children in need of out-of-home placement, DCMR standards identify certain characteristics and action steps that are required for successful completion of licensure. Each contracted provider agency and foster home is held to these standards by CFSA's Foster Care Resource Administration.

Pursuant to 29 DCMR §6001, a foster parent in the District must be over the age of 21 and complete 30 hours of pre-service training via the nationally recognized, evidence-based curriculum, *Partnering for Safety and Permanence: Model Approach to Partnerships and Parenting* (PS-MAPP). CFSA's family foster-based contractors use a nationally-recognized curriculum called *PRIDE.*[24] In addition, foster parents must hold current American Red Cross Standard First Aid and infant, adult, and child Cardio-Pulmonary Resuscitation (CPR) certifications. All foster parents must comply and pass a CPR check alongside separate criminal background checks. Other characteristics include "soft skills" related to maturity and personality (e.g., the ability to create an atmosphere in which the social skills of a child in foster care can be enriched).

Kinship Licensing

In order to assure the same level of protection for all children who are placed in out-of-home care, kinship foster parents are subject to licensure requirements in accordance with the same laws and regulations established for and applicable to non-kinship foster homes. To facilitate its goal of expediting placement of children with kin in exigent situations, CFSA has established a process for *temporary* licensure of foster homes for kin residing within the District of Columbia and Maryland. As a result, CFSA may issue a temporary license to allow immediate placement of a child with his or her relatives as long as the placement is compliant with all other legal requirements (e.g., background checks and a safe environment). A temporary license to allow immediate placement with relative and kinship caregivers may be issued to an eligible kin foster home consistent with the procedures described below. Special considerations may be given to kinship caregivers when making licensing determinations that would be in the best interest of the child.

There are instances, however, when a kinship caregiver may provide a written application and, if the applications meets the requirements set forth by the federal *Fostering Connections to*

[24] Parent Resources for Information, Development, and Education

Success and Increasing Adoptions Act of 2008 (PL 110-351), CFSA's director may waive a licensing provision for good cause that does not adversely affect child safety. If all other criteria for a temporary license have been met and the waiver has been granted, the applicant shall be granted a license within 48 hours of receipt of this signed waiver. A waiver will never be approved if the requirement affects child safety. Such waivers are approved by the deputy director of Program Operations. In certain instances, the waiver must also be signed off by CFSA's Office of General Counsel and the Director of CFSA.

Criminal Records Checks

Of significant importance in the licensing process are criminal records checks. Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.

In order to be licensed as a foster parent, 29 DCMR §6008 requires documentation of criminal records checks as well as CPR clearances for all potential foster parents, including any adult over 18 residing in the home being considered for a child's placement. DCMR also requires checks and clearances for all employees of child care institutions licensed for placement of wards of the District. All criminal records check occur through the Interstate Identification Index System, also known as the National Crime Information Center, in addition to a Federal Bureau of Investigation (FBI) criminal check and local Metropolitan Police Department (MPD) or other jurisdictional police clearances. These background checks take place by fingerprinting the prospective foster parent, adult, or employee.

CFSA believes that the timely completion and efficiency of the process for providing criminal background checks is paramount and therefore has a short turnaround period for the FBI "LiveScan" fingerprinting technology. CFSA's in-house finger print specialist is certified by the FBI and completes on-going training to maintain certification for use of the technology. Once fingerprints are collected, the finger print specialist sends them to MPD as part of the background check process. Verification from MPD's database is received within minutes and then transmitted to the FBI, which responds within 7 to 10 days. This technology has been in place at CFSA since 2008, and has significantly expedited the licensing process.

Under certain circumstances, District law provides some leeway for CFSA to review convictions alongside current circumstances that might explain or mitigate the conviction and allow for a restricted license. By restricting a license, the Agency can still determine whether the individual is able to provide care and to protect the health, safety, and welfare of the children in compliance with DCMR guidelines. If CFSA does make this determination, the Agency may subsequently license the individual or facility upon satisfactory completion of all other requirements of the applicable chapter**.**

As part of the re-evaluation and license renewal process, CFSA conducts criminal records checks once every two years and CPR clearances once a year. For obvious reasons, CFSA strictly enforces these checks and clearances for all prospective foster, adoptive, kinship, and guardian providers, as well as for staff of child care institutions, including contracted providers residing in neighboring states. It is an important component of CFSA's licensing process that all providers, regardless of location, adhere to District standards regarding checks and clearances.

Once checks and clearances are approved, initial and expiration dates of checks and clearances are entered into FACES.NET. On a monthly basis, FACES.NET generates management reports specific to the status of checks and clearances. Licensing management staff reviews each report and follows up on any necessary corrective action plan as part of the Agency's continuing quality improvement process. Results are also referenced in the family home/facility environment study and originals are filed in the case file.

Child Protection Register (CPR)

CFSA's is an electronic database of names of individuals who have been substantiated for child abuse and neglect in the District of Columbia. CPR staff members receive substantiated reports from the CPS administration and make appropriate entries, and release information contained in the CPR database in a manner that is consistent with the law. As noted, CPR clearances are required for all foster parents and staff of child care institutions. For emergency temporary licensure, the CPR unit accommodates checks separately for District residents than for Maryland residents. Both processes are outlined in CFSA's *Child Protection Register* policy. For any individual who wishes to dispute the Agency's decision to add his or her name to the register (based on a substantiated allegation of child maltreatment), these individuals are notified of their right to appeal CFSA's decision and their right to a fair hearing. Procedures for appealing CFSA decisions are outlined in the Agency's *Fair Hearings* policy.

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

Permanency Hearings

If, during the disposition hearing for an abuse or neglect case, a Family Court judge determines that a child will be placed in foster care, the child's case will be regularly reviewed in court. Following a disposition, but prior to the first permanency hearing, the court holds review of disposition hearings to evaluate such factors as family status and Agency efforts. During the first permanency hearing, which must occur within 12 months of a child's entry into care, the judge finalizes the child's permanency goal and outlines an anticipated date for its achievement. During subsequent permanency hearings, the goal and achievement date are revisited and, where necessary, amended. While federal standards require permanency hearings to be held at least once every 12 months, the District requires permanency hearings every six months for as long as a child remains in an out-of-home placement. According to the Family Court's *2014 Annual Report*, more than 90 percent of foster care cases since 2003 have had a timely permanency hearing or were dismissed within the required timeline. Additionally, the court met the requirement of setting a permanency goal in every permanency hearing, and setting a goal achievement date in 98 percent of permanency hearings.

Between January 1, 2015 and November 30, 2015, 1266 permanency hearing orders were reviewed. Of that number, 1259 (99 percent) had a documented achievement date for the permanency goal. No orders were missing documentation of the permanency goal.

Additional Hearings

After the first permanency hearing, the parties must convene in court at least every six months. Hearings may occur more frequently when requested by the court. Additionally, judges often schedule status hearings between permanency hearings, in order to get updates on a child or family's progress in a particular area.

Uniform Court Order Templates

In 2013, the Abuse and Neglect Subcommittee of the Family Court Implementation Committee revised court order templates to ensure alignment with federal requirements for periodic case reviews and permanency hearings. The uniform court order templates are now used in every courtroom in the District for every family that is involved with CFSA. The orders serve as a tool to guide discourse and inquiries throughout the proceedings. They also ensure that judges cover all necessary topics to be in compliance with local and federal laws and regulations.

Throughout 2015, the following additional revisions have been made to comply with federal requirements and will be implemented in FY 2016 to reflect best practices:

- A separate section is included in the disposition and permanency hearing orders for alternative planned permanent living arrangements (APPLA). This section includes more detail on the reasons why other goals are not appropriate for the child and the reasons why APPLA is in the child's best interests.
- New language is incorporated in the permanency hearing order that asks whether children aged 14 and over or children with a goal of APPLA took part in the case planning process.
- New language was added for documenting whether the court communicated with the child concerning the desired permanency outcome, and how that opinion was communicated.
- New language asks whether the Agency met its obligation to ensure that adherence to the prudent parenting standard by the Agency and foster parents. Additionally, the language seeks assurance that the child has regular ongoing opportunities to engage in age or developmentally appropriate enrichment, cultural, extracurricular, and social activities.
- New language was added under the *Reasonable Efforts* section to ensure that efforts described met standards required by PL 113-183 (*Preventing Sex Trafficking and Strengthening Families Act of 2014)*: *Description of Agency efforts to return the child to the home or to place with a relative or in a guardianship or adoption if the child is placed under an APPLA plan; For youth 14 and older, document services to help the youth transition to successful adulthood; efforts must be specific to each child named in caption of order.*

Tracking of Hearings

All abuse and neglect hearings are attended by an assigned assistant attorney general (AAG), who represents the Agency, and who works closely with the Family Court scheduling staff and the social worker. The partnership between the court, the Office of the Attorney General (OAG), and CFSA helps to ensure compliance with permanency hearing timelines. Additionally, OAG managers from the Family Services Division regularly meet with judges and administrators to ensure timely appearances of AAGs, promote expedited resolution of barriers to timely case reviews, avoid unnecessary continuances, and exchange training opportunities.

8. Hearing Notifications – 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.

The District remains compliant with notice requirements under DC ASFA through District statutes and guidelines leading judicial proceedings in abuse and neglect cases. Rule 10 under the *Superior Court Rules for Neglect and Abuse Proceedings* requires that parties involved in a case be provided notice and opportunity to be heard. The rule outlines which parties or persons should be included in the notification and the opportunity to participate. 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.

Recent updates under Rule 10(c) mandate that the current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. This mandate is codified in DCMR § 16-2304, as well as Rule 10 (Parties; Other Persons Entitled to Notice and Opportunity to Be Heard). It applies to any neglect or termination proceeding irrespective of how long the child has been in care, or how long the foster parent or relative caregiver has cared for the child. The District's Code does not speak specifically to the right to be heard. Unlike other states, DC Code § 16-2304 allows foster parents to become parties in the case at a certain point in time, and also provides for and pays for attorneys for resource parents who are unable to afford an attorney on their own. As of September 2015, CFSA has continued its weekly practice of sending notifications to foster parents stating that they have the right to be heard, and including information on the date, time, and location of the court hearing associated with the child in their care. Also included are instructions for contacting the court clerk (if necessary) and contact numbers for the assigned social worker and supervisor. All notifications are generated by FACES.NET. Although the total of letters sent on a monthly basis varies, an approximate average of 250 notifications are sent each month.

Finally, DC Code §16-2357 dictates that notification be given to all parties involved in 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.

9. Interstate Adoptions and Medical Assistance – Procedures related to interstate adoptions and medical assistance are established.

In June 2005, the District of Columbia's Office of the Attorney General (OAG) 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."

To ensure compliance with this legal opinion, CFSA began advising potential out-of-state adoptive parents of their rights and responsibilities. Since 2005, CFSA's standard adoption subsidy agreement has reflected this policy.

In addition, the subsidy agreement includes a clause that states that if the parent lives in the District of Columbia, the child is eligible to receive medical benefits with the provision under title XIX of the Social Security Act (Medicaid) through the District of Columbia. If the parent lives 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.

When necessary, CFSA will submit an application for Medicaid benefits on behalf of the child residing in another state with the understanding that the coordination of medical services for the child will be the responsibility of the parent and the Medicaid office in the state of residence. CFSA has maintained a listing of cases for requested interstate Medicaid.

III. STATISTICAL ANALYSIS OF CASES

The total number of children in care, their ages, legal statuses, and permanency goals

The total number of children in foster care at the end of the fiscal year was 1061. Between FY 2006 and FY 2015 the foster care population has decreased by 54 percent.

Children in Out-of-Home Care	Count of Children
FY 2006	2313
FY 2007	2243
FY 2008	2263
FY 2009	2144
FY 2010	2092
FY 2011	1827
FY 2012	1542
FY 2013	1318
FY 2014	1112
FY 2015	1061

Source: FACES.NET CMT366 and CFSA Data Visualization Dashboard System, powered by Birst

Children aged 20 comprised the largest age group, followed by children age 18 and children age 17. For FY 2015, children ages 0-3 comprised 19 percent of the foster care population, whereas children ages 4-10 comprised 27 percent. Children ages 11-14 comprised 16 percent of the population and children ages 15-20 comprise 38 percent of the foster care population.

Children in Foster Care by Age	Count of Children
<1 Year	37
1	59
2	57
3	52
4	41
5	48
6	47
7	46
8	43
9	34
10	23
11	41
12	33
13	42
14	57

15	36
16	66
17	73
18	76
19	67
20	83
Total	**1061**

Source: FACES.NET CMT366 and CFSA Data Visualization Dashboard System, powered by Birst

Of the 1061 children in foster care as of FY 2015, 826 (78 percent) had a status of committed, 179 (17 percent) had a status of shelter care, and 49 (5 percent) had a status of administrative hold.

District Foster Children by Legal Status	**Point in Time: End of FY 2015**
Status	**# of children**
Committed[25]	826
Shelter Care[26]	179
Administrative Hold[27]	49
Data Unavailable[#]	7
Total	**1061**

Data entry anomalies prevent actual statuses from being reflected. Four siblings and one child entered within one month of the end of the fiscal period. Two additional children had been in care for 17-19 months and had a court ordered goal but no legal status in FACES.NET.

Source: FACES.NET CMT366 and CFSA Data Visualization Dashboard System, powered by Birst

The goal distribution of children in care as of FY15 reported 39 percent of children with the goal of reunification, 22 percent had a goal of adoption and 20 percent of children with the goal of guardianship. Of the remaining goals, 13 percent had a goal of APPLA and .6 percent had a goal of legal custody.

[25] See D.C. Code §16-2320 which governs the disposition of a child who is neglected. If a child is found to be neglected, the Division may order the transfer of legal custody to a public agency responsible for the care of neglected children. It is at this point that a child is frequently referred to as "committed" to the Agency.

[26] CFSA contracts with facilities to provide short-term placement services when children require immediate placement but kinship or traditional family-based foster care is unavailable or inappropriate. Children placed in shelter care may remain in the placement for up to 30 days (by rule) but no more than seven days by practice pending identification and approval of an appropriate family-like setting [DC Official Code § 16- 2301(14)].

[27] Although not a legal term, an "administrative hold" is sometimes used interchangeably with "hospital hold". In FACES.NET documentation, a child who is removed from the home is considered under an "administrative hold" until the matter is taken into the Family Court and the child is either returned to the caregiver or a shelter care order is instituted.

Children in Foster Care by Permanency Goal Point in Time: End of FY 2015	
Goal	**# of children**
Guardianship	214
Reunification	413
Adoption	238
Alternative Planned, Permanent	139
Living Arrangement (APPLA)	
Legal Custody **	7
Data Unavailable #	50
Total	**1,061**

** 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.

Source: FACES.NET CMT366 and CFSA Data Visualization Dashboard System, powered by Birst

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

The total number of entries as of FY 2015 was 450. The largest group represented was children less than one year old. The next largest entry populations were children age 3, followed by age 5 and age 16.

Age in Years	Month and Year												
	FY 2015 Entries												
	14-Oct	14-Nov	14-Dec	15-Jan	15-Feb	15-Mar	15-Apr	15-May	15-Jun	15-Jul	15-Aug	15-Sep	Total*
<1 Year	4	6	2	5	3	2	5	3	11	8	7	6	**62**
1	2	3	2	4	4	4	5	1	1	4	3	4	**37**
2	2	2	2	2	2	4	4	1	3	4	2	1	**29**
3	0	3	1	0	4	3	2	4	0	1	5	1	**24**
4	1	2	1	0	4	4	4	2	0	3	2	0	**23**
5	0	1	1	1	3	3	3	2	2	4	6	2	**28**
6	1	4	1	2	3	5	2	0	0	4	0	3	**25**
7	2	1	1	1	1	3	2	0	3	4	1	0	**19**
8	1	2	0	1	0	2	2	2	2	4	2	2	**20**
9	4	1	0	3	2	1	2	1	1	2	1	1	**19**
10	3	1	0	2	1	2	4	0	0	0	1	0	**14**
11	0	1	0	0	0	2	3	1	4	1	2	1	**15**

12	3	1	0	1	0	0	1	3	2	1	2	1	**15**
13	2	3	0	3	3	2	2	3	3	0	4	1	**26**
14	4	0	0	1	0	3	2	3	3	1	1	0	**18**
15	3	5	0	3	2	3	2	2	1	2	1	1	**25**
16	3	6	1	1	2	4	2	0	1	3	3	2	**28**
17	3	0	2	3	0	3	2	2	3	1	1	1	**21**
18	0	1	0	0	0	0	1	0	0	0	0	0	**2**
19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total Placements for the month	**38**	**43**	**14**	**33**	**34**	**50**	**50**	**30**	**40**	**47**	**44**	**27**	**450***

* This total represents a unique count of children. Column total may not add up to the total number of children as a child could have multiple entries within the same reporting period. For the purpose of this report, entries are defined as initial and re-entry into foster care. Total is 457; there were seven re-entries between February and August of FY15 for children ranging in age between birth and 16 years old. One sibling group of two children re-entered.
Note: Age is calculated as of the entry date.

Source: FACES.NET PLC208 and CFSA Data Visualization Dashboard System, powered by Birst

The legal status of the entry population identified two primary statuses. Of the 450 entries, 55 percent had a legal status of commitment, 25 percent had a legal status of shelter care. The most prevalent reason for the entry into care was neglect (311). Comparatively, physical abuse was the second highest reason for entry into foster care (88), while the third highest entry reason was incarceration of parents (55).

	Month and Year											
	FY 2015 Entries											
Entry Reason	**14-Oct**	**14-Nov**	**14-Dec**	**15-Jan**	**15-Feb**	**15-Mar**	**15-Apr**	**15-May**	**15-Jun**	**15-Jul**	**15-Aug**	**15-Sep**
Abandonment	0	2	1	0	5	0	0	0	3	0	4	2
Alcohol Abuse (Child)	0	0	0	0	0	0	0	0	0	0	0	1
Alcohol Abuse (Parent)	1	1	0	0	0	0	1	0	0	3	0	1
Caretaker ILL/ Unable to Cope	2	0	0	1	0	4	5	0	3	5	1	2
Child's Behavior Problem	1	2	1	1	2	3	7	1	3	3	1	0
Child's Disability	1	0	0	0	2	0	0	0	1	0	0	0
Death of Parent(s)	1	2	0	0	0	0	0	0	0	0	0	0
Drug Abuse (Child)	0	0	0	0	0	0	0	0	0	4	1	0
Drug Abuse (Parent)	3	9	2	6	3	4	0	4	8	3	7	4
Inadequate Housing	1	0	0	0	5	0	0	0	0	0	0	0
Incarceration of Parent(s)	3	6	3	1	3	6	9	8	6	0	5	5
Neglect (Alleged/	28	35	9	25	22	26	40	25	16	39	28	18

Reported)												
Physical Abuse (Alleged/ Reported)	7	5	3	7	7	16	9	4	12	7	9	2
Relinquishment	0	1	0	1	0	0	0	0	1	0	1	0
Sexual Abuse (Alleged/ Reported)	0	0	2	0	0	0	0	0	2	4	0	0
Voluntary	0	0	0	1	0	0	1	0	1	0	1	0
Total Entry Reasons for the month*	**48**	**63**	**21**	**43**	**49**	**59**	**72**	**42**	**56**	**68**	**58**	**35**

*Totals for each reason are not included since a child could have multiple entries as well as reasons during the fiscal period. Although there are 450 entries, there are 614 reasons spread across entries. For the purpose of this report, entries are defined as initial and re-entry into foster care. Notes: CFSA obtained court custody of all children who are listed in this category. The "voluntary" categorization describes the mindset and attitude of the caretaker from whom the child was removed, but is NOT a descriptor of the legal custody status of the child at the time of removal. These are NOT voluntary placement agreements.

Source: FACES.NET PLC208 and CFSA Data Visualization Dashboard System, powered by Birst

Foster Care Entries by Legal Status	**Month and Year**												**Total***
	FY 2015												
	14-Oct	**14-Nov**	**14-Dec**	**15-Jan**	**15-Feb**	**15-Mar**	**15-Apr**	**15-May**	**15-Jun**	**15-Jul**	**15-Aug**	**15-Sep**	
Administrative Hold	4	1	0	6	4	10	11	5	7	10	12	10	**80**
Commitment	21	34	11	23	21	31	33	17	17	22	13	6	**249**
Conditional Release-Parent	0	1	0	0	1	0	0	0	0	1	0	0	**3**
No Court Involvement	0	2	0	0	0	0	0	0	0	0	0	0	**2**
Protective Supervision	0	0	1	0	0	0	0	0	0	0	2	0	**3**
Shelter Care	13	5	2	4	8	9	6	8	16	14	16	11	**112**
Voluntary Placement	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Total Placements for the month	**38**	**43**	**14**	**33**	**34**	**50**	**50**	**30**	**40**	**47**	**44**	**27**	**450**

***** This total represents a unique count of children. Column total may not add up to the total number of children as a child could have entries or multiple entries/re-entries within the same reporting period (Children may re-enter care under different legal statuses within the reporting period). For the purpose of this report, entries are defined as initial and re-entry into foster care. Total is 457; there were seven re-entries between February and August of FY15 for children ranging in age between birth and 16 years old. One sibling group of two children re-entered. Four of the children who re-entered had a legal status of commitment and three where in shelter care.

Source: FACES.NET PLC208 and CFSA Data Visualization Dashboard System, powered by Birst

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

The total number of children in care for 24 months or longer was 469. Disaggregating this subpopulation by length of time in care reported 140 children in care between 24-35 months, comprising 30 percent. Children in care between 36-47 months (n=89), comprised 19 percent. Children in care for 48-59 months (n=48), comprised 10 percent. Children in care 60 + months (n=192) comprised 41 percent. The majority of children in care for 24+ months had a goal of adoption (n=165). This group comprised 35 percent, while the second highest goal assignment was guardianship, comprising 31 percent and the third largest goal assignment was APPLA, comprising 23 percent.

Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay Point in Time: End of FY 2015					
	Length of Stay in Months (FY 2015)				
Goal	**24-35**	**36-47**	**48-59**	**60+**	**Total**
Adoption	64	32	14	55	**165**
APPLA	13	15	10	72	**110**
Guardianship	38	30	16	60	**144**
Legal Custody	2	0	0	1	**3**
Reunification	23	10	7	4	**44**
Data Unavailable #	0	2	1		**3**
Total Children	**140**	**89**	**48**	**192**	**469**
# Data entry errors prevent actual permanency goals from being reflected. These permanency goals should be evenly distributed among the other categories in this table.					

Source: FACES.NET CMT366 and CFSA Data Visualization Dashboard System, powered by Birst

The age distribution of children in care for 24+ months varied in FY 2015. The highest concentration, however, were older children. Children ages 18-20 comprised 40 percent of this population. Of note, 17 percent of the total 469 were age 20 and of those 20 year olds, 55 of them were in care for 60+ months.

District Children Who Became Part of This Class in FY 2015 by Age and Length of Stay					
Key: *Children who entered class in FY 2015*					
	Length of Stay in Months (FY 2015)				
Age (in years)	**24-35**	**36-47**	**48-59**	**60 +**	**Total Children**
2	14	0	0	0	14
3	17	4	0	0	21
4	2	4	1	0	7
5	8	7	3	2	20
6	7	6	0	2	15
7	9	6	2	4	21

8	7	3	2	5	17
9	3	5	0	5	13
10	2	3	0	1	6
11	4	2	2	7	15
12	6	2	1	4	13
13	6	2	2	7	17
14	5	5	3	9	22
15	3	5	1	8	17
16	10	3	4	12	29
17	10	2	6	17	35
18	10	9	9	22	50
19	6	12	5	32	55
20	11	9	7	55	82
Total Children	140	89	48	192	469

Note: Age is calculated as of September 30, 2015.

The legal statuses of the 469 children in care for 24+ months reported 97 percent were committed and 3 percent were in shelter care.

Source: FACES.NET CMT366 and CFSA Data Visualization Dashboard System, powered by Birst

District Children Who Became Part of This Class in FY 2015 by Legal Status and Length of Stay					
Key: *Children who entered class in FY2015*					
	Length of Stay in Months (FY 2015)				
Legal Status	**24-35**	**36-47**	**48-59**	**60 +**	**Total Children**
Commitment	136	86	45	190	**457**
Shelter Care	4	3	3	2	**12**
Total Children	**140**	**89**	**48**	**192**	**469**

Source: FACES.NET CMT366 and CFSA Data Visualization Dashboard System, powered by Birst

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

The total number or children that left care in FY 2015 was 486. Of those children, the majority had been in care for at least two years. The highest proportion of this exit population was between the ages of 6-12, comprising 31 percent of the exit population. Children between the ages of 1-5 represented the second largest proportion, comprising 29 percent. A total of 78 percent had a status of commitment. Administrative hold and shelter care were the other two primary legal statuses reporting 13 percent and 7 percent respectively.

Exit reasons for this population include reunification and aging out as the primary reasons for exit. Reunification comprised 41 percent and aging out comprised 22 percent. Adoption comprised 21 percent.

Exits from Foster Care by Length of Stay and by Month, FY 2015													
Stay (in months)	***2014***			***2015***									***Total by stay***
	Oct	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Apr***	***May***	***June***	***July***	***Aug***	***Sept***	
<1	1	0	1	3	5	9	9	4	3	2	1	3	**41**
1-4	3	1	9	2	3	4	8	3	1	0	4	2	**40**
5-8	1	2	4	5	0	4	0	1	2	3	3	0	**25**
9-12	3	1	8	4	0	4	0	1	3	1	3	0	**28**
13-23	4	16	10	12	4	1	4	7	4	5	8	5	**80**
24+	20	28	21	23	22	32	17	25	18	26	22	18	**272**
Total exits by month	**32**	**48**	**53**	**49**	**34**	**54**	**38**	**41**	**31**	**37**	**41**	**28**	**486**

Source: FACES.NET PLC155 and CFSA Data Visualization Dashboard System, powered by Birst

Exits from Foster Care by Age and by Month, FY 2015													
Age (in years)	***2014***			***2015***									***Total by age***
	Oct	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Apr***	***May***	***Jun***	***Jul***	***Aug***	***Sep***	
<1	3	13	3	4	2	4	5	11	5	6	6	8	**70**
1-5	9	10	15	18	12	12	14	10	6	10	13	6	**135**
6-12	12	15	24	16	8	17	10	5	11	8	14	9	**149**
13-15	7	5	5	7	8	12	5	11	7	8	6	2	**83**
16-18	1	5	6	4	4	8	4	4	2	5	2	3	**48**
19+	0	0	0	0	0	1	0	0	0	0	0	0	**1**
Total exits by month	**32**	**48**	**53**	**49**	**34**	**54**	**38**	**41**	**31**	**37**	**41**	**28**	**486**
Note: Age is calculated as of the date child left care.													

Source: FACES.NET PLC155 and CFSA Data Visualization Dashboard System, powered by Birst

Exits from Foster Care by Legal Status and by Month, FY 2015													
Status	***2014***			***2015***									***Total by status***
	Oct	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Apr***	***May***	***June***	***Jul***	***Aug***	***Sept***	
Commitment	26	46	40	41	27	35	24	31	25	29	36	22	**382**
Administrative Hold	2	1	4	7	4	11	12	7	6	1	2	4	**61**
Shelter Care	4	1	9	1	1	6	2	2	0	6	3	1	**36**
Conditional Release-Parent	0	0	0	0	1	0	0	1	0	1	0	0	**3**
No Court Involvement	0	0	0	0	0	2	0	0	0	0	0	0	**2**
Relinquishment	0	0	0	0	0	0	0	0	0	0	0	1	**1**
Protective Supervision	0	0	0	0	1	0	0	0	0	0	0	0	**1**
Total by	**32**	**48**	**53**	**49**	**34**	**54**	**38**	**41**	**31**	**37**	**41**	**28**	**486**

month													

Source: FACES.NET PLC155 and CFSA Data Visualization Dashboard System, powered by Birst

Exits from Foster Care by Primary Reason and by Month, FY 2015													
Reason	**2014**			**2015**									**Total by reason**
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	
Reunification	13	10	28	27	16	21	22	14	14	13	19	5	202
Aging Out	6	10	8	9	6	17	7	10	6	8	12	8	107
Guardianship	7	4	11	7	6	12	5	6	4	5	2	2	71
Adoption	5	24	6	6	6	4	3	11	7	11	8	13	104
Placement/ Custody to be provided by another District Agency #	1	0	0	0	0	0	0	0	0	0	0	0	1
Death of Youth	0	0	0	0	0	0	1	0	0	0	0	0	1
Total exits by month	32	48	53	49	34	54	38	41	31	37	41	28	486

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

Source: FACES.NET PLC155 and CFSA Data Visualization Dashboard System, powered by Birst

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

Goal distribution for the exit population reported reunification and adoption as the two primary goals identified. Children in FY 2015 exiting care with the goal of reunification comprised 40 percent of all exits, while children in FY 2015 exiting care with the goal of adoption comprised 21 percent of the exit population. Guardianship and APPLA goals comprised 18 percent of the exit population. The length of stay for the exit population by goal includes less than one month for the 196 children with the goal of reunification, then one-to-four months, and 13-23 months as the highest counts. For the children in care with the goal of adoption the highest proportion had been in care for 24+ months. Similarly, for children with the goals of guardianship and APPLA the highest concentration with their exit population has been in care for 24+ months.

Exits from Foster Care by Permanency Goal and by Month, FY 2015													
Goal	**2014**			**2015**									**Total by goal**
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	
Reunification	13	11	28	23	15	21	22	13	15	12	18	5	**196**
Guardianship	7	5	12	10	7	16	6	8	4	7	5	2	**89**
APPLA	6	8	6	8	5	12	7	8	6	6	9	8	**89**

Adoption	5	24	6	6	7	3	3	11	6	11	8	12	**102**
Data Unavailable ††	1	0	1	2	0	2	0	1	0	1	1	1	**10**
Total by month	**32**	**48**	**53**	**49**	**34**	**54**	**38**	**41**	**31**	**37**	**41**	**28**	**486**

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

Source: FACES.NET PLC155 and CFSA Data Visualization Dashboard System, powered by Birst

Exits from Foster Care by Permanency Goal and Length of Stay, FY 2015							
Goal	***Length of Stay in Months (FY 2015)***						***Total Children***
	<1	***1-4***	***5-8***	***9-12***	***13-23***	***24+***	
Adoption	0	0	0	0	27	75	**102**
APPLA	0	0	1	0	0	88	**89**
Guardianship	0	0	0	5	11	73	**89**
Reunification	41	40	21	21	41	32	**196**
Data Unavailable ††	0	0	3	2	1	4	**10**
Total Children	**41**	**40**	**25**	**28**	**80**	**272**	**486**

†† 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.

Source: FACES.NET PLC155 and CFSA Data Visualization Dashboard System, powered by Birst

A total of 134 placement disruptions were reported in FY 2015. The total number of clients with disruptions was 110, and the total client count was 1509. Of those totals, there were 81 disruptions (60 percent) from therapeutic foster homes, and 25 disruptions (19 percent) from traditional foster homes.

Disruptions by Placement Type, FY 2015			
Placement Type	**Total[28] Clients**	**Total Clients with Disruptions**	**Total Disruptions**
Foster Homes (Kinship)	399	5	**5**
Foster Homes (Pre-Adoptive)	91	1	**1**
Foster Homes (Specialized)	34	2	**2**
Foster Homes (Therapeutic)	318	65	**81**
Foster Homes (Traditional Foster Family Emergency (STAR Home))	32	3	**3**
Foster Homes (Traditional)	768	24	**25**

[28] A client can have multiple placement disruption episodes.

Group Settings (Diagnostic and Emergency Care)	3	1	**1**
Group Settings (Group Homes)	120	5	**5**
Group Settings (Independent Living)	89	10	**10**
Group Settings (Residential Treatment)	33	1	**1**
Other (Developmentally Disabled)	1	0	**0**
Other (Not in Legal Placement)	48	0	**0**
Other (Refugee Minor Teen Parent - 1 Child)	1	0	**0**
Other (Substance Abuse Services (Non Paid))	11	0	**0**
	1509[29]	**110**	**134**

Source: Special FACES.NET query request

IV. REDUCING THE NUMBER OF CHILDREN IN CARE

CFSA continues to decrease the number of children in care first by focusing on narrowing the front door to foster care, and secondly by making sure that children exit foster care to a permanent home in a timely fashion. In line with CFSA's *Four Pillar Strategic Framework,* the percentage and count of children in foster care decreased between FY 2014 (1,112) and FY 2015 (1,061).[30] This five percent decrease (n=51) is commensurate with a corresponding and steady incline in the in-home population. Consistently since FY 2012, the number of in-home cases has surpassed out-of-home, supporting the Agency's effort to safely "narrow the front door" and to serve children in their homes, keeping families intact. As of the end of FY 2015, the CFSA client-served population numbered 2641 children. Of these children, 1061 were receiving out-of-home services and 1566 were receiving in-home services.[31]

Narrowing the Front Door

In FY 2015 there were 383 entries into foster care and 72 re-entries into foster care. To continue decreasing these numbers, CFSA has implemented a number of strategies, including the Hotline RED Team, the Differential Response approach, and the Safe and Stable Families Program (see *Evaluation of Services*). These strategies help to ensure child safety and to assess the needs of the family, in addition to working towards improved family engagement and collaborative partnerships.

CFSA also continues to contract with the Collaboratives to provide a range of services to families in their neighborhoods and communities to mitigate abuse and neglect risk factors, build

[29] The disruptions "n" value reflects the total number of episodes.
[30] The Four Pillar Strategic Framework is described in more detail under *Timely Investigations*.
[31] The 2461 count includes an additional 14 children who are placed with a third party. "Third party" placements refer to responsible neighbors, relatives, or other individuals whom the Family Court finds to be qualified to receive and care for the child, but who are neither formally licensed foster parents nor receiving board payments from CFSA. This type of placement has been largely discontinued in the District but still occurs infrequently by order of the Family Court. A third party placement is not considered "foster care".

familial capacity to care for children, promote family stability and self-sufficiency, and ultimately to keep children safe in their homes and out of the foster care system.

In addition to the above, CFSA funds several community-based prevention grants through local and federal dollars to provide services that promote family strengthening, stability, and bonding, as well as reducing the risk of abuse and neglect.

These grant recipients have included the following evidence-based programs:

- *Parent Education and Support Project (PESP)* – Through PESP, parents are able to receive parenting education in their communities through evidence-based curricula which includes the *Chicago Parenting Program*, *Effective Black Parenting*, *Common Sense Parenting*, *Incredible Years*, and others. In addition to the educational sessions, each of the four PESP providers offer parents various supportive services, such as adult literacy, family events, car safety, job or vocational assistance, in-home parent coaching or others, depending on the need of the family.
- *Father-Child Attachment Program* – A family support worker works with expectant and new fathers to provide hands on feedback to improve their bonding and interactions with their child. The model draws from the *Chicago Parent Program* and utilizes video technology and parent individual and group discussions to enhance parental capacities. The video is then used as a learning tool and to promote increased awareness and understanding of the impact of parental behavior on child responses.
- *Home Visitation* – CFSA has contracted with The Mary's Center for Children and Maternal Health to provide home visitation services to CFSA families. The Mary's Center uses a multi-disciplinary approach which includes family support workers, registered nurses, mental health therapists, attorneys and early intervention specialists. These services can begin prenatally or shortly after the birth of a baby (up to three months), and are offered voluntarily, intensively and over the long-term (through the child's 5th birthday).They work with these expectant and new mothers in their homes to address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. The goal of the program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services.

CFSA and its community-based and DC sister-agency partners have also put in place a safety net of prevention services aimed at continuing the downward foster care population trend and enhancing the array and quality of services that children receive in their own homes.

Exits to Positive Permanency

In addition to efforts to prevent entry into foster care, CFSA strives to reduce the number of children in foster care by moving children quickly but thoughtfully to permanent homes. In FY 2015 there were 484 exits of children out of foster care. Of those, 77 percent were children who exited to a permanent home (i.e., reunification/living with other relatives, adoption, and guardianship). The remaining exits were older youth exiting care. In FY 2015, 94 percent of youth who exited care were engaged in after-care services, 88 percent had stable housing, and 45 percent were employed or in post-secondary education.

CFSA's commitment to children exiting care to timely permanency includes initiating the development of a permanency plan on the first day that a child enters out-of-home care. In addition, CFSA strives to place children in the most appropriate, family-like setting that can enable children to continue connections with their family, school, and community, whenever possible. If reunification is not possible, CFSA secures another appropriate permanency outcome, preferably with kin or, if necessary, non-relative placements that can lead to adoption or guardianship. Permanency hearings that have been discussed earlier in this report help to ensure that a specific goal of reunification, adoption, or guardianship is set in a timely manner.

Implementation of strategies to increase exits to permanency include providing adequate assessments for children and families. The Child Needs Assessment (CNA) and the Utilization Management (UM) and Utilization Reviews (UR) serve as a way to assess children's needs and ensure appropriate services. CNAs provide a profile of a child's strengths and needs in order to find the best match at the time of placement, or during a planned re-placement. UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources and services to meet the placement and permanency needs of children in care. Its aim is to review pertinent information prior to, or during, the initial request for services.

CFSA also provides services and support throughout placement to the resource family to assist with placement stability. Some of these services such as Child and Adolescent Mobile Psychiatric Service (ChAMPS) and Mobile Crisis Stabilization (MCS) services help maintain family stability and avoid or reduce risk of disruption by helping children manage emotional behaviors and stabilize situations.

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

CFSA continues to contract with its community-based partners in order to provide families with a range of services that promote safety, stability and well-being. Unless otherwise indicated, all of the services described below were made available to all CFSA populations during 2015. While some of the providers are strategically located in particular neighborhoods, all of the services described are available throughout the entire geographic area of the District of Columbia.

On-site Medical Clinic

CFSA's on-site clinic, the Healthy Horizons Assessment Center (HHAC), is open 23 hours a day, 7 days a week (closed between the hours of 1:00 pm and 2:00 pm to accommodate a lunch hour for staff). HHAC serves as a primary vehicle for referrals to early intervention programs. In addition to the health screenings performed upon a child's entry into care or change of placement, HHAC clinicians initiate further developmental screening referrals when such needs are presented.

In FY 2015, 94 percent of children entering and re-entering foster care placements received initial and re-entry health screenings. For those youth who entered care, 88 percent received a medical evaluation within 30 days and 68 percent that received a dental evaluation within 30 days. In addition, 79 percent of children between the ages of 0-5 received a developmental screening upon entry into care.

HHAC also began disseminating customer satisfaction surveys in 2015 to any patient, birth parent, foster parent, or social worker who enters the clinic for a child to be screened. The survey inquires about the customer's experience with the staff, comfort levels, waiting time during their visit, and the care the client received. Overall, survey results show a highly positive experience for HHAC customers.

Healthy Families/Thriving Communities Collaboratives

Located in District wards where many child welfare matters are brought to CFSA's attention, the Collaboratives house 10 units of co-located in-home social workers to help families in their neighborhoods and communities to access the following range of services geared toward mitigating abuse and neglect risk factors:

- Family Supportive Services include such supports as emergency assistance, crisis intervention, and parent education.
- The *Fatherhood Education, Empowerment, and Development* program utilizes a comprehensive, strengths-based case management model of interventions and supports that help fathers to successfully reunify with their children.
- Aftercare services are provided to youth for two years following their transition from the child welfare system to independent living. Commonly utilized supports include assistance with finding housing, employment, and vocational training, as well as obtaining any benefits or other specialized services for which clients may qualify.[32]
- Community capacity-building efforts strengthen and expand resources available to community residents.
- Housing supports include the following variety of services and resources:

[32] Based on outcome data for FY 2015, CFSA is leading a District-wide initiative to improve and standardize aftercare benchmarks, outcomes, and service models. Information-gathering efforts to date include two stakeholder forums to discuss concerns and share recommendations, two youth focus groups to better understand circumstances and needs, and five stakeholder workgroup meetings to begin operationalizing recommendations. CFSA has also amended aftercare provider contracts to promote enhanced client engagement and require regular provision of financial stipends, to the young adults, for incidental expenses. Currently, CFSA is finalizing an *Outcomes and Benchmarks* document, as well as a *Scope of Work* to guide the Collaboratives in providing services that will set a national standard for achieving positive outcomes for young adults transitioning from care.

- Consultants help explore DC government-funded housing opportunities, locate suitable housing, fill out applications, identify flexible landlords, negotiate reasonable terms, and provide advocacy.
- Flexible funds provide short term financial support to help with such expenses as rent deposits, back payments, furniture, clothing, homemaker services, home maintenance, and repairs.
- *Rapid Housing*, cited earlier, is a program where the DC Housing Authority (DCHA) administers housing payments and the Collaboratives provide case management and support services to families in need of housing or at risk of being homeless.
- *Family Unification Program* gives priority to families with children younger than eight years old. CFSA and DCHA administer vouchers to help these families participate and reunify.
- *Hope and a Home* is a transitional housing facility for families with two or more children. Programming strongly emphasizes education for dependents and job training for parents.
- *So Others Might Eat* provides a facility of townhomes where comprehensive case management and clinical services are provided to larger families.

In 2015, there were a total of 468 referrals dispersed among the five Collaboratives and originating from private agencies and from various CFSA administrations (e.g., CPS, Family Assessment, In-Home, and Permanency).

Safe and Stable Families Program (IV-E Waiver Services)

CFSA was granted a Title IV-E waiver in 2013, which now provides the Agency with more flexibility to use IV-E funds for prevention and in-home services. The waiver has also allowed CFSA to expand its partnerships with both public and private agencies in the District to implement a diverse array of services and resources available to families in all of the District's communities. Through creation of the *Safe and Stable Families Program*, CFSA looked to identify and address gaps in the existing service continuum in order to meet changing community needs. (*See program components below*.)

Currently, CFSA is working with independent evaluators to gather quantifiable data for an overall assessment of the *Safe and Stable Families Program*. Early efforts have included focus groups with CFSA and private agency staff in order to gather feedback on implementation of the program. Participants identified both strengths and areas in need of improvement. Specific feedback included client appreciation of more individualized services and the early intervention programs, e.g., home visitation that is well suited to address family needs. Participants also discussed how the program's assessments were appropriate for the population served. It was also noted that provider agencies are becoming more data-driven, i.e., using data collection and analysis to help drive decisions that can positively impact outcomes for children and families.

Areas identified for improvement included overall engagement of staff, family, and community. In addition, participants cited a need for the improvement of programmatic implementation systems. As a result of this feedback, the following components have been incorporated into a continuous quality improvement plan:

- Strategy for developing pathways to increase information-sharing between CFSA and programs
- Development of a plan for marketing services
- Increasing timeliness of engagement
- Development of an electronic referral system

Examples of Title IV-E waiver-funded programs are listed below.

Collaboratives as Service "Hubs"

CFSA has been able to strengthen its existing contractual partnership with the Collaboratives by facilitating their evolution into true community "hubs" where residents can, in their own neighborhoods, gain access to services, resources, and supports that address all of their needs. CFSA is also providing technical assistance to the Collaboratives to assess their current capacity to develop strategies that enhance skills and desired outcomes.

Behavioral Health Services

CFSA has fostered partnerships between the Collaboratives and the DC Department of Behavioral Health (DBH) to increase the accessibility of behavioral health and pediatric health services. DBH clinicians are now co-located at the Collaboratives in order to conduct substance abuse screenings and mental health assessments, in addition to connecting children and families with services. CFSA nurses are also co-located at the Collaboratives in order to support families with young children (birth to age six) who have an identified health need.

Capacity Building Awards

CFSA has allocated funding to the Collaboratives to award capacity building or mini-grants to community-based providers within their service areas to expand or develop services and resources. Proposals are intended to target families with children (birth to age six) or young parents (ages 17 to 25) and to address a gap in the existing service array.

Family Preservation Models

Homebuilders is an evidence-based model that provides intensive crisis intervention, counseling, and life-skills education in the home for families at imminent risk of having a child placed in foster care. Additionally, *Homebuilders* provides accesses to resources that address specific needs. Child safety is promoted through small caseloads, program intensity, and 24-hour service availability.

Project Connect assists high-risk families that are involved with the child welfare system and are affected by parental substance abuse. The program supports parents in recovery in order to expedite reunification efforts and to prevent a child's re-entry into foster care. *Project Connect* offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services, as needed. While circumstances and needs vary, the program serves clients, on average, for around 12 months.

Parent Education and Support Project (PESP)

PESP promotes sustained engagement of parents in specialized parent education programs in conjunction with the development of ongoing peer supported or post-intervention programs. Its community-based grantees work within specific neighborhoods and address specific populations with unique needs.

Home Visitation

Service providers facilitate family stabilization by providing in-home services to increase the likelihood of families taking advantage of specific services.

Safe Families for Children

CFSA has teamed with the faith-based organization, DC127. DC127 comprises a group of churches that work to recruit and support foster parents in the District. Through the *Safe Families for Children* program, families confronting homelessness, unemployment, incarceration of a parent, domestic violence, or other stressors can access the assistance of volunteer families to temporarily care for their children. In addition to providing care, the volunteer families can provide the parent with such supports as coaching, mentoring, and assistance in accessing further resources.

*Neighborhood Legal Services Program (*NLSP)

NLSP is a CFSA grantee that provides free legal advice and representation to low income families involved with CFSA or the Collaboratives. Areas of expertise include family law, housing law, and public benefits law. NLSP's services provide the kind of critical early intervention that can decrease the likelihood of formal involvement with the child welfare system.

Family Supportive Services

DC Child Trust Fund (DCCTF)

DCCTF helps CFSA strengthen families and protect children from abuse and neglect through public education and parent support programs. DCCTF also provides targeted funding and technical assistance to help local groups build capacity to implement child abuse prevention programs. To address the training needs of parents, DCCTF has established the Center for Excellent Parenting and Communities, which focuses on three broad categories: (1) parent education, (2) parent support, and (3) community awareness. CFSA continues to partner with DCCTF to support expansion of the District's network of coordinated child abuse prevention resources and activities.

Child and Adolescent Mobile Psychiatric Services (ChAMPS)

ChAMPS offers emergency mental health services to CFSA's in-home population, as well as to District wards residing in Maryland foster homes. Program objectives involve the promotion of placement stability. In FY 2015 ChAMPS received a total of 1409 calls, of which 894 were deployable. Of the total calls received, 205 calls were related CFSA-involved youth.

Mobile Crisis Stabilization (MCS)

The MCS program was created to provide comprehensive services for foster families in the District and Maryland. When foster families experience challenges that put a placement at risk of disruption, e.g., acute symptoms of family stress, MCS provides services to help restore the family to optimal pre-crisis levels of functioning. In FY 2015, a total of 109 referrals were sent. Of that number, 56 were District placements, 52 were in Maryland, and one was in Virginia. In 103 of the cases, the placement was maintained. Replacement was necessary in the remaining six cases. In FY 2015, CFSA began discussions to expand this service to include an after-hours support line for foster parents to begin in FY 2016.

Parent Advocacy Project (PAP)

As noted earlier under *Reunification Successes,* PAP mentors provide free consultation for services and referrals, as well as one-on-one support to parents. PAP mentors also facilitate engagement between parents and social workers, and promote a parent's progress toward case goals.

Services Tailored to the Permanency Needs of Children in Foster and Adoptive Placements

Time Limited Reunification

A team of reviewers was created to address the difference between stability and permanency for each case. Team representatives include staff from CFSA's Program Operations administration, the Office of the Attorney General, the Foster Care Resource administration, and units from CFSA and each of the private agencies. During case reviews, team members discuss data related to length of time in care, permanency goals, length of time under particular permanency goals, strengths, and areas for improvement.

Kinship Placements

CFSA prioritizes kinship placements in order to preserve family relationships, which facilitates the transition to out-of-home care by placing a child in a home where pre-existing relationships are sustained. In addition, disruptions are frequently reduced when children are living with relatives. CFSA's Family Team Meeting (FTM) Unit, Diligent Search Unit, and Kinship Licensing Unit identify and engage family members at the earliest possible stages of a case to ensure direct involvement in case planning to ensure kinship placements whenever possible.

CFSA established the *KinFirst* program to expedite the process of locating and engaging willing and able relatives to care for children who must be placed in foster care as the result of an emergency situation or imminent risk to safety. For children not in an emergency situation but who are at risk of removal, an FTM may be held to develop a case plan with the direct involvement of the family, along with formal and informal supports. By providing an opportunity to identify additional family supports, the FTM process increases the likelihood of stabilization and reduces the risk of removal.

As noted earlier under *Kinship Licensing*, CFSA utilizes a temporary licensing process to allow a child to be placed with a relative immediately upon removal from the home of origin. While accommodating the child under a temporary license, the relative receives CFSA support toward obtaining full licensure.

Lastly, CFSA has also developed a long-standing *Grandparent Caregiver Program* to provide assistance and funding for elderly relatives caring for children. This program also helps to prevent foster care placement. Just over 700 children were served through this program as reported in the *2014-15 Grandparent Caregivers Program Annual Report*.

DC Family Link

As described under *Reunification Successes*, shared parenting is based on the premise that permanency potential increases and all parties benefit when birth and foster families connect in a positive way. DC Family link features a facilitated *Icebreaker* meeting that focuses on the

child's needs and provides an opportunity for birth and foster parents to exchange information related to routines and best methods of supporting the child.

Adoption Promotion and Support Services

Again, CFSA ensures that supportive services are available to families after adoption or guardianship through its partnership with the Post Permanency Family Center (PPFC), administered by Adoptions Together. Prior to the finalization of these permanency goals, the social worker notifies families of the availability of PPFC services, which include information, trainings, resources, and referrals. Additionally, CFSA has implemented an internal post-permanency unit to address the service needs of children after adoption or guardianship finalization.

VI. EVALUATION OF AGENCY PERFORMANCE

As a result of the initial *LaShawn A. v. Barry* lawsuit,[33] CFSA provides two progress reports twice a year to CSSP.[34] This report outlines the Agency's performance and progress on the 88 IEP standards. The information below is per the June 2015 report that provides data for the monitoring period between January and June 2015.

As of the June 2015 report, the District met 75 (85 percent) of the 88 standards. During the previous six-month reporting period, CFSA achieved 74 of the IEP standards. Of these, CFSA maintained required performance for 67, and partially maintained performance for four. The Agency did not maintain, however, the required performance level for two placement standards that have now been moved to "an outcome to be achieved".

CFSA has been working on finalizing a new strategy placement plan to specifically address the placement issues identified in the standards that were not maintained. The plan will include both short- and long-term strategies related to foster parent recruitment, licensing, training, placement, placement support, and continuous quality improvement.

Continuous Quality Improvement (CQI) and Quality Assurance (QA) Activities

The Agency Performance office (AP) was formed in 2011 to spearhead CFSA's efforts for meeting and surpassing the exit standard requirements set forth under the *LaShawn* Implementation and Exit Plan, cited earlier in this report. AP also provides management, development, and oversight of performance standards for overall best practice in child welfare. AP further oversees the collection and submission of quantitative data, providing Agency leadership and management with a consistent, reliable resource for evaluating performance and for improving practice.

Some of AP's responsibilities include preparation of the Agency's Four Pillars Scorecard, as well as compiling the findings from Agency case reviews, and analyzing the ad hoc data that

[33] The LaShawn lawsuit follows the tenure of each Mayoral administration so that current references would be cited as *LaShawn A. v. Bowser*.
[34] Cited earlier under Agency Performance Reviews and Finding under Case Plan Reviews.

measures CFSA's benchmark performance. Lastly, AP works with numerous divisions within the Agency to evaluate their individual performance through the following assessments, analyses, and trend reports:

Entry Services

- Educational Neglect Trend Analyses and Data Reconciliation
- Hotline CQI
- Caseload Compliance
- Acceptable Investigations
- Closed Investigations and Exceptions Analysis
- Removal Analysis

Community Partnerships

- Practice Quality Assurance Process
- Technical assistance and monitoring key reports such as visitation, repeat reports, etc.

Placement and Permanency

- Positive Permanency Trend Analysis
- Permanency Scorecard
- Visitation Analyses
- Safety Assessment
- Older Youth Scorecard
- Youth Transition Planning Reviews

Additional evaluation of services and practice are under the purview of the Quality Improvement (QI) division of CFSA's Office of Planning Policy and Program Support. QA is responsible for monitoring and communicating the status of qualitative factors through CFSA's data collection tools. QI advises management regarding performance and the effectiveness of case practice and service provision. The following activities are conducted by QI:

- The Quality Assurance Trend Analysis Report
- Quality Service Reviews
- Closed Investigation Reviews
- Hot Line Calls
- Child Fatality Review Narratives

VII. RECOMMENDATIONS FOR ADDITIONAL LEGISLATION OR SERVICES

CFSA's focus for FY 2016 is to create legislation that can help to support Agency efforts in keeping families together and enhancing service delivery to children in foster care. The following bills will impact child welfare practice are under consideration in various stages of the legislative process:

Law/Regulation	Action	Purpose/Justification
The Grandparent Caregivers Program Relative Subsidy Transfer Amendment Act of 2015	Amend Law	To amend the Grandparent Caregivers Pilot Program Establishment Act of 2005 to allow the Grandparent Caregivers Program subsidy to be transferred to a relative caregiver when a grandparent is no longer able to care for the child.
Encouraging Foster Children to have Connections With Siblings Emergency Amendment Act of 2015	Amend Law	To amend the Prevention of Child Abuse and Neglect Act of 1977 to encourage the placement of foster children with individuals who would have been considered siblings but for the termination of parental rights or death of a parent. *The Preventing Sex Trafficking and Strengthening Families Act* (P.L. 113-183) amends the Title IV-E state plan by requiring that states and the District encourage the placement of foster children with siblings including individuals who would have been considered siblings but for the disruption of parental rights.

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

Upon completion of each APR, CFSA provides a copy to the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) for comments and recommendations. MACCAN was first established under the administration of Mayor Marion Barry, and the Committee's stated purpose was initially 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.[35]
5. Convene on a quarterly basis, at a minimum.
6. Maintain meeting minutes.
7. Undertake other duties as assigned.

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

[35] 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.

- 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 April 2014, the above order was amended again through Mayor Vincent C. Gray's *Order 2014-074,* which expanded the details described above, as well as amending the terms of the members of the Committee appointed by *Mayor's Order 2012-158*. With the current order (2014-073), members shall continue to serve on the Committee until their term expires.

The order was also amended to rescind MACCAN's responsibility for serving on the Multidisciplinary Task Force under the Children's Justice Act (CJA) Grants under Public Law 100-294, the *Child Abuse Prevention and Treatment Act of 1988*.

In FY 2015, 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 and the Board of Ethics and Government Accountability.

CFSA has annually provided MACCAN with an early draft of the APR for purposes of review and recommendations. The following section outlines MACCAN's response to the FY 2015 APR:

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.

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