

# Annual Public Report FY 2016

Implementation of the Adoption and Safe Families  
Amendment Act of 2000



District of Columbia Government  
Child and Family Services Agency

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## Mission

The District of Columbia (DC) Child and Family Services Agency (CFSA) is the public child welfare agency in the District of Columbia. CFSA's mission is to promote the safety, permanence, and wellbeing of abused and neglected children in the District of Columbia and to strengthen their families.



## CFSA's Four Pillars Strategic Framework

In 2012, CFSA initiated a new strategic agenda known as the *Four Pillars*. This strategic framework guides CFSA's efforts to improve outcomes for children and families. The Pillars are distributed across the child welfare continuum. They are values-based and strategy-focused, and each includes a series of specific outcome targets.

- ▶ **Pillar One: Narrowing the Front Door**  
Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe.
- ▶ **Pillar Two: Foster Care as a Temporary Safe Haven**  
Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care.
- ▶ **Pillar Three: Ensure Child Well Being**  
Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.
- ▶ **Pillar Four: Exit to Positive Permanency**  
Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills for successful adulthood.

## Philosophical Statement on Permanency

Permanency is reunification, adoption, guardianship or legal custody.<sup>1</sup> When these options are exhausted, CFSA ensures 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 wellbeing
- 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 he/she transitions from foster care to self-sufficiency

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

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## EXECUTIVE SUMMARY

Under the *Child and Family Services Agency (CFSA) Establishment Act of 2001*, CFSA is required to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public by February 1 of each year.

Correspondingly, the the *Adoption and Safe Families Amendment Act of 2000* (DC ASFA) describes additional requirements that must be addressed in the APR.<sup>2</sup>

Passage of the DC ASFA was required by the Federal *Adoption and Safe Families Act of 1997 (AFSA)* which sought to promote the safety, permanency and wellbeing of children in foster care, accelerate the permanent placement of children in care, and increase the accountability of the child welfare system. The law required compliance of individual states in order to continue receiving federal funds for child welfare. Thus, each state had to pass legislation compatible with ASFA.<sup>3</sup>

The APR addresses the nine requirements of the DC ASFA noted in the text box , as well as the following seven elements described in CFSA's Establishment Act (below and in *Appendix A*):

- (1) 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)
- (2) A full statistical analysis of cases
- (3) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District
- (4) 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

### Requirements of DC ASFA

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

<sup>2</sup> The Council of the District of Columbia passed the DC ASFA in March 2000 (DC Law 13-136; 47 DCR 2850). DC ASFA requires CFSA to implement and maintain system-wide operational improvements for the District's child welfare system.

<sup>3</sup> DC ASFA reflects the service delivery and best practice requirements included in the federal *Adoption and Safe Families Act of 1997*, Public Law 105-89: H.R. 867.

- (5) An evaluation of the Agency's performance
- (6) 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)
- (7) 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

Both the federal and DC ASFA require timely placement of children in safe and enduring living arrangements.<sup>4</sup> To that end, CFSA must meet an array of statutory practice and process requirements, including “reasonable efforts” to place children in permanent homes, establishment of firm DC time requirements for CFSA to petition the termination of parental rights for children who cannot be reunified with their parents (15 months), and timeliness of adoptions (24 months). At the end of the District’s 2016 fiscal year (FY), October 1 – September 30, there were 214 children placed in kinship foster homes, 186 children in CFSA-licensed foster homes, and 436 children in private agency-licensed foster homes.<sup>5</sup>

Wherever possible, data are included in program descriptions.<sup>6</sup> Sources may be identified through the internal benchmarks outlined in CFSA’s *Four Pillars Score Card* (see *Appendix B*). Other data are identified through benchmarks from the *LaShawn Implementation and Exit Plan* (IEP).<sup>7</sup> At times, these two sources may have the same or overlapping benchmarks. In some places, the *LaShawn* performance report reflects the Court Monitor’s report data during a six-month period (either July – December 2015 or January – June 2016).<sup>8</sup> Additional data sources include CFSA’s data visualization dashboard system, called BIRST, and management reports from CFSA’s statewide automated child welfare information system, known as FACES.NET.<sup>9</sup>

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<sup>4</sup> The term “children” in this document refers to clients from birth to age 20.

<sup>5</sup> *CFSA Daily Snapshot (Status Report)* – September 30, 2016.

<sup>6</sup> Some CFSA grant- and contract-funded community-based programs were unable to provide data or evaluation information by the time of this writing.

<sup>7</sup> 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.

<sup>8</sup> The Center for the Study of Social Policy (CSSP) is the Court Monitor for Agency compliance with the standards set forth by the IEP. The District is working to meet all requirements of the IEP to exit the lawsuit.

<sup>9</sup> Per the federal Administration for Children and Families, all states are encouraged to create statewide automated child welfare information systems (SACWIS) for establishing electronic case files that allow data reporting in compliance with the requirements of the federal Adoption and Foster Care Analysis Reporting System (AFCARS).

## A. IMPLEMENTATION OF DC ASFA

CFSA has taken the following specific actions to ensure compliance with the nine ASFA requirements outlined on page five. While each of the services described below were active in FY 2016, CFSA continues to review and evaluate service outcomes.

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

#### Case Plans

CFSA's Permanency Planning Policy requires social workers to develop an initial case plan within 30 days of transferring a case from the Child Protective Services (CPS) administration. Case planning must occur as a team effort.<sup>10</sup> A child's team reviews case plans every six months or more frequently if needed. Each review assesses a child's status and progress toward short- and long-term goals. The reviews also evaluate the appropriateness, effectiveness, comprehensiveness, responsiveness, and timeliness of interventions. For each review, the assigned social worker convenes the family and the case management team to complete updates and modifications as appropriate. A supervisor reviews the final, or updated, case plan which must be signed and dated by the parents and age-appropriate child. A hard copy is maintained in the case file while a soft copy is documented in FACES.NET. To ensure timely documentation and completion of case plans, CFSA uses an online tracking dashboard that reminds social workers of time frame requirements.

#### Assessments to Inform Case Planning

In 2015, CFSA began integrating best practice child and caregiver functional assessments (described below) into the online case plan module to support CFSA's trauma-informed practice efforts. Data from the functional assessments automatically populate into the case plan as well as transferring into the service plan. The service plan, which is also documented in FACES.NET, defines specific tasks to meet the goals of the case plan.

There are three primary assessment tools for the purpose of case planning, all of which are completed every 90 days: the Caregiver Strengths and Barriers Assessment (CSBA), the Child and Adolescent Functional Assessment Scale (CAFAS), and the Preschool and Early Childhood Functional Assessment Scale (PECFAS), depending on the child's age.<sup>11</sup> The CAFAS and the PECFAS measure a child's functioning over the following domains that are automatically included in the individualized case plan:

1. School or work
2. Home
3. Community

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<sup>10</sup> A child's team generally comprises the social worker, the child who is developmentally capable of participating in the process, birth parents, resource parents, attorneys, extended family members, and other individuals who provide formal and informal supports.

<sup>11</sup> CSBA is a caregiver assessment tool. CSBA focuses on 14 domains related to birth 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.



4. Behavior toward others
5. Mood or emotions
6. Self-harming behaviors
7. Substance use (Note: PECFAS does not measure substance use.)
8. Thinking capabilities



At the end of FY 2016, FACES.NET management reports indicated that 91 percent of children receiving out-of-home services (i.e., foster care) had current case plans and 81 percent of children and families receiving in-home services had current case plans.<sup>12</sup>

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

Of the 490 children who exited care in FY 2016, 229 (47 percent) exited to reunification—a 14 percent increase from FY 2015. The following strategies are those used to facilitate family engagement and support reunification.

### **Family Team Meetings (FTMs)**

The FTM is a best-practice vehicle for initiating engagement with birth parents and kin. It is a structured planning and decision-making meeting, led by trained facilitators, that focuses on engaging families, family supports, and professional partners to develop the initial case plan and to lay the groundwork for permanency. Participation may include parents, non-custodial parents, children (where appropriate), any identified kin, and the guardian *ad litem*. On average the FTM includes three family members or close family friends.

In FY 2016, CFSA conducted 430 FTMs. Of these, 187 were related to removals, 179 to the risk of removal, 28 to permanency, 35 to youth LYFE conferences (Listening to Youth and Families as Experts), and one scheduled for an unspecified need.

### **Teaming**

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 among birth families, foster families, and service providers to discover together the most beneficial approaches to successful 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

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<sup>12</sup> Data for FY 2016 is point-in-time data, not an average, except where noted.





designed to facilitate and support faster, safer, and permanently lasting reunifications for families and children.

The *Four Pillars Score Card* benchmark for reducing the average number of months to reunification is 12 months. In FY 2016, CFSA's performance for the universe of children reunifying (i.e., 229) was on average 15 months. For parents involved in PAP at the end of FY 2016, there were 41 cases with an average length of time for a child in care prior to reunification being 14.2 months.

### Shared Parenting

DC Family Link recognizes that permanency and stability outcomes are more successful when resource 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.

### Kin First

Continuity of family relationships increases the likelihood of successful reunification. We place children with kin as the first option whenever possible.<sup>13</sup> We also work to place siblings together as a strategy for preserving family relationships. As of the end of FY 2016, 68 percent of children were placed with a sibling.

### Visitation

CFSA has made great strides to reach the *Four Pillars Score Card* benchmark (85 percent) for visits between parents and children in foster care with the goal of reunification. At the conclusion of FY 2016, CFSA's performance for parent-child visits for children with the goal of reunification stood at 88 percent.

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

DC Municipal Regulations mandate the following response times for commencing investigations, depending on the nature and severity of the allegations:

- ▶ 2 hours if the child's health or safety is in immediate danger
- ▶ 24 hours for all others

"Commencing" an investigation is essentially the immediate preparation for the field visit and may include a review of the allegations and report, call to the reporter, and review of family history with CFSA (or other jurisdictions). Face-to-face contact with the alleged victim, however, is to occur within 48 hours of the Hotline call.

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<sup>13</sup> People are considered "fictive kin" when they are regarded as part of a family even though they are not related either by blood or marriage bonds. Fictive kinship includes ties of affection, concern, obligation, and responsibility.

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.



The *Four Pillars Score Card* standard for initiating investigations (i.e., commencing and making face-to-face contact) within 48 hours is 95 percent. During the review period for 2016, the performance on this standard fell a bit short, ranging from 88 to 91 percent.

Appropriate action taken for timely investigations includes making “good faith efforts” to interview the alleged victim child within the 48-hour time period. If the child is unable to be interviewed, good faith efforts include 1) visiting the child’s home at different time of the day; 2) visiting the child’s school and/or daycare in an attempt to locate the child if known; 3) contacting the reporter, if known, to elicit additional information about the child’s location; 4) reviewing the CFSA information system and other information systems (e.g., ACEDS); and 5) contacting the police for all allegations that a child’s safety or health is in immediate danger.<sup>14</sup>

Good faith efforts data from January – June 2016 show that 77 percent of investigations included such good faith efforts.<sup>15</sup>

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

CFSA utilizes an array of services that it either contracts with or refers to other District-based services that support reunification. In addition to the earlier cited services (FTMs, PAP, and DC Family Link), we have also implemented the services described below.

### **Coordination of Mental Health Services**

The Department of Behavioral Health (DBH) and CFSA have developed a strong collaborative partnership that includes co-located staff at CFSA as well as at the five community-based Collaboratives. Integral components of the partnership include referrals and access to mental health assessments at all sites, along with timely coordination of substance abuse screenings. This range of programs and initiatives establishes a consistent approach to serving children and families involved with both the child welfare and mental health systems.

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<sup>14</sup> ACEDS is the District of Columbia’s automated client eligibility determination system, which is overseen by the District’s Economic Security Administration.

<sup>15</sup> CFSA and the Court Monitor conduct an “audit” (i.e., secondary review) of FACES.NET data to validate instances where good faith efforts were documented.

CFSA, DBH, and the DC Department of Human Services (DHS) also collaborate on *DC CrossConnect* (DCCC), a joint initiative to improve service delivery for families involved with all three agencies.<sup>16</sup> Using a cross-systems model based on national best practices, the framework is made possible by several factors, including co-location of staff, the unified case planning protocol, and the ongoing practice of shared data solutions. Representatives from all three agencies also receive cross-system and RED team training for shared practice and experience. As a result, providers and families are engaged through one plan providing clear direction, purpose, and support. Within the first six months of FY 2016, the following outcomes were reported:

Measure	Before DCCC	After DCCC	Percent Increase
Families with stable housing	23	36	56
Families with proper income supports	21	28	33
Families engaged and satisfied with behavioral health services	17	27	59

*For participating families, there were no new substantiated reports of child abuse or neglect, nor any removals of children from home.*

## Housing Strategies

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

- ▶ CFSA directly manages the Rapid Housing Program (RHP) which provides short-term rental payments to families and eligible youth aging out of foster care in need of stable housing. CFSA also manages the *Family Unification Program*, which gives priority to families with children younger than eight years old. Both CFSA and the DC Housing Authority administer vouchers.
- ▶ *Hope and a Home* is a transitional, supportive housing facility for families with two or more children. Programming strongly emphasizes education for dependents and job training for parents.
- ▶ *So Others Might Eat* (SOME) provides a two-year housing program with supportive services to help stabilize homeless families.

Usage data for the programs include the following number of clients served:

<sup>16</sup> 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).

Housing Program	FY 2016 Program Capacity	FY 2016 Clients Served*	FY 2016 Clients Discharged	FY 2017 Current Census (as of Dec 1 2016)
Hope and a Home	2	3	1	3
SOME	5	5	0	5

\*The number of clients served may be higher than capacity whenever one set of clients has completed a program and new clients enter the program within the same fiscal year.

### Healthy Families/Thriving Communities Collaboratives

The five Collaboratives listed below are strategically located in neighborhoods where larger numbers of families have historically had greater contact with the District of Columbia's child welfare system. Each collaborative draws on the unique capabilities and services found within its network of core neighborhood-based prevention services that assist at-risk children and families.

- ▶ *Collaborative Solutions for Communities (CSC)*: CSC provides family services, connecting families living in Wards 1 and 2 to the resources and support systems they need to preserve and maintain stable and healthy families. In addition, CSA offers training on family engagement for service providers, workforce development for clients, violence prevention programs, and a summer soccer league for youth.
- ▶ *East River Family Strengthening Collaborative (ERFSC)*: ERFSC serves the residents of Ward 7, providing educational workshops and training for parents, as well as economic empowerment, referral assistance, housing assistance, and case management services. Services for youth include truancy prevention, leadership development, advocacy, summer camp, and summer employment.
- ▶ *Edgewood/Brookland Family Support Collaborative (E/BFSC)*: E/BFSC provides services to all communities in Ward 5 and Ward 6. E/BFSC's array of services includes neighborhood-based prevention services to strengthen families and prevent child abuse and neglect before signs are present; address at-risk families who have one or more risk factors that are associated with child maltreatment; and provide support to families to reduce the incidence of a recurrence of child abuse and neglect.
- ▶ *Far Southeast Family Strengthening Collaborative (FSFSC)*: A unique grass-roots organization serving children and families in the Ward 8 community, FSFSC programs and services include case management services, community capacity building, employment assistance, family financial planning, family support services, housing assistance, men and boys program, supervised visitation program, and youth after-care.
- ▶ *Georgia Avenue Family Support Collaborative (GAFSC)*: GAFSC reaches out to residents in Wards 1 and 4, providing case management services, family housing and re-stabilization, truancy prevention, parent engagement, mental health services, and community outreach.

It is the Collaboratives' vision to develop and sustain a seamless network of community partners throughout the District of Columbia that work to build strong families and supportive communities in which children and adults can safely and productively reside and thrive.

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:* The Collaboratives coordinate family preservation or family reunification support services whenever families are identified to receive these services.<sup>17</sup> 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
  - 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

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<sup>17</sup> Additional evidence-based practice services are described under Family Preservation Models in *Section V. Evaluation of Services*.

Collaborative	# of Referrals
Collaborative Solutions	140
East of the River	170
Edgewood/Brookland	187
Far Southeast	227
Georgia Avenue	112
<b>Totals</b>	<b>836</b>

In FY 2016, there were a total of 836 combined (i.e., Permanency Administration, Entry Services, and In-Home) CFSA referrals to the Collaboratives.

### Substance Use Treatment Supports

Referrals are made as appropriate to intensive programs that support reunification for substance-affected families.

- ▶ *Project Connect.* *Project Connect* is an evidence-based family preservation model for substance-affected families with at least one child in foster care with the goal of reunification. While the goal for most *Project Connect* families is maintaining children safely in their homes, the program also works to facilitate reunification, which is how CFSA uses the model. While circumstances and needs vary, the program serves clients, on average, for 12 months. In FY 2016, *Project Connect* served 52 families with 130 children. Ten families (19 percent) were successfully “discharged” after completing the program while five were discharged after unsuccessful completion. There are 37 families (71 percent) still enrolled.
- ▶ *Family Treatment Court (FTC).* Family drug courts offer an important and effective way to address parental substance use disorders within the child welfare and court systems. The Family Treatment Court in DC promotes family reunification through the provision of comprehensive substance use treatment and related services to facilitate achieving timely permanency for children. Although historically the program served mothers whose cases involved both substance use and child neglect, and only offered residential treatment options, it has expanded to include fathers and outpatient and intensive outpatient treatment options. In FY 2016, there were 35 parents and guardians enrolled in the program. Of these, 21 children were reunited with their families.

### 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.

CFSA’s first priority is always to reunite children with their parents. When reunification is not possible, CFSA provides a safe and stable alternative placement. Because this can often be accomplished through adoptive families, CFSA’s adoptive parent recruiters are assigned to each CFSA administration and to each CFSA-contracted agency to serve as the point of contact after

a goal of adoption is established. 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. At the end of FY 2016, there were 225 children with the goal of adoption, and 37 children placed in pre-adoptive homes with a court-ordered goal of adoption (as specified in the child's permanency plan). There were 101 children who actually achieved their adoption goals.

Through use of the *Consultation and Information Sharing Framework*, staff members assess 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.

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 services for any child who has achieved permanency via adoption or guardianship, no matter the length of time that permanency was achieved. 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. CFSA notifies families that PPFC is also a support for their transition to adoption or guardianship.

CFSA also contracts with the Center for Adoption Support and Education (CASE) which provides lifelong services and support to children who have been adopted or achieved permanency through guardianship. It utilizes an adoption-centered therapeutic approach to enhance the overall wellbeing of children and families benefitting from its services. CASE also offers a myriad of other supportive services for families, including adoption competency trainings, parent and family education, as well as other permanency-related workshops and seminars.

After permanency is achieved, the CFSA Permanency Specialty Unit may look at services provided by both CASE and PPFC to support a family's unique needs, whether it is addressing a history of trauma, lack of employment, limited education, etc. For example, CASE is equipped to manage more challenging cases (e.g., cases involving overturned adoptions, competing adoptions, and more heavy court-involvement) while PPFC offers monthly respite services and crisis support 24 hours a day, 7 days a week. The final decision ultimately depends on the family's needs.



CFSA also provides adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs. These subsidies help to ease the potential financial challenges that often come with welcoming a new child or sibling group into the home. Criteria for receiving subsidies are outlined in CFSA's [Adoption Subsidy](#) policy, CFSA's administrative issuance on [Guardianship and Grandparent Caregiver Subsidies](#), and the District of Columbia's Municipal Regulations (DCMR) Title 29, Chapter 61: [Permanent Guardianship Subsidies for Caregivers](#).

**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 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.

In order to be licensed as a prospective kinship caregiver, foster or adoptive parent, or legal guardian, DCMR requires documentation of criminal records checks as well as Child Protection Register clearances, 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. Every criminal records check includes results from 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 resource parent, adult, or employee.

The timely completion of criminal background checks is paramount and has therefore created a staff position for an in-house fingerprint specialist who is trained and certified by the FBI to use their "LiveScan" fingerprinting technology. Once fingerprints are collected, the fingerprint 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.

In regards to the licensing renewal and re-evaluation process, CFSA conducts criminal records checks once every two years and Child Protection Register 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 members review 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 home or facility environment study and originals are filed in the case file.

### **Child Protection Register (CPR)**

CFSA's CPR is an electronic database recording the names of those individuals who have been substantiated for child abuse and neglect in the District of Columbia. CPR unit 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 resource 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 a substantiated allegation of child maltreatment that results in the individual's name being placed on the register, 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.**

Instead of administrative reviews, CFSA examines data from the Family Court to determine the extent to which timely permanency goals are being met. District of Columbia law requires that the Family Court hold initial permanency hearings for every child within 12 months after the child's entry into foster care and at least every six months thereafter, for as long as the child remains in an out-of-home placement.

### **Permanency Hearings**

During the disposition hearing for an abuse or neglect case, if a Family Court judge determines that a child will be placed in foster care, the child's case will be regularly reviewed by the 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 child welfare 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 *2015 Annual Report*, more than 90 percent of cases had a permanency hearing or were dismissed within the required timeline.<sup>18</sup> As of the end of the 2015 calendar year, 100

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<sup>18</sup> 2016 data from the Family Court Annual Report will not be available until after the submission of this APR.

percent of the cases filed had permanency hearings within the statutory time frame, which is five percent up from the 95 percent reported in 2014. In addition, judicial officers closed 452 post-disposition abuse and neglect cases over the course of the 2015 calendar year. Of these 452 cases, 76 percent were closed because permanency was achieved. Cases that closed due to reunification increased slightly to 30 percent (versus 29 percent in 2014) while cases closed due to adoption increased to 23 percent (versus 19 percent in 2014).

### 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.

The following revisions were implemented in FY 2016 to comply with federal requirements and reflect best practices:

- ▶ A separate section in the disposition and permanency hearing orders for alternative planned permanent living arrangements (APPLA) 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.
- ▶ Language currently inquires whether the Agency and resource parents are adhering to the reasonable and prudent parenting standard. Specifically, the language seeks assurance that children in foster care have the same opportunities as their non-foster care peers to engage in age or developmentally appropriate enrichment, cultural, extracurricular, and social activities.<sup>19</sup>
- ▶ In addition to the above language, recommendations for the following revisions are slated for implementation in FY 2017:
  - New language to ensure that the *Reasonable Efforts* section indicates compliance with standards required by PL 113-183 (*Preventing Sex Trafficking and Strengthening Families Act of 2014*, specifically: *Description of Agency efforts to return the child to the home or to place with a relative or in a guardianship or*

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<sup>19</sup> CFSA's Office of Planning, Policy, and Program Support initiated development of FY 2016 materials to promote the Reasonable and Prudent Parent (RPP) standard outlined in the [\*Preventing Sex Trafficking and Strengthening Families Act of 2014\*](#). Materials include an Important Facts brochure, a Resource Parent Handbook, and development of RPP-specific training curricula. Resource parent and internal stakeholder feedback has been consistently solicited throughout development of the materials. Full implementation is slated for FY 2017.

*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.*

- New language to be incorporated in permanency hearing orders asking whether children aged 14 and over, or whether children with a goal of APPLA took part in the case planning process.
- New language for documenting whether and how the court communicated with the child regarding the identified permanency goal.

## 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 DC ASFA notice requirements through District statutes and guidelines leading judicial proceedings in abuse and neglect cases. For example, 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.

Rule 10(c) mandates 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 resource 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 resource 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.

CFSA has continued its decade-old weekly practice of sending notifications to resource 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 number of letters varies on a monthly basis, there is an approximate average of 250 notifications a 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.*

As required by District law, “every child receiving IV-E payments for foster care maintenance and adoption assistance is 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, CFSA advises potential out-of-state adoptive parents of their rights and responsibilities. This includes a clause in each adoption subsidy agreement informing adoptive parents that their adopted child must receive Medicaid in the state in which he or she resides. 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. In FY 2016 there were 43 adoption referrals originating out of the District’s Interstate Compact on the Placement of Children (DC ICPC) office.<sup>20</sup>

When necessary, CFSA submits 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 adoptive parent and the Medicaid office in the state of residence.

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<sup>20</sup> ICPC is a uniform law enacted by all 50 member states, the District of Columbia and the US Virgin Islands, to ensure protection and services to children who are placed across state lines. Children in the custody of CFSA who are placed out of the District are subsequently afforded the same protections and benefits of oversight as they are when they are placed inside of District state lines. ICPC also supports children returning to their “home state” if the out-of-state placement proves to be harmful to the child’s wellbeing or is clinically determined not in the child’s best interest, or when reunification is able to occur within the state of origin.

## B. STATISTICAL ANALYSIS OF CASES

The total number of children in foster care at the end of FY 2016 was 989. Between FY 2006 and FY 2016 the foster care population has decreased by 57 percent.

Children in Out-of-Home Care by Year*	
Year	# 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
<b>FY 2016</b>	<b>989</b>

Source: *FACES.NET CMT232*

\*Point-in-time count taken on September 30, 2016.

### *i. The total number of children in care, their ages, legal statuses, and permanency goals*

Youth aged 17 years old comprised the largest age group, followed by young adults age 18 and 19 years old. For FY 2016, children ages birth-3 years old comprised 20 percent of the foster care population, whereas children ages 4-10 years old comprised 29 percent. Children ages 11-14 years old comprised 14 percent of the population and youth ages 15-20 years old comprise 37 percent of the foster care population.

Children in Foster Care by Age FY 2016*	
Age	# of Children
<1 Year	39
1	47
2	50
3	59

Children in Foster Care by Age FY 2016, cont.	
Age	# of Children
4	43
5	46
6	47
7	46
8	39
9	33
10	35
11	24
12	35
13	38
14	41
15	49
16	47
17	73
18	71
19	67
20	60
<b>Total</b>	<b>989</b>

Source: *FACES.NET PLC156*

\*Point-in-time count taken on September 30, 2016.

Of the 989 children in foster care as of FY 2016, 724 (73.2 percent) had a status of committed, 170 (17.2 percent) had a status of shelter care, and 93 (9.4 percent) had a status of administrative hold. The following definitions apply:

- ▶ **Commitment** – a child is committed at a disposition hearing following adjudication at a neglect trial or following a stipulation by the parent caretaker. These children are also placed in a foster home, therapeutic foster home, licensed kinship home, group home, residential facility, etc.
- ▶ **Shelter Care** – a child has been removed from home and placed in an agency facility (foster home, therapeutic foster home, licensed kinship home, group home, residential facility, etc.). These children are in CFSA custody and CFSA is fully responsible for their health and wellbeing.
- ▶ **Administrative Hold** – This legal status is used when an AAG needs more time to investigate and complete a complaint before the initial court hearing is scheduled.



- **Voluntary Placement** – a child is in this legal status when a parent requests that CFSA places the child in care while they, for example, complete short term drug treatment.

District Foster Children by Legal Status Point in Time: September 30, 2016	
Status	# of Children
Committed	724
Shelter Care	170
Administrative Hold	93
Voluntary Placement	1
Data Unavailable <sup>†</sup>	1
<b>Total</b>	<b>989</b>

Source: *FACES.NET CMT366*

<sup>†</sup>One child was in care for nine months with a court-ordered goal of guardianship but no legal status was documented in FACES.NET.

The goal distribution of children in care as of FY 2016 reported 36 percent of children with the goal of reunification, 23 percent had a goal of adoption and 18 percent of children with the goal of guardianship. Of the remaining goals, 13 percent had a goal of APPLA and .2 percent had a goal of legal custody.

Children in Foster Care by Permanency Goal Point in Time: September 30, 2016	
Goal	# of Children
Guardianship	178
Reunification	360
Adoption	225
Alternative Planned, Permanent Living Arrangement (APPLA)	125
Legal Custody <sup>†</sup>	2
Data Unavailable <sup>±</sup>	99
<b>Total</b>	<b>989</b>

Source: *FACES.NET CMT366*

<sup>†</sup>With the non-custodial parent.

<sup>±</sup>Permanency goals for children in care for more than 180 days must be “Court Approved” to be validated in FACES.NET reports. The majority of these children have been in care between 5 and 12 months. Data entry anomalies prevented the actual goals from being reflected as “Court Approved.”

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*

The total number of entries as of FY 2016 was 403. The largest group represented was children less than one year old. The next largest entry populations were children age 3, followed by age 16 and age 1.

Entries by Age in Years and Month FY 2016													
Age	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
<1 Year	1	9	6	4	3	3	1	4	5	8	8	8	60
1	1	3	0	3	4	3	2	1	2	4	1	2	26
2	3	3	2	3	2	3	1	2	1	0	1	2	23
3	2	1	2	2	4	4	3	0	5	3	2	2	30
4	2	1	2	3	1	2	0	0	4	2	0	2	19
5	0	2	5	0	2	3	0	1	1	3	3	0	20
6	3	1	1	1	5	2	1	5	0	1	0	2	22
7	5	0	1	2	1	1	2	0	2	0	1	3	18
8	2	2	2	0	2	3	2	2	2	0	1	2	20
9	2	3	0	0	1	1	1	1	3	0	3	0	15
10	1	1	1	1	5	0	0	1	2	0	1	0	13
11	0	3	1	1	2	0	0	0	3	0	0	3	13
12	1	3	2	2	1	1	3	2	0	1	2	2	20
13	2	3	1	0	3	0	0	1	2	1	2	2	17
14	1	2	3	0	0	1	1	2	2	1	1	2	16
15	2	3	2	2	3	1	2	1	1	1	3	2	23
16	2	2	1	3	1	3	2	2	4	1	2	4	27
17	1	1	1	2	0	6	0	3	1	1	1	0	17
18	0	0	0	1	0	0	0	1	0	0	0	0	2
19	0	1	0	0	0	0	0	0	0	0	0	0	1
20	0	0	0	0	0	0	0	0	0	0	1	0	1
<b>Total</b>	<b>31</b>	<b>44</b>	<b>33</b>	<b>30</b>	<b>40</b>	<b>37</b>	<b>21</b>	<b>29</b>	<b>40</b>	<b>27</b>	<b>33</b>	<b>38</b>	<b>403*</b>

Source: FACES.NET PLC208

\*This total represents a unique count of children. For the purpose of this report, “entries” include initial entry and re-entry into foster care. Actual total is 405; there were two children (ages 3 and 12 years old) who entered, exited, then re-entered in FY 2016. **Note:** Age is calculated as of the entry date.

The legal status of the entry population identified two primary statuses. Of the 403 entries, 40 percent had a legal status of commitment, 33 percent had a legal status of shelter care. The most prevalent reason for the entry into care was neglect (298). Comparatively, physical abuse was the second highest reason for entry into foster care (77), while the third highest entry reason was parental substance use (41).

Primary Reason for Entry into Foster Care FY 2016	
Primary Reason	Number of Placements in which Primary Reason was a Factor <sup>†</sup>
Neglect (Alleged/Reported)	298
Physical Abuse (Alleged/Reported)	77
Drug Abuse (Parent)	41
Sexual Abuse (Alleged/Reported)	25
Incarceration of Parent(s)	24
Caretaker ILL/ Unable to Cope	20
Alcohol Abuse (Parent)	12
Death of Parent(s)	11
Child's Behavior Problem	8
Relinquishment	7
Abandonment	7
Voluntary <sup>±</sup>	6
Inadequate Housing	5
Drug Abuse (Child)	1
Alcohol Abuse (Child)	0
Child's Disability	0

Source: CFSA data visualization dashboard system called BIRST

<sup>†</sup>Children may have multiple primary reasons for entering care. CFSA actually placed 403 unique children in FY 2016.

<sup>±</sup>“Voluntary” describes the mindset and attitude of the parent or caregiver but is not a descriptor of the legal custody status of the child. These were not voluntary placement agreements. CFSA obtained court custody of all children in this category.

### Foster Care Entries by Legal Status FY 2016

Entries	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Administrative Hold	6	9	1	3	14	5	6	5	19	7	14	15	104
Commitment	15	28	23	16	13	21	9	16	5	7	4	5	162
Conditional Release-Parent	0	0	0	0	0	0	0	0	0	0	0	1	1
Not Court Involved, No Legal Status	0	0	0	0	0	0	0	0	0	0	0	1	1
Shelter Care	10	7	9	11	13	11	6	8	16	13	15	16	135
<b>Total</b>	<b>31</b>	<b>44</b>	<b>33</b>	<b>30</b>	<b>40</b>	<b>37</b>	<b>21</b>	<b>29</b>	<b>40</b>	<b>27</b>	<b>33</b>	<b>38</b>	<b>403*</b>

Source: CFSA data visualization dashboard system called BIRST

\*This total represents a unique count of children. For the purpose of this report, “entries” include initial entry and re-entry into foster care. Actual total is 405; there were two children (ages 3 and 12 years old) who entered, exited, then re-entered in FY 2016. **Note:** Age is calculated as of the entry date.

- iii. *The number of children who have been in care for 24 months or longer, their length of stay in care, including: (1) A breakdown in length of stay by permanency goal; (2) The number of children who became part of this class during the previous year; and (3) The ages and legal statuses of these children*

The total number of children in care for 24 months or longer was 402. Subpopulation by length of time in care was 161 children in care between 24-35 months, comprising 40 percent. Children in care between 36-47 months (n=59), comprised 15 percent. Children in care for 48-59 months (n=46), comprised 11 percent. Children in care 60+ months (n=136) comprised 34 percent. The majority of children in care for 24+ months had a goal of adoption (n=141). This group comprised 35 percent, while the second highest goal assignment was guardianship, comprising 28 percent and the third largest goal assignment was APPLA, comprising 27 percent.

### Children in Foster Care for 24 Months or Longer by Permanency Goal and Length of Stay in Months Point in Time: September 30, 2016

Goal	24-35	36-47	48-59	60+	Total
Adoption	70	24	15	32	141
APPLA	34	11	12	52	109
Guardianship	39	17	15	42	113
Legal Custody	1	1	0	0	2
Reunification	16	6	3	10	35
Data Unavailable <sup>#</sup>	1	0	1	0	2
<b>Total Children</b>	<b>161</b>	<b>59</b>	<b>46</b>	<b>136</b>	<b>402</b>

Source: FACES.NET CMT366

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

**Number of District Children Who Became Part of This Class in FY 2016  
by Legal Status and Length of Stay in Months**

Legal Status	24-35	36-47	48-59	60 +	Total Children
Commitment	139	58	46	135	378
Shelter Care	22	1	0	1	24
<b>Total Children</b>	<b>161</b>	<b>59</b>	<b>46</b>	<b>136</b>	<b>402</b>

Source: *FACES.NET CMT366*

Of the 402 children in care for 24+ months, 94 percent were committed and 6 percent were in shelter care.

The age distribution of children in care for 24+ months varied in FY 2016. The highest concentration, however, were older children. Children ages 17-20 years old comprised 49 percent of this population. Of note, 14 percent of the total 402 were age 20 years old. Of those 20 year olds, 34 were in care for 60+ months.

**Number of District Children Who Became Part of This Class in FY 2016  
by Age and Length of Stay in Months**

Age	24-35	36-47	48-59	60 +	Total
2	14	0	0	0	14
3	14	4	0	0	18
4	7	6	2	0	15
5	12	0	3	1	16
6	4	2	3	3	12
7	6	2	4	1	13
8	5	1	1	1	8
9	6	2	1	4	13
10	2	2	0	4	8
11	7	0	0	1	8
12	3	1	1	5	10
13	5	2	1	5	13
14	8	2	2	6	18
15	7	1	3	6	17
16	7	3	4	7	21
17	13	7	4	13	37
18	9	9	2	18	38
19	22	11	5	27	65
20	10	4	10	34	58
<b>Total</b>	<b>161</b>	<b>59</b>	<b>46</b>	<b>136</b>	<b>402</b>

Source: *FACES.NET CMT366*. **Note:** Age is calculated as of September 30, 2016.

- 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*

The total number of children who left care in FY 2016 was 490. Exit reasons for this population include reunification at 47 percent and adoption at 22 percent. The percent of the population that aged out comprised 19 percent.

Of the 490 children who left care, 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 years old, comprising 28 percent of the exit population. Children between the ages of 1-5 years old represented the second largest proportion, comprising 27 percent. A total of 74 percent had a status of commitment. The other two primary legal statuses were administrative hold at 9 percent and shelter care at 14 percent.

Exits from Foster Care by Length of Stay and by Month FY 2016													
Stay (in months)	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Exits (by months)
<1	0	4	0	1	5	1	3	4	6	1	2	3	30
1-4	9	14	3	2	5	6	1	4	1	3	0	12	60
5-8	1	2	2	1	0	2	1	3	2	3	3	1	21
9-12	2	4	3	2	10	4	2	1	0	0	1	3	32
13-23	11	8	7	5	3	5	3	2	5	16	6	7	78
24+	18	36	34	14	24	17	15	30	24	22	24	11	269
<b>Total</b>	<b>41</b>	<b>68</b>	<b>49</b>	<b>25</b>	<b>47</b>	<b>35</b>	<b>25</b>	<b>44</b>	<b>38</b>	<b>45</b>	<b>36</b>	<b>37</b>	<b>490</b>

Source: *FACES.NET CMT367*

Exits from Foster Care by Age and by Month FY 2016													
Age (in years)	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total (by age)
<1	1	2	2	0	1	2	1	1	0	1	0	2	13
1-5	11	24	14	8	9	11	5	13	10	9	10	10	134
6-12	14	22	10	4	10	8	7	11	14	13	13	9	135
13-15	3	7	4	4	11	2	0	6	4	9	5	6	61
16-18	6	4	3	2	10	2	4	3	3	3	3	4	47
19+	6	9	16	7	6	10	8	10	7	10	5	6	100
<b>Total</b>	<b>41</b>	<b>68</b>	<b>49</b>	<b>25</b>	<b>47</b>	<b>35</b>	<b>25</b>	<b>44</b>	<b>38</b>	<b>45</b>	<b>36</b>	<b>37</b>	<b>490</b>

Source: *FACES.NET CMT367*. **Note:** Age is calculated as of the date child exited care.

### Exits from Foster Care by Legal Status and by Month FY 2016

Status	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Commitment	30	48	42	21	29	25	19	34	28	34	31	24	365
Administrative Hold	2	13	0	1	5	1	4	4	7	2	2	5	46
Shelter Care	9	3	5	2	13	8	2	6	3	7	3	7	68
Conditional Release - Parent	0	2	0	0	0	0	0	0	0	0	0	0	2
Not Court Involved No Legal Status	0	0	0	0	0	0	0	0	0	0	0	1	1
Relinquishment	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Supervision	0	2	2	1	0	1	0	0	0	2	0	0	8
<b>Total Exits</b>	<b>41</b>	<b>68</b>	<b>49</b>	<b>25</b>	<b>47</b>	<b>35</b>	<b>25</b>	<b>44</b>	<b>38</b>	<b>45</b>	<b>36</b>	<b>37</b>	<b>490</b>

Source: FACES.NET CMT367

### Exits from Foster Care by Primary Reason and by Month FY 2016

Reason	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Reunification	22	35	15	11	26	17	9	15	15	24	14	26	229
Emancipation	6	8	15	6	5	10	8	9	4	9	4	7	91
Guardianship	10	7	1	0	11	3	0	3	11	4	8	0	58
Adoption	3	17	18	8	5	5	8	16	8	8	10	4	110
Placement or Custody by another Agency <sup>†</sup>	0	0	0	0	0	0	0	1	0	0	0	0	1
Death	0	1	0	0	0	0	0	0	0	0	0	0	1
<b>Total Exits</b>	<b>41</b>	<b>68</b>	<b>49</b>	<b>25</b>	<b>47</b>	<b>35</b>	<b>25</b>	<b>44</b>	<b>38</b>	<b>45</b>	<b>36</b>	<b>37</b>	<b>490</b>

Source: FACES.NET CMT367

<sup>†</sup>Examples of other District agencies include but are not limited to the Department of Behavioral Health, Department of Disability Services, Department of Youth Rehabilitation Services, and Department of Corrections.

- 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*



Reunification and adoption are the two primary goals identified for children who exited foster care. Children in FY 2016 exiting care with the goal of reunification comprised 44 percent and children with the goal of adoption comprised 21 percent of the exit population. Guardianship and APPLA goals comprised 14 percent of the exit population. Children with the goal of reunification have an average length of stay in care of 1-4 months. For the children in care with the goal of adoption the majority had been in care for 24 or more months. For children exiting with the goals of guardianship and APPLA, the majority had been in care for 24+ months.

**Exits from Foster Care by Permanency Goal and by Month FY 2016**

Goal	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Reunification	22	35	14	7	24	16	9	14	14	22	12	27	216
Guardianship	12	7	5	1	11	4	1	4	11	5	9	1	71
APPLA	4	6	9	5	4	8	6	8	4	7	4	5	70
Adoption	3	17	15	8	4	3	8	14	7	8	10	4	101
Legal Custody	0	1	0	0	0	0	0	1	0	0	0	0	2
Data Unavailable <sup>†</sup>	0	2	6	4	4	4	1	3	2	3	1	0	30
<b>Total</b>	<b>41</b>	<b>68</b>	<b>49</b>	<b>25</b>	<b>47</b>	<b>35</b>	<b>25</b>	<b>44</b>	<b>38</b>	<b>45</b>	<b>36</b>	<b>37</b>	<b>490</b>

Source: FACES.NET CMT367

<sup>†</sup>Permanency goals for youth in care for more than 180 days must be “Court Approved” to be reported as valid in FACES.NET. 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.

**Exits from Foster Care by Permanency Goal and Length of Stay in Months FY 2016**

Goal	<1	1-4	5-8	9-12	13-23	24+	Total Children
Adoption	0	0	0	4	18	79	101
APPLA	0	0	0	0	0	70	70
Guardianship	0	0	0	0	16	55	71
Reunification	30	60	19	25	40	42	216
Legal Custody	0	0	0	0	0	2	2
Data Unavailable <sup>†</sup>	0	0	2	4	4	20	30
<b>Total</b>	<b>30</b>	<b>60</b>	<b>21</b>	<b>32</b>	<b>78</b>	<b>269</b>	<b>490</b>

Source: CFSA data visualization dashboard system, called BIRST

<sup>†</sup> Permanency goals for youth in care for more than 180 days must be “Court Approved” to be reported as valid in FACES.NET reports. 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.

Disruptions by Placement Type FY 2016			
Placement Type	Total Clients	Clients with Disruptions	Total Disruptions
Foster Homes (Kinship)	353	3	3
Foster Homes (Pre-Adoptive)	95	0	0
Foster Homes (Specialized)	33	3	3
Foster Homes (Therapeutic)	270	46	58
Foster Homes (Emergency/STAR Home) <sup>†</sup>	49	0	0
Foster Homes (Traditional)	748	26	29
Group Settings (Diagnostic and Emergency Care)	23	1	1
Group Settings (Group Homes)	115	4	4
Group Settings (Independent Living)	60	1	1
Group Settings (Residential Treatment)	38	1	1
Other (Developmentally Disabled)	10	2	2
Other (Not in Legal Placement)	60	0	0
Other (Substance Abuse Services - Non Paid)	4	0	0
<b>Total</b>	<b>1432</b>	<b>81</b>	<b>102</b>

Source: Special FACES.NET query request

<sup>†</sup>For a small number of youth, short-term or interim placements are necessary. This typically occurs when a kin placement has been identified but there are licensing requirements that have delayed the placement.

A total of 102 placement disruptions were reported in FY 2016. The total number of clients with disruptions was 81, and the total client count was 1432. Of those totals, there were 58 disruptions (57 percent) from therapeutic foster homes, and 29 disruptions (28 percent) from traditional foster homes. It should be noted that the universe of calculated disruptions includes all children who were in foster care for at least one day during the fiscal year, as well as children with the following “placement” status: abscondence, hospital stay, juvenile corrections, and college. Exclusions include children in respite care except when a) the child exited a family-based placement to another family-based placement for purposes of respite, b) there is no gap between the exit and entry dates, and c) the child returned to the previous provider. Lastly, exits from care are considered a placement disruption under the following circumstances:

- ▶ Placement Contract Ended
- ▶ Placement Temporarily Unable to Care for Child
- ▶ Placement Cannot Meet the Child's Behavioral Treatment Needs
- ▶ Placement Cannot Meet the Child's Medical Treatment Needs

## C. REDUCING THE NUMBER OF CHILDREN IN CARE

CFSA continues to decrease the number of children in care first by focusing on safely 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 2015 (1061) and FY 2016 (989).<sup>21</sup> This 7 percent decrease (n=72) is commensurate with a corresponding and steady incline in the in-home population. While both populations are currently stable, the number of in-home cases has consistently surpassed out-of-home since 2012, 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 2016, the CFSA and private agency clients collectively numbered 2549 children. Of these children, those served in-home by the private agencies included 149, while out-of-home services provided by the private agencies totaled 494 for a total of 643. CFSA provided out-of-home services for 989 clients, while 1560 received in-home services.<sup>22</sup>

### Narrowing the Front Door

In FY 2016 there were 325 entries into foster care and 80 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 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)* – Parenting education is offered in the parents' own communities through evidence-based curricula that include the *Chicago*

<sup>21</sup> The *Four Pillar Strategic Framework* is described in more detail under *Timely Investigations*.

<sup>22</sup> 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 resource 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."

*Parenting Program, Effective Black Parenting, Common Sense Parenting, and Incredible Years.* In addition, each of the four PESP providers offer various supportive services, such as adult literacy, family events, car safety, job or vocational assistance, and in-home parent coaching, depending on the need of the family. In FY 2016, a total of 768 families received PESP services. Anecdotal survey data suggests overall improvements in such areas as knowledge of parenting, family functioning/resilience, social supports, and nurturing attachment.



► *Father-Child Attachment Program* – This model draws from the *Chicago Parent Program* and utilizes video technology alongside individual and group discussions to enhance parental capacities. The video is also used as a learning tool to promote awareness and understanding of the impact of parental behavior on child responses. In addition, each expectant or new father is paired with a family support worker who provides hands-on feedback for bonding and interacting with their children. In FY 2016, the Father-Child Attachment Program received 30 referrals.

► *Home Visitation* – CFSA has contracted with Mary's Center for Children and Maternal Health to provide home visitation services to CFSA families. Mary's Center uses a multi-disciplinary approach which includes family support workers, registered nurses, mental health therapists, attorneys and early intervention specialists. Services can begin prenatally or shortly after the birth of a baby (up to three months), and are offered voluntarily and intensively through the child's fifth birthday. Expectant and new mothers can address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services within the comfort of their own homes. The goal of the program is to decrease the incidents of child abuse and neglect through the provision of intensive home- and community-based services. In FY 2016, Mary's Center served 77 families and completed 534 home visits. In addition, a second visitation program, Community Life Services, completed 81 home visits for 99 families.

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**

CFSA's commitment to children exiting care to timely permanency includes initiating the development of a permanency plan the first day that a child enters out-of-home care. 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.



In FY 2016 there were 490 exits of children out of foster care. Of those, 81 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 2016, 92 percent of youth who exited care were engaged in after-care services, 89 percent had stable housing, and 61 percent were employed or in post-secondary education.

Implementation of strategies to increase exits to permanency include providing adequate assessments for children and families. The Child Needs Assessment (CNA) is a placement matching vehicle that serves to assess children's needs and ensures appropriate services. Specifically, 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.

Throughout a child's placement in a foster home, CFSA provides the resource parents with services and support to assist with placement stability. Some of these services such as the Child and Adolescent Mobile Psychiatric Service (ChAMPS) and Mobile Crisis Stabilization (MCS) help maintain family stability and avoid or reduce risk of disruption by helping children manage emotional behaviors and stabilize situations.

## D. EVALUATION OF SERVICES AND NEW SERVICE PROGRAMS

CFSA continues to contract with its community-based partners in order to provide families with a range of services that promote safety, stability and wellbeing. Unless otherwise indicated, all of the services described below were made available to all CFSA populations during 2016. While some of the providers are strategically located in particular neighborhoods, all of the services described are available for 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 24 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 2016, 100 percent of children entering and re-entering foster care placements received initial and re-entry health screenings. For those youth who entered care, 86 percent received a medical evaluation within 30 days and 62 percent that received a dental evaluation within 30 days. In addition, 90 percent of children between the ages of 0-5 received a developmental screening upon entry into care.

Evaluation of HHAC services for 2016 was positive. Data was pulled from HHAC's voluntary customer satisfaction surveys disseminated to age-appropriate children being screened, as well as birth parents, resource parents, or social workers accompanying a child to be screened. Survey questions ask for feedback on waiting time during visits, receipt of care, experiences with HHAC staff, and comfort levels. Ratings include *very good*, *good*, *fair*, *poor*, and *very poor*. In 2016, ratings for *very good* service increased to 83 percent from 69 percent in 2015. Ratings for *good* in 2016 were 17 percent versus 25 percent in 2015. In 2015, there was a 6 percent rating for *very poor* service. There were no ratings lower than *good* for 2016. These positive changes are attributed to HHAC's 2016 purchase of a DVD player and tabletop games so that children could be entertained during any waiting periods. In addition, HHAC staff received specific training on customer service.

### 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.
- ▶ Home-visiting services include consultation with co-located staff from the Department of Behavioral Health, as well as nurses specializing in maternal and infant health.



- ▶ 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.
- ▶ Community capacity-building efforts strengthen and expand resources available to community residents.
- ▶ Housing supports also include consultation for accessing government-funded housing opportunities, completing applications, and short-term financial support to help with such expenses as rent deposits, back payments, furniture, clothing, homemaker services, home maintenance, and repairs.

In addition to the above, aftercare services for youth are provided for two years following a youth's 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 the youth may qualify.

Because these services are so important to the self-sustainability of youth, CFSA initiated a self-assessment in FY 2015 to evaluate service outcomes for youth. CFSA gathered input from youth both currently and formerly in foster care, as well as community stakeholders (particularly the Children's Law Center, Citizen Review Panel, and Young Women's Project). Throughout the process, stakeholders conducted research, submitted reports, and provided public testimony regarding the need to improve support for youth transitioning to independent adulthood.

Based on recommendations stemming from this work, the CFSA director authorized two improvement strategies in January 2016:

- ▶ Creation of a Revised Aftercare Program Model for Young Adults, ages 21 to 23. During the summer of 2016, CFSA restructured its *Aftercare Scope of Work* to reflect the desired program model revisions. In the fall of 2016, CFSA completed its review of aftercare service proposals. A vendor has been selected, and the contract is currently being negotiated.
- ▶ Internal Coordination across CFSA to establish a Transition-to-Adulthood Planning Continuum. During several workgroup sessions in the spring of 2016, administrators and program staff from across the Agency convened to develop a coordinated transition planning continuum. The workgroups developed a schedule of benchmarks and outcomes that reflect the need for early and sustained support, the establishment of attainable goals, and motivation toward successful independence. After the workgroups completed their assignment, CFSA assigned a team to convert stakeholder recommendations into action steps. Currently, the action steps are being vetted through the various stakeholders that will be charged with implementing them.

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

Title IV-E of the Social Security Act (42 U.S.C. §§ 671-679b) is an important funding stream for foster care costs. It provides for federal reimbursement for a portion of the administrative costs of foster care for children who meet specified federal eligibility requirements. The federal funds help offset the local costs of providing foster care to children.



The Child Welfare Waiver Demonstration authority provides an opportunity for states that administer Title IV-E funding to use the funds more flexibly in order to test innovative approaches for child welfare service delivery and financing. 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 evaluation 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. See *Appendix D* for a summary of the Safe and Stable Families semi-annual evaluation.

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. In FY 2016, *Homebuilders* received 189 referrals, of which 129 were accepted (68 percent). Of these 129 families, including over 300 children, 55 families (43 percent) successfully completed services while 63 of the families (49 percent) did not (i.e., there was a lack of engagement or services were refused). There are 11 families (9 percent) still enrolled.

### Safe Families for Children

CFSA has teamed with the faith-based organization, DC127, which comprises a group of churches that work to recruit and support resource 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 other supports like 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. In FY 2016, there were 125 referrals to NLSP for CFSA-involved clients.

## **Mental Health and Placement Stability**

### 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 2016 ChAMPS received a total of 1348 calls, of which 930 were

deployed (70 percent, which on average is 20 percent higher than recent years). Of the total calls received, 238 calls were related to CFSA-involved youth.

#### *Mobile Crisis Stabilization (MCS)*

Under the purview of the Catholic Charities of the Archdiocese of Washington, 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 pre-crisis levels of functioning. In FY 2016, a total of 194 referrals were sent. Of that number, 89 were District placements and 105 were in Maryland. There were no referrals for the state of Virginia. In 149 of the cases, the placement was maintained. Replacement was necessary in the remaining 45 cases (23 percent). In addition to the above, MCS was expanded in March 2016 to include a resource parent Stabilization Support Line (SSL). SSL reported 46 calls involving 36 children between March and the end of the fiscal year (September 30<sup>th</sup>).

### **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*

As noted throughout the document, CFSA prioritizes kinship placements and places the child in a home where pre-existing relationships are sustained. These kinship placements often reduce placement disruption. In addition, 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.

From October to August in FY 2016 the program facilitated 19 percent of expedited kinship placements, including kinship placements at the initial removal (10 percent) and kinship placements occurring 45 days after removal (9 percent).<sup>23</sup>

Another effort to preserve family relations and to prevent foster care placement is CFSA's long-standing *Grandparent Caregiver Program* which provides assistance and funding for elderly relatives caring for children. Similar to FY 2015 when just over 700 children were served through this program, 726 children were served in FY 2016.

#### 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 resource 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.

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<sup>23</sup> *KinFirst* staff has noted the following challenges to placements with kin in the District: (1) inability to waive some licensing requirements for kin who live outside of the District (and many live in Maryland); (2) Diligent Search results often include inaccurate contact information (phone and address included); (3) many relatives request a longer time to prepare for the placement of a relative child (i.e., outside of the placement time frames required by internal and external benchmarks); and (4) some families require additional vetting because household members may have a history of criminal behavior or mental health instability.

## E. EVALUATION OF AGENCY PERFORMANCE

As of FY 2016, CFSA's *Four Pillars Score Card* performance highlights the Agency's success in meeting internal benchmarks for the following areas:

- ▶ Decreasing the foster care population
- ▶ Decreasing new entries into foster care
- ▶ Increasing visits between parents and children
- ▶ Increasing initial and re-entry health screenings
- ▶ Increasing youth age 11 and older getting pre-placement substance abuse screenings
- ▶ Increasing exits to a permanent home

Areas for improvement include decreasing removals from in-home, initiation of investigations within 48 hours, and decreasing the average number of months to reunification, guardianship and adoption.

As a result of the initial *LaShawn A. v. Barry* lawsuit,<sup>24</sup> CSSP provides two progress reports twice a year to CFSA, one covering data from January to June, and one covering July to December.<sup>25</sup> These reports outline performance and progress on the 88 standards set forth by the court-ordered Implementation and Exit Plan, cited earlier. As of the June 2016 report, the District met 72 (82 percent) of the 88 standards. In addition, CFSA met one additional exit standard regarding submission of the Agency's *Resource Development Plan*. The Agency partially met two additional standards related to parent and child visitations and dental and health care screenings.

In FY 2016, the internal benchmark for decreasing the foster care population was 1008; the performance surpassed that benchmark at 989. CFSA's performance in decreasing new entries into foster care also met the internal benchmark of 362. In regard to visits between children and parents, the Agency exceeded the 85 percent benchmark with a performance of 88 percent. Additionally, for the metric of increasing children receiving initial and re-entry health screenings before a foster care placement, the Agency reported performance at 96 percent (benchmark at 95 percent). The internal benchmark for increasing youth age 11 and older getting a pre-placement substance abuse screening was 90 percent. CFSA yielded a 93 percent performance for 2016. The internal benchmark for increasing exits to a permanent home and decreasing the number of youth who age out met the internal benchmarks of 80 percent and 20 percent respectively. In addition, 81 percent of children exited to a permanent home in FY 2016 while 19 percent of youth aged out of care.

### 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* IEP, cited earlier in this report. AP provides management, development, and oversight of performance standards for overall best practice in child welfare. AP further oversees the collection and

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<sup>24</sup> The *LaShawn* lawsuit follows the tenure of each Mayoral administration so that current references would be cited as *LaShawn A. v. Bowser*.

<sup>25</sup> Cited under *Agency Performance Reviews and Findings* under ASFA #1, *Case Plan Reviews*.

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 Score Card*, as well as compiling the findings from Agency case reviews, and analyzing the *ad hoc* data that measures CFSA's benchmark performance. Lastly, AP works with the following CFSA administrations 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 Assurance (QA) 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. QA advises management regarding performance and the effectiveness of case practice and service provision. The following activities are conducted by QA:

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

## F. RECOMMENDATIONS FOR ADDITIONAL LEGISLATION OR SERVICES

CFSA recommends, and will pursue, the following legislative amendment to conform to changes in federal law:

Law/Regulation	Action	Purpose/Justification
<p><i>D.C. Official Code 16-2301.09 (9)(A)</i> - the term "neglected child"</p> <p><i>D.C. Official Code 16-2301.09(23)</i> - the term "sexual abuse"</p>	Amend DC Code sections to expand the noted definitions	<p>The President signed Public Law (P.L.) 114-22, the Justice for Victims of Trafficking Act of 2015 (JVTA), into law on May 29, 2015 requiring states to add and modify CAPTA State Plan requirements. The law is effective on May 29, 2017.</p> <p>The Justice for Victims of Trafficking Act requires that CFSA investigate all cases involving child sex trafficking regardless of who the maltreater is. This departs from current law where CFSA only has the authority to investigate child maltreatment involving a parent, guardian or caretaker.</p> <p>To comply with the JVTA, CFSA must expand the definition of a "neglected child" to include any child victim of trafficking regardless of the perpetrator and include sex trafficking as a form sexual abuse.</p>

## G. 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. The Committee is the successor entity to the Mayor's Advisory Committee on Child Welfare, which was established by [Mayor's Order 1988-262](#), dated February 19, 2009, and which succeeded the Mayor's Committee on Child Abuse and Neglect, established by [Mayor's Order 80-190](#), dated July 18, 1980.

Alongside MACCAN's advice on the protection of abused and neglected children, 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:

- ▶ Promote public awareness of programs and advise on public concerns relating to child abuse and neglect in the District of Columbia.
- ▶ 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.
- ▶ 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.
- ▶ 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.
- ▶ 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.
- ▶ Issue an annual report on its activities.
- ▶ Undertake other duties as may be assigned.

By [Mayor'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:

- ▶ Recommend approaches to improving coordination of services among public agencies responsible for the provision of child welfare services.
- ▶ Promote public awareness of programs and advise on public concerns relating to child abuse and/or neglect in the District of Columbia.
- ▶ At the direction of the Mayor, develop reports and plans regarding specific issues.



- ▶ 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.<sup>26</sup>
- ▶ Convene on a quarterly basis, at a minimum.
- ▶ Maintain meeting minutes.
- ▶ 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 and the judicial system:
  - Child and Family Services Agency
  - Department of Behavioral Health
  - Department of Disability Services
  - Department of Health
  - Department of Human Services
  - Department of Youth Rehabilitation Services
  - District of Columbia Public Schools
  - Family Court Operations Division of the Superior Court of the District of Columbia
  - Family Court Judicial Officer of the Superior Court of the District of Columbia
  - 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'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 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

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<sup>26</sup> 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.

under the Children's Justice Act (CJA) Grants under Public Law 100-294, the *Child Abuse Prevention and Treatment Act of 1988*.

In FY 2016, 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 which are included in *Appendix C*.

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

## APPENDIX B: FOUR PILLARS SCORE CARD FY 2016



DC Child and Family Services Agency

Commitment to Positive Outcomes

**FY16 Scorecard**

**Final**

**Performance Status:** ■ 100%+ of target ■ 75-99% of target ■ Less than 75% of Target

<b>Front Door</b>							
<i>Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe.</i>							
<b>Outcome: Families stay together safely.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Decrease foster care population	1,061	1,008	1,017	1,019	1,007	989	989
Decrease new entries into foster care	381	362	83	90	71	81	325
Decrease re-entries into foster care	9.9%	8%					8.8%
Decrease the average number of months an in-home case remains open	9	9	10	10	11	10	10
<b>Outcome: Children and youth experience a removal only when necessary for their safety.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Decrease reports of maltreatment in foster care	3.39 <sup>1</sup>	-					Per FY15
Decrease repeat reports of maltreatment <sup>2</sup>	11.6% <sup>3</sup>	8.7%					Per FY15
Decrease re-referrals of maltreatment for in-home cases	14%	12%					13%
Decrease the number of removals from in-home	97	92	36	27	11	34	108
Increase percentage of investigations initiated within 48 hours <sup>4</sup>	91%	95%	91%	89%	88%	91%	89%
<b>Temporary Safe Haven</b>							
<i>Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care.</i>							
<b>Outcome: Children and youth are placed with families whenever possible.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Increase relative placements (kinship care)	21%	22%	21%	22%	21%	21%	21%
Increase placements in family foster homes <sup>5</sup>	84%	88%	85%	84%	84%	83%	84%
Decrease placements in group homes	4%	4%	5%	5%	5%	5%	5%
Increase children/youth with two or fewer placements in the past 12 months	78%	82%	97%	91%	85%	78%	78%
Increase foster care placements within the District	48%	50%	50%	49%	49%	49%	49%
Increase visits between parents and children/youth in foster care <sup>6</sup>	83%	85%	86%	87%	92%	88%	88%
Increase visits between siblings (2x monthly) <sup>7</sup>	77%	85%	80%	83%	87%	83%	83%
<b>Outcome: Children and youth exit foster care quickly and safely.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Decrease average number of months to reunification	14	12	14	12	13	17	15
Decrease average number of months to guardianship	41	18	31	40	38	38	36
Decrease average number of months to adoption	40	24	40	35	49	38	44

<sup>1</sup> Number of victimizations per 100,000 days in care (Fed data Sep 2016) – National Standard Met

<sup>2</sup> FY15 Performance confirmed ACF Federal data November 2015. Federal PIP target for FY16 is 8.7%

<sup>3</sup> Fed data Sep 2016 – National Standard Not Met

<sup>4</sup> LaShawn benchmark

<sup>5</sup> LaShawn benchmark

<sup>6</sup> LaShawn benchmark

<sup>7</sup> LaShawn benchmark

Well Being							
<i>Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.</i>							
<b>Outcome: Children and youth in foster care get quality services for good health.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Increase children/youth getting an initial and re-entry health screening before a foster care placement <sup>8</sup>	94%	95%	94%	96%	92%	100%	96%
Increase children/youth getting a medical evaluation within 30 days of entering care <sup>9</sup>	88%	90%	82%	80%	90%	93%	86%
Increase children/youth getting a dental evaluation within 30 days of entering care <sup>10</sup>	68%	71%	66%	38%	80%	63%	62%
Increase children/youth receiving mental health and trauma screening within 60 days of entering care	92%	94%	100%	100%	100%	100%	100%
Increase children entering foster care and in need linked to a mental health provider within 7 days of receiving a mental health and trauma screening	39%	75% <sup>11</sup>	90%	71%	82%	90%	85%
Increase youth age 11 and older getting a pre-placement substance abuse screening	86%	90%	87%	90%	97%	98%	93%
<b>Outcome: Children and youth in foster care get the quality education and training they need to succeed as adults.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Increase children ages 0-5 getting a developmental screening upon entering care	79%	82%	88%	95%	90%	85%	90%
Increase youth in foster care who graduate from high school	60%	63%					76%
Increase youth in foster care who graduate from college	8%	12%					16%
Increase youth in foster care who complete vocational training and/or receive industry certification	44%	46%	60%	50%	66%	100%	69%
<b>Outcome: Youth in foster care delay parenting, and those who are teen parents have good parenting skills.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Decrease teen mothers in foster care	15%	12%	15%	15%	14%	17%	17%
Decrease repeat births to teen parents in foster care	2%	2%	0%	0%	1%	0%	0%
Exit to Permanence							
<i>Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills for successful adulthood.</i>							
<b>Outcome: Children and youth leave the child welfare system for a safe, permanent home.</b>							
Indicator	FY15	FY16 Target	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY16 Annual
Increase exits to a permanent home	77%	80%	81%	79%	79%	83%	81%
Decrease youth who age out of foster care	22%	20%	19%	21%	21%	17%	19%
Increase engagement of youth in after-care services	94%	98%					92%
Increase youth with stable housing upon exit	88%	92%	93%	81%	86%	96%	89%
Increase youth age 20 who are employed or in post-secondary education	45%	50%	53%	53%	52%	84%	61%

<sup>8</sup> LaShawn benchmark

<sup>9</sup> LaShawn benchmark

<sup>10</sup> LaShawn benchmark here is very low. In this case, the annual target is the FY15 annual plus 3%.

<sup>11</sup> FY15 Q1 was a poor performance outlier that skewed the annual %. This target is based on the average of Q2-Q4 FY15 plus 5%.



## APPENDIX C: Comments and recommendations submitted by the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN)

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

January 12, 2017

On behalf of the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN), we are pleased to review and provide comment for the Annual Public Report for the 2016 fiscal year. We congratulate the team in preparation of another comprehensive report. MACCAN serves as a collaborative, advisory body for all activities of child abuse and neglect in DC, including commissioned members of the highest standing who are appointed by the Mayor and who represent governmental agencies, community agencies, and the public. Public meetings include scheduled in-depth presentations on cross-cutting and collaborative issues to increase opportunities for partnership to advance the work of MACCAN.

**Family and Community Strengths.** The committee was pleased to see the outstanding efforts and progress in the report specifically those on family strengths and family supports. Worthy of note in the report were the increases in reunification and family strengthening activities. It demonstrates that CFSA efforts are strong that engage birth parents, provide supports, and facilitate family connection. The focus on father attachment is commendable and a continued area of growth. MACCAN looks forward to partnering in this area with its agency and community partners. We applaud the steady reduction of children removed from their homes. Partnership with the community collaboratives and community agencies are invaluable for this goal. The report indicated that the numbers for *Acceptable Investigation Reviews* have increased suggesting that critical interviews and initiation of services are strengthening.

**Education.** The Educational Triage Unit appears to be a strong resource for school staff. MACCAN views effective communication with individuals in the school setting as a key area of opportunity for CFSA partnership and strengthening. We believe that the addition of descriptive, in-depth data on hotline calls from the educational setting may identify challenges when teachers and school personnel call and seek support from the hotline and suggest strategies for improving supports and training in education. MACCAN is interested in a partnership to support the CFSA innovation in education for child abuse prevention and teacher education and supports for child abuse and trauma.

**Screenings and Services.** The medical screenings rate of 100% by the 24-hour clinic is remarkable along with the screenings to assess developmental issues. DCFSA ensures that children receive medical and developmental interventions that are often missed. Early screening is key for prevention of longer term emotional, behavioral and educational issues. Services for children after screening may require collaboration across sectors (e.g. education, mental health, medicine, etc.) similarly represented among MACCAN membership. Ensuring the full range of health and well-being for children that begins with the excellent screenings and extends through continuity of services and collaborative care once concerns are identified.

**Prevention.** MACCAN supports the improvements in services to our most vulnerable children as well as supports to biological and foster families. Child abuse and neglect prevention remains the most important tool in child advocacy. Connections with the Family Strengthening Collaboratives as well as other nonprofit agencies to offer parent education and support continues to be a strong agency asset.

MACCAN's efforts to further promote prevention and child advocacy this year include an informational campaign, "Think Before You Spank." Research indicates that the topic of spanking has not thoroughly been addressed as a starting continuum of abuse nor has the harmful impact of spanking been shared with foster and biological parents. Through this campaign parents across the city will be given written and verbal information and tools that could decrease physical punishment and support research based, effective discipline. We hope that CFSA can utilize cross-agency partnerships to continue to expand their prevention reach and effectiveness. MACCAN has multi-agency and community representatives to facilitate and champion the implementation of evidenced-based programs in DC that are eager to push this agenda forward.

*Justice.* MACCAN values justice for children and families in DC which maintains autonomy and separation to ensure fair treatment. Still, the Superior Court of the District of Columbia is not considered a District Agency. For clarification in the report, it should be broken out as a separate category with two subsets: Family Court Operations (a court administrator) and Family Court Judicial Officer (a judge). Additionally, please ensure consistency of the correct title for the court as the "Superior Court of the District of Columbia." There is a bullet point stating "Governmental representatives are appointed from each of the following District agencies..." (see page 60) where agencies are listed that should be designated with another graphic that differentiates the subset of District Agencies (e.g. CFSA, DBH, DDS, etc.) from the justice arm, the Superior Court of the District of Columbia.

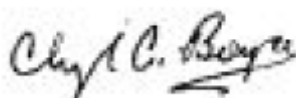
*MACCAN Partnership.* MACCAN applauds DCFSa for its diligent and hardworking efforts demonstrated in the report of the District's accomplishments during FY2016, and every day. MACCAN has a full resource of federal and community partners to serve as resources to advance the goals of CFSA through identify gaps and building strengths across sectors. We look forward to being a continuing partner for efforts as represented in this year's summary report and the work of CFSA throughout the year as full partners. In the next year, we are committed to active participation in the goals of CFSA represented in the annual report and the daily, tireless work of CFSA staff. We invite CFSA to utilize MACCAN more fully throughout all stages of activities from start-up, innovation, evaluation, adaptation and reporting. Together, MACCAN and CFSA can continue to work towards the safety and well-being of children and families in DC.

DCFSa efforts are exceptional, and MACCAN is pleased to note the continued progress of DC's prevention and intervention of child abuse and neglect documented in this current report to the public. We look forward to disseminating this widely with our partners upon public release!

Respectfully submitted,



Satira Streecher Psy.D.  
Chair, MACCAN



Cheryl Anne Boyce, Ph.D.  
Vice Chair, MACCAN

On behalf of the members of the MACCAN

## Appendix D: Safe and Stable Families Semi-Annual Progress Report

### Government of the District of Columbia - Child and Family Services Agency Safe and Stable Families Semi-Annual Progress Report *June 15, 2016 – Summary*

#### **Overview**

This report outlines the District of Columbia's progress on their Title IV-E child welfare waiver demonstration project during the fourth reporting period, October 2015 – April 2016. During this reporting period much of CFSA's focus has been on shifting from implementation to full and efficient utilization of the evidence-based and promising practices that are part of the Title IV-E waiver demonstration (HOMEBUILDERS®, Project Connect and early intervention services). This included continued efforts to further develop the expertise of direct service staff administering Safe and Stable Families services, to revise or expand existing services to address an established need, and to refine marketing strategies to staff and families to increase referrals, enrollment of eligible families in services and fully enmesh the services within the continuum of services available to children and families at the varying entry points of CFSA services. CFSA further worked to identify and implement effective continuous quality improvement strategies to identify and address challenges as soon as they occur.

Efforts continued this report period to coordinate resources and supports to enhance the skills and knowledge of providers of the Safe and Stable Families services. This included topic specific trainings, ongoing case consultations and regular guidance and coaching from the developers of the models. CFSA also convened more frequent meetings (monthly and in some instances weekly) with the implementation teams and the developers of the HOMEBUILDERS® and Project Connect models to identify procedural and service barriers and address concerns in a timely manner.

CFSA further assessed prior usage of services to determine if services should be revised or enhanced based on utilization. This influenced a decision to expand the scope of Project Connect services to include substance affected families involved with CFSA's In-home services Administration and experiencing chronic neglect.<sup>1</sup> This reporting period, the team began planning for the expansion by discussing the implications for the expansion and outlining action steps to support the Project Connect teams with training and skills development.

Assessments of utilization also influenced decisions to contractual agreements with certain providers administering early intervention services (parent education and support programs, home visiting and father-child attachment services). CFSA chose to decrease the number of providers administering Parent and Education and Support Programs to be more targeted in areas of East River and Collaborative Solutions for Communities where there appeared to be the greatest need. In addition, CFSA partnered with other District and community agencies to provide home visiting services to mothers and fathers. This

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<sup>1</sup> CFSA defines chronic neglect as families experiencing the following factors: 1) one or more needs basic to the child's healthy development are not met 2) the neglect is perpetrated by a parent or caregiver and 3) the neglect happens on a recurring and enduring basis.



included a memorandum of agreement (MOA) with the District's Department of Health and capacity building grants to community-based organizations to implement fatherhood programming at a neighborhood level. Through these partnerships, CFSA explored and implemented strategies to ensure efficient funding and to avoid duplication of the services.

In addition to the activities noted above, CFSA continued efforts to market Safe and Stable Families services to ensure staff were aware of the services, as well as the eligibility criteria and how to refer eligible families. This included ongoing promotion of EZServ, a "one stop shop" on the CFSA's intranet for social workers and clients to keep them aware of and updated on the services being provided through Safe and Stable Families.<sup>2</sup> In addition to this resource, CFSA worked with providers to develop program specific marketing materials to provide both families and staff detailed information on each of the models. Strategies were further implemented to increase the presence of service providers at CFSA through their participation in team meetings and case staffings as well as through office hours, where they can provide direct consultation during set days and times throughout the week. Moreover, CFSA convened their second Community Resource Fair at the 200 I Street location during this reporting period, allowing social workers to learn about services and resources as providers showcase their services.

### **Overview of Evaluation**

There have been no major changes to the design of the evaluation. However, as noted above there has been a reduction in the number of Parent Education and Support Programs and home visitation contractual services funded by the Title IV-E Waiver programs and the expansion of the Project Connect eligibility to include in-home families identified by CFSA to be experiencing chronic neglect. These changes are not expected to affect the evaluation in major ways. The evaluators have described how they will address these changes in *Section III. Evaluation Status-Section A*, and *Section IV. Significant Evaluation Findings to Date-Outcomes Data (c. Results of Matching Process for Waiver and Pre-Waiver Samples)*.

### **Findings Summary**

Overall, evaluation findings for families served are based on family functional assessments and child welfare outcomes. Small sample sizes for some analyses impede our ability to draw strong conclusions regarding initial findings at this time. Some families seem to be improving in terms of family functioning and child outcomes however, due to small sample sizes in some cases, further analyzes is necessary before definite conclusions can be drawn. Child Welfare Outcomes were analyzed this reporting period on successfully discharged families. The SSF evaluation and implementation team will be reviewing these results in detail to examine the circumstances around unsuccessful discharges, and will decide how to compare outcomes for families with successful versus unsuccessful discharges in the future. The analysis assesses the extent to which a family had a repeat report or foster care placement during their time receiving the Title IV-E service, or following discharge. East River (6), Collaborative Solutions (2) Parent Education and Support Programs (PESP), and PASS-FFT (1) were the only programs with families with substantiated reports during service, between program enrollment and discharge dates. East River (1), PASS-FFT (2),

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Fin<sup>2</sup> <http://cfsa.dc.gov/node/956452>

HOMEBUILDERS® (8), and Healthy Babies (1) had at least one substantiated report within 365 days of discharge. Collaborative Solutions (2), East River (3), and HOMEBUILDERS® (6) had one or more families that experienced a placement during service or within 365 days of discharge.

The evaluators continued to collect and analyze data to discern the impact of the evidence based services on the family and children served. There were a total of 124 families with 140 referrals made across all programs, of which 11 referrals (79%) were approved. Referrals were approved for all programs with the exception of HOMEBUILDERS® and PASS. Four referrals (36%) were denied for PASS and twenty-one for HOMEBUILDERS® (40%) were denied during this time period. The high acceptance rate of families to the remaining programs is likely due to a more inclusive set of referral criteria, as well as efforts made to educate staff on the various programs and eligibility criteria.

However, in addition to ongoing evaluation activities, site visits, training of staff and case reviews were completed by the Institute of Family Development (HOMEBUILDERS®) and Children's Friends (Project Connect) during this report period and included the collection and review programmatic specific data from the CFSA FACES system, HOMEBUILDERS®' ODM database and NCFIS data collected for Project Connect from CFSA database.

#### **HOMEBUILDERS®**

HOMEBUILDERS® was able to achieve 94% of their expected number to enroll but require continued efforts to continue to receive referrals to the program on a consistent basis. Preliminary evaluative preliminary results suggest that 60% families who selected essential areas and successfully completed the program saw improvement in the environment and child-well-being domains. Sixty seven (67%) of families who did not successfully complete the program had improvement in the domains of parental capacity, family safety and child well-being.

The HOMEBUILDERS® Site Review Report of May 2015 covered the period of February 1, 2015 through January 31, 2016 and reflects the review of closed cases from Catholic Charities. The second provider Progressive Life who was on boarded in October 2015 had not received sufficient cases for review at the time of the review. HOMEBUILDERS® Site Review Report can be found in Appendix A.

The team as a whole met the following standards:

- Immediate availability and response to referrals
- Service provided in the clients natural environment
- Brevity of services
- Single therapist operating within a team
- Transition and service closure.

The team did not meet the following standards:

- 24 hour availability, service intensity and caseload



- Ongoing quality enhancement

The individual therapist did not meet the following standards:

- Immediate availability and response to referrals
- 24 hour availability
- Supervision and consultation

The Quality Assurance strategy moving forward will focus on receiving an increased number of referent feedback surveys, 2) increased number of client feedback survey returns and 3) increased the number of appropriate referrals and reduce the number of ineligible referrals received from referents. However, in recent months there has been a high percentage of referrals accepted by HOMEBUILDERS® suggesting that the marketing and training efforts have resulted in a decreased number of ineligible referrals being submitted to HOMEBUILDERS®.

### **Project Connect**

Project Connect is an evidenced supported model designed to work with the child welfare system, substance abuse treatment providers, the courts, other community agencies, and families to support parental recovery, enhance child safety, and permanency, and strengthen family relationships. The program as noted in earlier reports is intensive, home-based and provides counseling, case management, substance abuse monitoring, nursing services, parent education, groups and service linkages. Project Connect has exceeded their target number of families they were expected to serve this report period (108%).

Preliminary evaluative results suggest that 40% of the successful and unsuccessful Project Connect cases showed improved scores, 30% showed improvement in readiness for reunification. Even in those where closure occurred prematurely, families showed improvement in the areas of family safety, parental capacity and child well-being. Project Connect as noted earlier will be expanded to In-Home Services families in June 2016 with a focus on families experiencing chronic neglect.

- A case review to check the fidelity in the use of the model occurred in September 16<sup>th</sup> -18<sup>th</sup> 2015. The review included the review of five files, two observations of home visits and interviews with clients, service provider staff, CFSA representatives and Far Southeast staff and the Title IV-E Waiver evaluators. The review noted major accomplishments during the first year of implementation to include the following.

Children Friend's cited major accomplishments in the first year of the program regarding the establishment and implementation of three teams, including the training of staff, and the development of an electronic record process to enter and track clients receiving and exiting Project Connect. In addition, the oversight provided by the implementation team was seen as a means to identify and immediately rectify any program or resource issues.

Children Friends' review of the record, demonstrated a general adherence to structural and procedural fidelity. Families during observed sessions expressed a high degree of satisfaction with the services and feelings of being supported. Areas for improvement were

noted as 1) practice and not data should be driving the service delivery 2) noted lengthy on boarding of new hires due to the extended period for obtaining the necessary clearances for staff from the child welfare agency and FBI 3) inconsistent understanding of decision making process between the various parties.

Children's friend's recommended a Leadership Oversight Committee that could immediately resolve any issues, 1) increasing leadership involvement from all parties involved in the delivery service process 2) continue ongoing training and case consultation and 3) routinely cross manage and supervise meetings to ensure continuity of fidelity to the model across all three teams. CFSA has committed to the development of a Leadership Oversight Committee whose membership will be comprised of the CFSA Principal Deputy Director and Deputy Directors for Community Partnerships and Entry Services, and the Chief Executive Officer and/or Executive Directors of Catholic Charities, Progressive Life, East River, Far Southeast and Edgewood/Brookland.

CFSA continues to reinforce the need to connect with families early in the reunification planning process to optimize engagement with the family and to effectively work with families to sustain substance free lifestyles by being connected to a positive community support network prior to the occurrence of their reunification with their child (ren).

### **Early Intervention Services**

#### *Parent Education and Support Program (PESP) and Home Visitation*

During this period Title IV-E Waiver funding for CentroNia, Mary's Center Father-Child Attachment (FCA) and Healthy Babies was discontinued as part of the Safe and Stable Families of January 1, 2016. Title IV-E Waive funding for Mary's Center Home Visitation (HFA) was discontinued as of March 1, 2016. Future evaluation reports will not be evaluated after this reporting period. The Title IV-E Waiver programs are being evaluated separately with regard to family functioning and outcomes. Therefore, removing these programs will not have an impact on the overall evaluation. However, with regard to the matched samples outcomes study, which will compare a pre-Waiver matched sample to a current Waiver sample on child and family outcomes (i.e. Child Protective Services re-reports), the removal of CentroNia (PESP) may affect the current pre-match to a pre-Waiver sample based on the criteria such as demographic information, referral number and referral risk/safety status. These families were part of an overall PESP pre-Waiver matched sample. The evaluators will assess the compositions of the PESP pre-Waiver sample to determine if removals/additional matches need to be made to accurately represent the remaining PESP families from Collaborative Solutions and East River.

The PESP programs enrolled on average 40% of their target this report period and Mary Center's enrolled an average of 23% of their target, with Fatherhood Child Attachment enrolling the lowest percentage (11%) which led to the decisions previously discussed earlier in the document.

There continues to be a lack of consistency in the use of the Protective Factors Survey among the providers and CFSA and the Title IV-E Wavier evaluators provided training to the providers and increased the frequency of the reviews of the completed surveys and provide training and technical assistance as needed.

PASS obtained 66% of their target goal while preliminary data from the CAFAS scores suggest that 69% of youth indicated a decrease in their impairment scores. Youth who completed the PASS-FFT program showed improvement in thinking, community and substance use. Even youth who did not complete the PASS-FFT program indicated improvement in the areas of self-harm, thinking and substance use. PASS case management also saw improvements.

The Semi-Annual Report reflects data from September 1, 2015- April 2016. However, the evaluators report reflects data on families who were served September 1, 2015 through January 31, 2016, as additional time was needed to collect and analyze the data. The following, lists reasons why referrals were not approved for the remaining 25 families, 29 referrals. CFSA and the PASS coordinator located within the Department of Human Services are exploring strategies to address the difficulty of engaging parents after the closure of a case by the Family Assessment Unit and also ensuring that referrals are appropriate for the service. PASS offers Family Functional Therapy or other case management services which require a significant commitment from the youth and their families. Thirty Six percent of PASS referrals were denied and the reasons noted for the denials varied; family's needs were met with other service; child was not in the home and therefore the family was not eligible; client did not meet the age requirement and other. PASS will provide training and work with Safe and Stable Family Supervisors to develop a tip sheet that outlines the eligibility criteria for social workers by July 31, 2016. More detailed evaluation findings are included in the evaluation section of this report.

